

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

Effective for dates of service January 1, 2023 through May 11, 2023

COLUMN:

1 TS	2 CPT Code	3 CPT Description	4A 4B 4C Age 19-20 Years		
			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 (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	90632	Hepatitis A vaccine (HepA), adult dosage, IM use	\$64.74		
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	\$10.80		
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	\$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	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, ...IM use	\$65.26		
03	90686	Influenza virus vaccine, quadrivalent, split virus, preserv free, 0.5 ml dosage, IM use	\$20.53		
03	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use	\$19.91		
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	\$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 Men ACWY), 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	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 (Effective 01/11/2022)	\$73.82		

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Effective for dates of service January 1, 2023 through May 11, 2023

If further clarification is needed, please call 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.

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

COVID-19 Vaccine and Administration

Effective for dates of service January 1, 2023 - May 11, 2023

COLUMN:

TS	CPT Code	CPT Description	4A	4B	4C	4D
			Fee	Effective DOS	End DOS	Condition of payment
			Age 19-20 Years			
03	91300	Pfizer-BioNTech COVID-19 Vaccine (purple cap)	\$0.00		4/18/2023	Must have admin code
03	0001A	Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – First Dose	\$39.44		4/18/2023	Must have 91300
03	0002A	Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Second Dose	\$39.44		4/18/2023	Must have 91300
03	0003A	Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Third Dose	\$39.44		4/18/2023	Must have 91300
03	0004A	Pfizer-BioNTech COVID-19 Vaccine (purple cap) Administration – Booster	\$39.44		4/18/2023	Must have 91300
03	91305	Pfizer-BioNTech Covid-19 Vaccine (gray cap)	\$0.00		4/18/2023	Must have admin code
03	0051A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) Administration – First Dose	\$39.44		4/18/2023	Must have 91305
03	0052A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) Administration – Second Dose	\$39.44		4/18/2023	Must have 91305
03	0053A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) Administration – Third Dose	\$39.44		4/18/2023	Must have 91305
03	0054A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) Administration – Booster	\$39.44		4/18/2023	Must have 91305
03	91312	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (gray cap)	\$0.00		TBD	Must have admin code
03	0121A*	Pfizer-BioNTech COVID-19 bivalent Administration – Single Dose	\$39.44	4/18/2023	TBD	Must have 91312
03	0124A	Pfizer-BioNTech COVID-19 Vaccine, bivalent (gray cap) Administration - Booster Dose	\$39.44		TBD	Must have 91312
03	91301	Moderna COVID-19 Vaccine (red cap)	\$0.00		4/18/2023	Must have admin code
03	0011A	Moderna COVID-19 Vaccine (red cap) Administration – First Dose	\$39.44		4/18/2023	Must have 91301
03	0012A	Moderna COVID-19 Vaccine (red cap) Administration – Second Dose	\$39.44		4/18/2023	Must have 91301
03	0013A	Moderna COVID-19 Vaccine (red cap) Administration – Third Dose	\$39.44		4/18/2023	Must have 91301
03	91306	Moderna COVID-19 Vaccine (red cap) (low dose)	\$0.00		4/18/2023	Must have admin code
03	0064A	Moderna COVID-19 Vaccine (red cap) (low dose) Administration – Booster	\$39.44		4/18/2023	Must have 91306
03	91309	Moderna COVID-19 Vaccine (blue cap with purple border) 50MCG/0.5ML (Booster)	\$0.00		4/18/2023	Must have admin code
03	0094A	Moderna COVID-19 Vaccine (blue cap with purple border) Administration - Booster	\$39.44		4/18/2023	Must have 91309
03	91313	Moderna COVID-19 Vaccine, bivalent product (dark blue cap with gray border)	\$0.00		TBD	Must have admin code
03	0134A	Moderna COVID-19 Vaccine, bivalent (dark blue cap with gray border) Administration - Booster	\$39.44		TBD	Must have 91313
03	91303	Janssen COVID-19 Vaccine (J&J)	\$0.00		TBD	Must have admin code
03	0031A	Janssen COVID-19 Vaccine Administration (J&J)	\$39.44		TBD	Must have 91303
03	0034A	Janssen COVID-19 Vaccine Administration - Booster	\$39.44		TBD	Must have 91303
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$0.00		TBD	Must have admin code
03	0041A	Novavax COVID-19 Vaccine, Adjuvanted Administration - First Dose	\$39.44		TBD	Must have 91304
03	0042A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Second Dose	\$39.44		TBD	Must have 91304
03	0044A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Booster	\$39.44		TBD	Must have 91304
03	M0201	COVID-19 Vaccine Home Administration	\$35.01		05/12/23	Must have paid vac admin code

Revised:

*Jan 26, 2024

Aug 24, 2023

May 31, 2023

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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

Revised:

*Jan 26, 2024

Aug 24, 2023

May 31, 2023