

**ND Medicaid
 Vaccine Fee Schedule
 as of 8/1/2024**

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

Code	Medicaid Fee
90587	\$66.00
90619	\$166.98
90620	\$190.26
90621	\$190.26
90623	\$230.75
90625	\$275.00
90626	\$289.43
90627	\$289.43
90632	\$70.39
90636	\$126.20
90651	\$287.54
90653	\$83.49
90656	\$22.35
90657	\$10.93
90658	\$21.86
90660	\$28.87
90661	\$36.85
90662	\$83.49
90673	\$83.49
90677	\$298.04
90678	\$295.00
90679	\$280.00
90690	\$106.67
90691	\$132.94

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Code	Medicaid Fee
90707	\$92.50
90713	\$42.64
90714	\$27.82
90715	\$38.29
90716	\$174.32
90717	\$195.69
90732	\$133.47
90734	\$157.35
90738	\$345.12
90739	\$168.30
90740	\$158.15
90743	\$75.15
90746	\$70.38
90747	\$140.75
90750	\$197.90
90759	\$73.82
91304	\$148.20
91318	\$65.55
91319	\$87.78
91320	\$131.10
91321	\$145.92
91322	\$145.92