

Immunizations

PURPOSE

This policy defines immunization coverage and billing requirements for providers administering immunizations to ND Medicaid members.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider's National Provider Identifiers (NPIs) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

This policy applies to ND Medicaid-enrolled providers administering immunizations to ND Medicaid members, including clinics, outpatient hospital facilities, pharmacies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal Health Partners.

COVERED SERVICES

North Dakota Medicaid covers medically necessary immunizations for children and adults approved by the U.S. Food and Drug Administration (FDA). It also covers immunization administrations when another entity supplies the vaccine or toxoid.

ND Medicaid uses the immunization schedules published by the Centers for Disease Control (CDC):

- [Child and adolescent](#) (18 years and younger)
- [Adult](#) (19 years and older)

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

Refer to the [Member Eligibility manual](#) for additional information regarding eligibility, including information regarding limited coverage categories.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services.

Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The [Procedure Code Look-up Tool](#) can be used to determine whether a procedure code is covered by ND Medicaid, along with code-specific details such as ORP and Service Authorization requirements and current rates.

IMMUNIZATIONS FOR CHILDREN

Vaccines for Children (VFC, state-supplied) immunizations supplied by the North Dakota Department of Health and Human Services (HHS) must be used when administering a vaccine to members 0 through 18 years of age. [42 CFR Part 441 Subpart L](#). Providers administering immunizations to children in this age group must be enrolled in the HHS VFC program and receive the immunizations at no charge.

The [Immunization Coverage Table](#) is updated annually and can be found on the ND HHS [Provider Immunization Unit Policies page](#).

IMMUNIZATIONS FOR ADULTS

North Dakota Medicaid covers recommended immunizations for adults aged 19 and older. Coverage includes the vaccine and its administration. Recommended immunizations are those approved by the Food and Drug Administration (FDA) and recommended by the [Advisory Committee on Immunization Practices](#) (ACIP). Approved vaccines recommended by ACIP do not include vaccines the FDA has authorized but not approved under emergency use authorization.

ACIP Vaccine Recommendations and Guidelines can be found at [ACIP Vaccine Recommendations and Schedules | CDC](#).

Dual-eligible members with Medicare drug plans (Medicare Part D) will have no out-of-pocket cost for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). For dual-eligible members, please refer to Medicare's vaccine coverage found at [Medicare Part D Vaccines](#).

IMMUNIZATION COUNSELING

ND Medicaid covers stand-alone immunization counseling visits for all pediatric and adult immunizations, including the COVID-19 vaccine when provided by a physician or other qualified health care professional, including Local Public Health clinics.

Members under 21

HCPCS Code	Description
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time. (This code is used for Medicaid billing purposes.)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT).

Members over 21

CPT® Code	Description
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes
90483	greater than 10 minutes up to 20 minutes
90484	greater than 20 minutes

IMMUNIZATION ADMINISTRATION

Please refer to the most recent version of the CPT® codebook for detailed instruction on reporting Immunization Administration for Vaccines/Toxoids.

CPT® Code	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

PEDIATRIC VFC IMMUNIZATIONS

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90380	Beyfortus™ 50 mg	49281-0575-XX	Sanofi Pasteur	96381
90381	Beyfortus™ 100 mg	49281-0574-XX	Sanofi Pasteur	96381
90382	Enflonsia®	00006-5073-XX	Merck	96381
90587	Dengvaxia	49281-0605-XX	Sanofi Pasteur	90471
90611	Jynneos™ (18 years only)	50632-0001-XX	Bavarian Nordic	90471
90619	MenQuadfi™	49281-0590-XX	Sanofi Pasteur	90471
90620	Bexsero®	58160-0976-XX	GlaxoSmithKline	90471
90621	Trumenba®	00005-0100-XX	Pfizer	90471
90623	Penbraya™	00069-0600-XX	Pfizer	90471
90633	Vaqta®	00006-4095-XX	Merck	90471
90633	Havrix®	58160-0825-XX	GlaxoSmithKline	90471
90636	Twinrix® (18 yrs only)	58160-0815-XX	GlaxoSmithKline	90471
90647	PedvaxHIB®	00006-4897-XX	Merck	90471

