

## ND Medicaid Vaccine Fee Schedule as of 8/1/2022

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

Code	Medicaid Fee
90619	\$148.71
90620	\$201.30
90621	\$168.15
90632	\$68.75
90636	\$116.79
90651	\$253.60
90656	\$30.58
90662	\$69.94
90670	\$257.99
90671	\$246.20
90672	\$26.88
90674	\$32.28
90677	\$283.72
90682	\$69.94
90686	\$21.52
90687	\$10.24
90688	\$20.48
90707	\$87.31
90713	\$38.74
90714	\$28.99
90715	\$36.76
90716	\$150.98
90732	\$133.47
90734	\$141.70
90739	\$133.40
90740	\$146.33

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Code	Medicaid Fee
90746	\$70.38
90747	\$140.72
90750	\$171.57
90756	\$30.58
90759	\$73.82