

**ND Medicaid
Vaccine Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
90586	\$156.16
90587	\$66.00
90619	\$171.97
90620	\$237.13
90621	\$207.32
90623	\$230.75
90625	\$275.00
90626	\$303.90
90627	\$303.90
90632	\$72.68
90636	\$132.43
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	\$261.15
90673	\$83.49
90675	\$312.03
90677	\$312.90
90678	\$306.80

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Code	Medicaid Fee
90679	\$294.00
90683	\$290.00
90684	\$327.89
90690	\$106.67
90691	\$146.57
90707	\$95.20
90713	\$44.73
90714	\$36.37
90715	\$39.71
90716	\$183.00
90717	\$223.97
90732	\$133.47
90734	\$166.75
90738	\$295.08
90739	\$177.56
90740	\$164.42
90743	\$75.15
90744	\$31.67
90746	\$70.38
90747	\$140.75
90750	\$215.51
90759	\$73.82
91304	\$161.54
91318	\$65.55
91319	\$87.78
91320	\$155.90
91321	\$147.06
91322	\$161.65