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90648	ActHIB®	49281-0545-XX	Sanofi Pasteur	90471
90648	Hiberix®	58160-0726-XX	GlaxoSmithKline	90471
90651	Gardasil 9®	00006-4121-XX	Merck	90471
90671	Vaxneuvance™	00006-4329-XX	Merck	90471
90677	Prevnar 20™	00005-2000-XX	Pfizer	90471
90678 ¹	Abrysvo®	00069-2465-XX	Pfizer	90471
90680	RotaTeq®	00006-4047-XX	Merck	90473
90681	Rotarix®	58160-0740-XX	GlaxoSmithKline	90473
90696	Quadracel™	49281-0564-XX	Sanofi Pasteur	90471
90696	Kinrix®	58160-0812-XX	GlaxoSmithKline	90471
90697	Vaxelis™	63361-0243-XX	Merck	90471
90698	Pentacel®	49281-0511-XX	Sanofi Pasteur	90471
90700	Daptacel®	49281-0286-XX	Sanofi Pasteur	90471
90700	Infanrix®	58160-0810-XX	GlaxoSmithKline	90471
90707	M-M-R®II	00006-4681-XX	Merck	90471
90707	Priorix	58160-0824-XX	GlaxoSmithKline	90471
90710	ProQuad®	00006-4171-XX	Merck	90471
90713	IPOL®	49281-0860-XX	Sanofi Pasteur	90471
90714	Tenivac®	49281-0215-XX	Sanofi Pasteur	90471
90715	Boostrix®	58160-0842-XX	GlaxoSmithKline	90471
90715	Adacel®	49281-0400-XX	Sanofi Pasteur	90471
90716	Varivax®	00006-4827-XX	Merck	90471
90723	Pediarix®	58160-0811-XX	GlaxoSmithKline	90471
90732	Pneumovax®23	00006-4837-XX	Merck	90471
90734	Menveo® one-vial	58160-0827-XX	GlaxoSmithKline	90471
90734	Menveo® two-vial	58160-0955-XX	GlaxoSmithKline	90471
90744	Engerix B®	58160-0820-XX	GlaxoSmithKline	90471
90744	Recombivax HB®	00006-4093-XX	Merck	90471

VFC FLU VACCINE FOR THE 2025-2026 FLU SEASON

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90656	Fluzone® TIV (preservative-free)	49281-0425-XX	Sanofi Pasteur	90471

¹ Abrysvo® administered to pregnant members from 32 weeks through 36 weeks must be reported with an ICD-10-CM code specific to the third trimester of pregnancy and an ICD-10-CM code from the Z3A.32-Z3A.36 range.

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90656	FluLaval® TIV (preservative-free)	19515-0904-XX	GSK-ID Biomedic	90471
90656	Afluria® TIV (preservative-free)	33332-0025-XX	Seqirus	90471
90657	Fluzone® TIV (0.25mL dose)	49281-0643-XX	Sanofi Pasteur	90471
90657	Afluria® TIV (0.25mL dose)	33332-0125-XX	Seqirus	90471
90658	Fluzone® TIV	49281-0643-XX	Sanofi Pasteur	90471
90658	Afluria® Trivalent	33332-0125-XX	Seqirus	90471
90660	FluMist® TIV	66019-0112-XX	AstraZeneca	90473

VFC COVID-19 VACCINE FOR THE 2025-2026 SEASON

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
91304	Nuvaxovid™	80631-0207-XX	Sanofi	90480
91319	Comirnaty®	00069-2501-XX	Pfizer	90480
91320	Comirnaty®	00069-2528-XX	Pfizer	90480
91321	Spikevax™	80777-0113-XX	Moderna	90480
91322	Spikevax™	80777-0112-XX	Moderna	90480

