



Medical Billing Cheat Sheet for Kansas Pharmacists – Kansas Medicaid

Immunizations

Immunizations and associated services are not subject to a mid-level adjustment and are paid at full KMAP Physician Rate

Relevant Diagnosis Codes

Code	Description
Z23	Encounter for immunization

Adult Vaccination Services – ages 19 years and older

CPT/ HCPCS	KMAP Reimbursement	Code description
90471	\$14.57	Immunization administration (subcutaneous or intramuscular injection(s); one vaccine (single or combination vaccine). Service limit 1 per day.
90472	\$14.57	Immunization administration (subcutaneous or intramuscular injection(s); each additional vaccine (single or combination vaccine).
90473	\$14.57	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine). Service limit 1 per day.
90474	\$14.57	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine).
90480	\$14.57	Admin SARS COV 2 Vaccine 1 dose (COVID vaccine administration)

Note: If COVID and one other vaccine are given on the same day, use 90480 for COVID and 90471 for the other vaccine. 90472 cannot be billed without a 90471 code on the same claim.

Example: COVID + flu given same day – bill 90480 for COVID admin and 90471 for flu admin

Example: COVID, flu, and RSV given same day - bill 90480 for COVID admin, 90471 for flu admin, 90472 for RSV admin

Pediatric Vaccination Services (Birth through 18 years + 364 days)

Only administered at Vaccines for Children (VFC) credentialed sites – no exceptions

VFC is a different bucket of federal funding – unless you are a VFC credentialed site and completing the documentation required for each vaccine, you will NOT be paid for any vaccines administered to Medicaid-eligible children (If you are a VFC credentialed pharmacy, see last page for VFC billing information!)



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COVID-19 – 2024-2025 – KP.2 strain

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
91304	\$130.00	SARSCOV2 VAC 5MCG/0.5ML IM	Novavax
91318	\$65.55	SARSCOV2 VAC 3MCG TRS-SUC	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Yellow Cap)
91319	\$87.78	SARSCV2 VAC 10MCG TRS-SUC IM	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Blue Cap)
91320	\$131.1	SARSCV2 VAC 30MCG TRS-SUC IM	COMIRNATY
91321	\$145.92	SARSCOV2 VAC 25 MCG/.25ML IM	Moderna COVID-19 Vaccine 2024-2025 Formula
91322	\$145.92	SARSCOV2 VAC 50 MCG/0.5ML IM	Spikevax

Other Respiratory

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90671	\$253.56	Pneumococcal conjugate PCV15, polysaccharide CRM197 conjugate, adjuvant, PF	PCV 15, Vaxnuvance
90677	\$298.04	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Pprevnar 20
90678	\$295.00	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Abrysvo
90679	\$280.00	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Arexvy
90683	Policy pending*	Respiratory syncytial virus (RSV), mRNA, injectable, preservative free	mRESVIA
90684	Policy pending*	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	PCV21
90732	\$94.51	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Pneumovax 23



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Risk-based, adult

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90611	Not covered	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for SC use	Jynneos
90622	Not covered	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	ACAM2000
90632	\$66.28	Hepatitis A vaccine	Hep A
90740	\$134.12	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Hep B, Dialysis

Routine, Adult

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90636	\$101.00	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix
90651	\$204.87	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	HPV; Gardasil
90714	\$23.92	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Td; Tenivac
90715	\$42.14	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Tdap; Adacel, Boostrix
90739	\$131.10	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	Hep B; Heplisav-B
90746	\$67.06	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	Hep B; Engerix, Recombivax
90750	\$162.01	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	HZV; Shingrix



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90759	\$73.82	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	HepB; PreHevbrio
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Travel

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90589	Not covered	Chikungunya virus vaccine, live attenuated, for intramuscular use	IXCHIQ
90625	Not covered	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Vaxchora
90627	Not covered	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	TBE; TicoVac
90690	Not covered	Typhoid vaccine, live, oral	Vivotif
90691	Not covered	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	Typhim Vi
90707	\$70.92	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR; MMRII, Priorix
90713	\$25.47	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL

Adult, catch up/non-routine

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90620	\$165.75	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	MenB; Trumenba
90621	\$133.62	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	MenB; Bexsero
90623	\$230.00	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	MenABCWY; Penbraya
90710	\$133.38	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	MMRV
90716	\$122.02	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax



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90734	\$121.63	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for IM use	Menveo, MenQuadfi
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Influenza, trivalent 2024-2025

CPT/ HCPCS	KMAP Reimbursement	Code description	Abbreviation +/- Brand
90653	\$59.53	Influenza, adjuvanted, trivalent, PF	Fluad 2024-2025 (65+ & immunocompromised only!)
90656	\$19.77	Influenza, split virus, trivalent, PF	Afluria, Fluarix, FluLaval, Fluzone prefilled syringe or single dose vials 2024-2025
90658	\$20.16	Influenza, split virus, trivalent, preservative	Afluria, Fluzone multidose vial 2024-2025
90660	Not covered		FluMist 2024-2025 (2-49 years)
90661	\$19.68	Influenza, MDCK, trivalent	Flucelvax 2024-2025 (multi-dose and prefilled syringe)
90662	\$73.40	Influenza, high-dose, trivalent, PF	Fluzone HD 2024-2025 (65+ & immunocompromised only!)
90673	\$40.61	Influenza, recombinant, trivalent, PF	FluBlok 2024-2025 (18+ years)

PF = preservative free

Pediatric Vaccination Services (Birth through 18 years + 364 days) – VFC credentialed sites ONLY – no exceptions

CPT/ HCPCS	KMAP Reimbursement	Code description
90471	\$20.26	Immunization administration (subcutaneous or intramuscular injection(s); one vaccine (single or combination vaccine). Service limit 1 per day.
90472	\$20.26	Immunization administration (subcutaneous or intramuscular injection(s); each additional vaccine (single or combination vaccine).
90473	\$20.26	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine). Service limit 1 per day.
90474	\$20.26	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine).



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90480	\$20.26	Admin SARS COV 2 Vaccine 1 dose (COVID vaccine administration)
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