

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE  
COVERAGE INFORMATION AND SPECIAL CONSIDERATIONS**

**General Immunization Billing Requirements:**

Florida Medicaid providers administering vaccines to Florida Medicaid recipients enrolled in the fee-for-service delivery system must submit two Current Procedural Terminology (CPT) codes on the claim for reimbursement of administration from Florida Medicaid: (1)The vaccine product code AND (2)The vaccine administration code. A corresponding administration code must be submitted for each vaccine administered during the same visit on the claim form.

**Vaccines for Children (VFC) Program Reimbursement Guidelines:**

Florida Medicaid providers receiving vaccine products through the Vaccine for Children (VFC) Program for fee-for-service recipients 0 through 18 years of age are reimbursed for the administration of the vaccine(s) only. Vaccine product codes are reimbursed at \$0.00. Vaccine administration codes are reimbursed in accordance with rates established on this fee schedule.

**MediKids Guidelines:**

MediKids enrolls children one through four years of age. MediKids enrollees are eligible for all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for this age group. However, MediKids enrollees are not eligible to receive products provided through the VFC Program. Florida Medicaid providers who administer vaccines to MediKids enrollees are to be reimbursed for the vaccine products and administration services by the enrollee's Managed Care Plan.

**Mid-level Practitioner Reimbursement:**

Administration services are reimbursed at 80% of the maximum fee when performed by an advanced practice registered nurse (APRN), physician's assistant (PA), or registered pharmacist (RPh). Vaccine product codes are reimbursed in accordance with rates established on this fee schedule.

**COVID-19 Vaccine Billing and Reimbursement Guidelines:**

Florida Medicaid providers administering COVID-19 vaccines to Florida Medicaid recipients enrolled in the fee-for-service delivery system must submit the CPT code for the specific vaccine product in conjunction with the COVID-19-specific vaccine administration code on the claim for reimbursement. The product CPT code and the COVID-19 administration code must be submitted for each vaccine dose administered on the claim form.

*^ Respiratory Syncytial Virus monoclonal antibody codes have specific administration codes that must be billed together.*

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

<b>CPT Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Units</b>	<b>Age (Years)</b>	<b>MaxFee</b>
<b>GENERAL VACCINE ADMINISTRATION CODES</b>					
90460		Administration of first vaccine or toxoid component through 18 years of age, with counseling		0-18	10.00
90471		Administration of one vaccine, single or combination vaccine/toxoid. (percutaneous, intradermal, subcutaneous or intramuscular)		0+	10.00
90472		Administration of each additional vaccine, single or combination vaccine/toxoid. (percutaneous, intradermal, subcutaneous or intramuscular)		0+	10.00
90473		Immunization administration by intranasal or oral route of one vaccine, single or combination vaccine/toxoid.		0+	10.00
90474		Administration of each additional intranasal or oral vaccine (single or combination vaccine/toxoid)		0+	10.00
<b>CHIKUNGUNYA</b>					
90589		Chikungunya virus vaccine, live attenuated, for intramuscular use [Ixchiq]	1	18+	275.00
<b>MPOX</b>					
90611		Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use [JYNNEOS]	1	18+	270.00

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

**HEPATITIS B**

90739		Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule for intramuscular use [ <i>HEPLISAV-B</i> ]	1	18+	147.63
90740		Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use [ <i>RECOMBIVAX-DIALYSIS</i> ]	1	18+	158.15
90743		Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use [ <i>RECOMBIVAX HB-ADULT</i> ]	1	11 - 15	68.81
90744		Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use [ <i>Recombivax-PEDS; Engerix-B-PEDS</i> ]	1	0-18	0.00
90746		Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule for intramuscular use [ <i>RECOMBIVAX HB-ADULT, ENERGIX-B ADULT</i> ]	1	19+	68.81
90759		Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use [ <i>PREHEVBRIO Hepatitis B Vaccine (Recombinant)</i> ]	1	18+	73.82

**ROTAVIRUS (RV)**

90680		Rotavirus vaccine, pentavalent [RV5], 3 dose schedule, live, for oral use [ <i>RotaTeq</i> ]	1	0-1	0.00
90681		Rotavirus vaccine, human, attenuated [RV1], 2 dose schedule, live, for oral use [ <i>Rotarix</i> ]	1	0-1	0.00

**DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS AND COMBINATIONS**

**Diphtheria, Tetanus, & Pertussis (DTaP)**

90700		Diphtheria, tetanus, and acellular pertussis (whooping cough) (DTaP), intramuscular [ <i>Daptacel; Infanrix</i> ]	1	0-6	0.00
-------	--	---	---	-----	------

**Diphtheria & Tetanus (DT)**

90702		Diphtheria and tetanus toxoids, intramuscular [ <i>DT</i> ]	1	0-7	0.00
-------	--	---	---	-----	------

**Tetanus & Diphtheria (Td)**

90714		Tetanus and diphtheria toxoids, intramuscular [ <i>Tenivac</i> ]	1	7 - 18	0.00
90714	HA	Tetanus and diphtheria toxoids, intramuscular [ <i>Tenivac</i> ]	1	19+	37.10