NON-VFC PEDIATRIC VACCINES FOR THE 2025-2026 SEASON

CPT® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90626	Ticovac™ .25mL	00069-0297-XX	Pfizer	90471
90627	Ticovac™ .5mL	00069-0411-XX	Pfizer	90471
90690	VIVOTIF®	50632-0016-XX	Bavarian Nordic	90473
90717	VF-VAXREG	49281-0915-XX	Sanofi	90471
90738	Ixiaro™	42515-0002-XX	Intercell	90471
91304≠	Nuvaxovid	80631-0207-XX	Novavax Inc	90480
91319≠	Comirnaty®	00069-2501-XX	Pfizer	90480
91320≠	Comirnaty®	00069-2528-XX	Pfizer	90480
91321≠	Spikevax™	80777-0113-XX	Moderna	90480
91322≠	Spikevax™	80777-0112-XX	Moderna	90480
91323≠	mNexspike™	80777-0400-XX	Moderna	90480

≠ Non-VFC Covid-19 vaccine is only payable to Medicaid-enrolled pharmacies that do not participate in the VFC Program. This is available through December 2029 per the HHS Covid-19 PREP Act.

ADULT IMMUNIZATIONS

CPT[®] Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90587	Dengvaxia [®]	49281-0605-XX	Sanofi	90471
90611	Jynneos [™]	50632-0001-XX	Bavarian Nordic	90471
90620	Bexsero [®]	58160-0976-XX	GlaxoSmithKline	90471
90621	Trumenba [®]	00005-0100-XX	Pfizer	90471
90623	Penbraya [™]	00069-0600-XX	Pfizer	90471
90625	Vaxchora [®]	50632-0015-XX	PAXVAX	90471
90627	Ticovac [™] .5mL	00069-0411-XX	Pfizer	90471
90632	Vaqta [®]	00006-4096-XX	Merck	90471
90632	Havrix [®]	58160-0826-XX	GlaxoSmithKline	90471
90636	Twinrix [®]	58160-0815-XX	GlaxoSmithKline	90471
90651	Gardasil [®] 9	00006-4121-XX	Merck	90471
90671	Vaxneuvance [™]	00006-4329-XX	Merck	90471
90677	Prevnar 20 [™]	00005-2000-XX	Pfizer	90471
90678 ²	Abrysvo [®]	00069-2465-XX	Pfizer	90471
90679	Arexvy	58160-0848-XX	GlaxoSmithKline	90471
90683	mResvia [™]	80777-0345-XX	Moderna	90471
90690	VIVOTIF [®]	50632-0016-XX	Bavarian Nordic	90473
90707	M-M-R [®] II	00006-4681-XX	Merck	90471
90707	Priorix	58160-0824-XX	GlaxoSmithKline	90471
90713	IPOL [®]	49281-0860-XX	Sanofi Pasteur	90471
90714	Tenivac	49281-0215-XX	Sanofi Pasteur	90471
90715	Adacel [®]	49281-0400-XX	Sanofi	90471
90715	Boostrix [®]	58160-0842-XX	GlaxoSmithKline	90471
90716	Varivax [®]	00006-4827-XX	Merck	90471
90717	YF-VAXREG	49281-0915-XX	Sanofi	90471
90732	Pneumovax [®] 23	00006-4837-XX	Merck	90471
90734	Menveo [®] one-vial	58160-0827-XX	GlaxoSmithKline	90471
90738	Ixiaro [™]	42515-0002-XX	Intercell	90471
90739	Hepelisav-B [™]	43528-0003-XX	Dynavax	90471
90740	Recombivax HB [®] (dialysis or immunosuppressed dose)	00006-4992-XX	Merck	90471

² Abrysvo[®] administered to pregnant members from 32 weeks through 36 weeks must be reported with an ICD-10-CM code specific to the third trimester of pregnancy and an ICD-10-CM code from the Z3A.32-Z3A.36 range.

