

**ND Medicaid  
 Vaccine Fee Schedule  
 as of 10/1/2024**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

<b>Code</b>	<b>Medicaid Fee</b>
90586	\$149.54
90587	\$66.00
90611	\$270.00
90619	\$166.98
90620	\$223.75
90621	\$190.26
90623	\$230.75
90625	\$275.00
90626	\$289.43
90627	\$289.43
90632	\$70.48
90636	\$126.20
90651	\$307.61
90653	\$83.49
90656	\$22.35
90657	\$10.93
90658	\$21.86
90660	\$28.87
90661	\$36.85
90662	\$83.49
90670	\$257.99
90671	\$253.56
90673	\$83.49
90675	\$350.14

**ND Medicaid  
Vaccine Fee Schedule  
as of 10/1/2024**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

<b>Code</b>	<b>Medicaid Fee</b>
90677	\$298.04
90678	\$295.00
90679	\$294.00
90683	\$290.00
90684	\$327.89
90690	\$106.67
90691	\$139.59
90707	\$42.64
90713	\$32.51
90714	\$32.51
90715	\$38.52
90716	\$183.00
90717	\$205.47
90732	\$133.47
90734	\$157.35
90738	\$345.12
90739	\$168.30
90740	\$158.15
90743	\$75.15
90744	\$30.77
90746	\$70.38
90747	\$140.75
90750	\$197.90
90759	\$73.82
91304	\$161.54
91318	\$65.55
91319	\$87.78
91320	\$155.90

**ND Medicaid  
Vaccine Fee Schedule  
as of 10/1/2024**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

<b>Code</b>	<b>Medicaid Fee</b>
91321	\$147.06
91322	\$161.65