**Tetanus, Diphtheria, & Pertussis (Tdap)**

90715		Tetanus, diphtheria toxoids, and acellular pertussis (whooping cough) (TDaP), intramuscular [ <i>Boostrix, Adacel</i> ]	1	7 - 18	0.00
90715	HA	Tetanus, diphtheria toxoids, and acellular pertussis (whooping cough) (TDaP), intramuscular [ <i>Boostrix, Adacel</i> ]	1	19+	47.61

**Diphtheria & Tetanus Combinations**

90696		Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), and polio (DTaP-IPV), intramuscular [ <i>Quadracel; Kinrix</i> ]	1	4 - 6	0.00
90697		Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), polio, Haemophilus influenza type b and hepatitis B (DTaP-IPV-HIB-HEPB), intramuscular [ <i>Vaxelis</i> ]	1	0-4	0.00
90698		Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), Haemophilus influenza type B and polio (DTaP-HIB-IPV), intramuscular [ <i>Pentacel</i> ]	1	0-4	0.00
90723		Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), Hepatitis B, and polio (DTaP-HepB-IPV), intramuscular [ <i>Pediarix - Latex Free</i> ]	1	0-6	0.00

**HAEMOPHILUS INFLUENZAE TYPE B (Hib)**

90647		Haemophilus influenzae B (3 dose schedule) injection into muscle [ <i>PedvaxHIB</i> ]	1	0-5	0.00
-------	--	---	---	-----	------

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

90648		Haemophilus influenzae B (4 dose schedule) injection into muscle [ActHIB; Hiberix ]	1	0-5	0.00
<b>PNEUMOCOCCAL</b>					
90670		Pneumococcal conjugate 13 valent, intramuscular [PREVNAR 13 ]	1	0-18	257.99
90671		Pneumococcal Congugate Vaccine 15 valent, intramuscular (PCV15) [VAXNEUVANCE ]	1	0-18	0.00
90671	HA	Pneumococcal Congugate Vaccine 15 valent, intramuscular (PCV15) [VAXNEUVANCE ]	1	19+	229.20
90677		Pneumococcal Congugate Vaccine 20 valent, intramuscular (PCV20) [PREVNAR 20]	1	0-18	0.00
90677	HA	Pneumococcal Congugate Vaccine 20 valent, intramuscular (PCV20) [PREVNAR 20]	1	19+	261.56
90732		Pneumococcal polysaccharide 23 valent subcutaneous or intramuscular [PNEUMOVAX 23]	1	2 - 18	0.00
90732	HA	Pneumococcal polysaccharide 23 valent subcutaneous or intramuscular [PNEUMOVAX 23]	1	19+	117.08
90684		Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use [CAPVAXIVE ]	1	18+	287.75
<b>INACTIVATED POLIOVIRUS (IPV)</b>					
90713		Polio vaccine, injection beneath the skin or into muscle [IPOL ]	1	0-18	0.00
90713	HA	Polio vaccine, injection beneath the skin or into muscle [IPOL ]	1	19+	42.64
<b>INFLUENZA, 2024 - 2025 SEASON</b>					
<b>Influenza (aIIV)</b>					
90653		Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use [FLUAD ]	1	18+	83.49
<b>Influenza (IIV3)</b>					
90655		Influenza virus vacine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use*	1	0-2	0.00
90656		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use [FLULAVAL TIV, FLUZONE TIV ]	1	0-18	20.67
90656	HA	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use [AFLURIA TIV, FLUARIX TIV, FLUZONE TIV ]	1	0+	20.67
90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use [FLUZONE TIV ]	1	0-2	0.00
90658		Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use [FLULAVAL TIV ]	1	0 - 18	0.00
90658	HA	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use [AFLURIA TIV, FLUZONE TIV ]	1	19+	21.14
90662		Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use [FLUZONE HIGH-DOSE ]	1	18+	83.49
<b>Influenza (LAIV3)</b>					
90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use [FLUMIST TIV ]	1	2-18	0.00
90660	HA	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use [FLUMIST TIV ]	1	19+	24.70
<b>Influenza (cIIV3)</b>					

