

To: AmeriHealth Caritas Louisiana Providers

Date: November 6, 2024

Subject: [Informational Bulletin 24-42](#): Immunization Fee Schedule Updates: 2024-2025 Influenza Vaccines and VFC

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Immunization Fee Schedule Updates: 2024-2025 Influenza Vaccines and VFC

AmeriHealth Caritas Louisiana would like to inform you that Louisiana Medicaid has updated the following immunization fee schedules to reflect recent changes which include coverage of the influenza vaccines for recipients of all ages and changes related to Vaccines for Children (VFC).

- Children/Adolescents: (birth through age 18)
- Young Adult: (ages 19 and 20 years)
- Adult: (ages 21 years and older)

For easy identification, changes are noted in blue font within each applicable fee schedule (both current and previous). The fee schedules can be found on the [Louisiana Medicaid](#) website.

Immunization Coverage Added/Updated Effective for Dates of Service (DOS) On and After August 1, 2024

- 90611 has been added to VFC for beneficiaries age 18 years old. VFC claims reimburse at \$0.
- 90653 has been added for beneficiaries ages 65-99 years old and will reimburse at \$83.49.
- 90656 – the fee has been updated to \$22.35.
- 90657 has been added for beneficiaries ages 19-99 years old and will reimburse at \$10.93.
- 90658 – the fee has been updated to \$21.86.
- 90660 has been added to VFC for children ages 6 months through 18 years old. VFC claims reimburse at \$0. Recipients ages 19-49 will reimburse at \$28.87.
- 90661 has been added to VFC for children ages 6 months through 18 years old. VFC claims reimburse at \$0. Recipients ages 19-99 will reimburse at \$36.85.
- 90662 has been added for beneficiaries ages 65-99 years old and will reimburse \$83.49.
- 90673 has been added for beneficiaries ages 19-99 years old and will reimburse at \$83.49.

Vaccines for Children Coverage

- VFC coverage ended for the following codes effective **August 1, 2024**: 90649 90672 90674 90685 90686 90687 90688

Correction

- 90480 – the published rate has been corrected. Claims have reimbursed correctly at \$30.78 for DOS on and after **January 1, 2024**.

AmeriHealth Caritas Louisiana will update our system to reflect the changes above by **November 30, 2024**. . AmeriHealth Caritas Louisiana will recycle any claims that were not paid in accordance with these changes within 15 days of implementing the system changes. Providers do not need to take action.

For full details, please see [Informational Bulletin 24-42](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached daily between 7:00 am and 7:00 pm.

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Need to update your provider information? Send full details to: network@amerihealthcaritasla.com.