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

90661		Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use [FLUCELVAX TIV PF]	1	0 - 18	0.00
90661	HA	Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use [FLUCELVAX TIV; FLUCELVAX TIV PF]	1	19+	32.45
<b>Influenza (RIV3)</b>					
90673		Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use [FLUBLOK]	1	18	83.49
90673	HA	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use [FLUBLOK]	1	19+	83.49
<b>MEASLES, MUMPS, RUBELLA (MMR)</b>					
<b>MMR</b>					
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use [M-M-R II; PRIORIX]	1	0-18	0.00
90707	HA	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use [M-M-R II; PRIORIX]	1	19+	93.85
<b>MMR/VZV Combination</b>					
90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use [PROQUAD]	1	1 - 12	0.00
<b>VARICELLA (VAR)</b>					
90716		Varicella virus vaccine (VAR), live, for subcutaneous use [VARIVAX]	1	0-18	0.00
90716	HA	Varicella virus vaccine (VAR), live, for subcutaneous use [VARIVAX]	1	19+	183.00
<b>HEPATITIS A (HepA)</b>					
90632		Hepatitis A vaccine (HepA), adult dosage, for intramuscular use [VAQTA-ADULT; HAVRIX-ADULT]	1	18+	82.10
90633		Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use [VAQTA-PEDS;HAVRIX-PEDS]	1	0-18	0.00
<b>HUMAN PAPILOMAVIRUS (HPV)</b>					
90651		Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use [GARDASIL 9]	1	9 - 18	0.00
90651	HA	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use [GARDASIL 9]	1	19 - 45	307.61
<b>MENINGOCOCCAL CONJUGATE (MenACWY)</b>					
90619		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use [MenQuadfi]	1	2-18	0.00
90619	HA	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use [MenQuadfi]	1	19+	166.98
90734		Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use [MENVEO]	1	0-18	0.00
90734	HA	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use [MENVEO]	1	19+	157.35
<b>MENINGOCOCCAL SEROGROUP B (MenB)</b>					

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use [BEXSERO]	1	10-18	0.00
90620	HA	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use [BEXSERO]	1	19+	223.75
90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use [TRUMENBA]	1	10-18	0.00
90621	HA	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use [TRUMENBA]	1	19+	190.26
<b>MENINGOCOCCAL CONJUGATE (MenABCWY)</b>					
90623		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use [PENBRAYA]	1	10-18	0.00
90623	HA	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use [PENBRAYA]	1	19+	230.75
<b>ZOSTER RECOMBINANT (RZV)</b>					
90750		Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use [SHINGRIX]	1	18+	197.90
<b>RABIES</b>					
90375		Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use [HyperRAB]	9		280.37
90376		Rabies immune globulin, heat treated (RIG-HT), human, for intramuscular and/or subcutaneous use [IMOGAM RABIES - HT]	9		479.72
90675		Rabies vaccine, intramuscular [IMOVAX; RABAVERT]	1		327.78
<b>RESPIRATORY SYNCYTIAL VIRUS ADMINISTRATION CODES AND VACCINES</b>					
96380		<i>Administration of Respiratory Syncytial Virus monoclonal antibody, seasonal dose, intramuscular, with counseling^</i>	1	0-2	10.00
96381		<i>Administration of Respiratory Syncytial Virus monoclonal antibody, seasonal dose, intramuscular^</i>	1	0-2	10.00
90380		<i>Respiratory Syncytial Virus monoclonal antibody, seasonal dose; 0.5ml dosage for IM use (BEYFORTUS)^</i>	1	0-1	0.00
90381		<i>Respiratory Syncytial Virus monoclonal antibody, seasonal dose; 1ml dosage for IM use (BEYFORTUS)^</i>	1	0-1	0.00
90381		<i>Respiratory Syncytial Virus monoclonal antibody, seasonal dose; 1ml dosage for IM use (BEYFORTUS)^</i>	2	1-2	0.00
90678	HD	Respiratory Syncytial Virus vaccine, preF, subunit, Bivalent, for Intramuscular use (ABRYSVO)	1	10-18 (PREGNANCY ONLY)	295.00
90678	HA, HD	Respiratory Syncytial Virus vaccine, preF, subunit, Bivalent, for Intramuscular use (ABRYSVO)	1	19-59 (PREGNANCY ONLY)	295.00
90678	HA	Respiratory Syncytial Virus vaccine, preF, subunit, Bivalent, for Intramuscular use (ABRYSVO)	1	60+	295.00
90679		Respiratory Syncytial Virus vaccine, preF, Recombinant, subunit, Adjuvanted, for Intramuscular use (AREXVY)	1	60+	294.00
90683		Respiratory Syncytial Virus vaccine, preF, subunit, Bivalent, for Intramuscular use (mRESVIA)	1	60+	290.00

**PRESCRIBED DRUGS IMMUNIZATION FEE SCHEDULE**

**EFFECTIVE: JANUARY 1, 2025**

**COVID-19 ADMINISTRATION CODE & VACCINES**

90480		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose (all manufacturers)*	1	ANY	10.00
91304		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use [NOVAVAX]	1	12-18	0.00
91304	HA	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use [NOVAVAX]	1	19+	141.70
91318		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use [Pfizer-BioNTech Covid-19 Vaccine]	1	6MO-4YRS	0.00
91319		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use [Pfizer-BioNTech COVID-19 Vaccine]	1	5-11YRS	0.00
91320		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use [COMIRNATY]	1	12-18	0.00
91320	HA	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use [COMIRNATY]	1	19+	136.75
91321		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use [Moderna COVID-19 Vaccine (US Only)]	1	6MO-11YRS	0.00
91322		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use [SPIKEVAX]	1	12-18	0.00
91322	HA	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use [SPIKEVAX]	1	19+	141.80