CPT [®] Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90746	Engerix-B [®]	58160-0821-XX	GlaxoSmithKline	90471
90746	Recombivax HB [®]	00006-4094-XX	Merck	90471
90747	Engerix-B [®] (dialysis or immunosuppressed dose)	58160-0821-XX	GlaxoSmithKline	90471
90750	Shingrix [®]	58160-0823-XX	GlaxoSmithKline	90471

ADULT FLU VACCINES FOR THE 2024-2025 FLU SEASON

CPT [®] Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90653	Fluad [®] TIV	70461-0025-XX	Seqirus	90471
90656	Fluzone [®] TIV (preservative-free)	49281-0425-XX	Sanofi Pasteur	90471
90656	FluLaval [®] TIV (preservative-free)	19515-0904-XX	GSK-ID Biomedic	90471
90656	Afluria [®] TIV (preservative-free)	33332-0025-XX	Seqirus	90471
90656	Fluarix [®] TIV (preservative-free)	58160-0912-XX	GlaxoSmithKline	90471
90658	Fluzone [®] TIV	49281-0643-XX	Sanofi Pasteur	90471
90658	Afluria [®] Trivalent	33332-0125-XX	Seqirus	90471
90660	FluMist [®] TIV	66019-0112-XX	AstraZeneca	90473
90661	Flucelvax [®]	70461-0655-XX or 70461-0555-XX	Seqirus	90471
90662	Fluzone [®] High- Dose	49281-0125-XX	Sanofi Pasteur	90471

ADULT COVID-19 VACCINE

CPT [®] Code	Brand Name / Trade Name	NCD	Manufacturer	Admin Code
91304	Nuvaxovid [™]	80631-0207-XX	Noravax	90480
91320	Comirnaty [®]	00069-2528-XX	Pfizer	90480
91322	Spikevax [™]	80777-0112-XX	Moderna	90480
91323	mNEXSPIKE [®]	80777-0400-XX	Moderna	90480

LIMITS

Vaccine counseling will not be reimbursed separately when provided with preventive medicine codes 99381-99397 or if the vaccine is administered on the same calendar date by the same service provider after the counseling is provided.

The flu vaccine is limited to one vaccine per member per flu season (September – May).

SERVICE AUTHORIZATION REQUIREMENTS

There are no Service Authorization requirements for immunizations.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

- Immunizations that are not FDA-approved.
- Any Immunizations not listed in this policy.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the Provider Requirements Policy.

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The Timely Filing Policy contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional sources of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The Third Party Liability Policy contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

CLAIM FORM

VFC-supplied vaccines must be billed with modifier SL at \$0.00 or a nominal fee of \$0.01.

All professional claims for vaccines must list the Ordering/Referring Provider. Please refer to the [ORP Policy](#) for complete details.

For professional services billed on a CMS-1500 paper claim form or the 837p HIPPA compliant claim form, bill the immunization CPT® code and its corresponding administration code. Vaccines administered in a pharmacy must be submitted on a CMS-1500/837P claim form, not an NCPDP (pharmacy) claim.

For institutional services billed on a CMS UB-04 paper claim form or the 837i HIPPA compliant claim form, the vaccine CPT® Codes must be billed using Revenue Code 0636. The administration CPT® codes must be billed using Revenue Code 0771. Both the immunization and administration must be billed on the same claim. A National Drug Code (NDC) submission is not required for vaccines. Submission of an NDC may result in claim line denial.

FQHCs, RHCs, and Tribal Health Programs

Immunization CPT® codes must be billed using Revenue Code 0636. The administration must be billed using Revenue Code 0771 with the appropriate CPT® code. Both the immunization and administration must be billed on the same claim. Immunizations are only separately reimbursed if no medical encounter was provided on the date of service. Please refer to the FQHC, RHCs, and Tribal Health Program policies for further information.

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

- [Ordering/Referring/Prescribing Providers](#)

FREQUENTLY ASKED QUESTIONS

- Q:** Can immunizations or immunization administration be applied to Recipient Liability?
- A:** Yes, both vaccines and their administrations can be applied to recipient liability.
- Q:** If multiple immunizations are administered, does 90472 have to be billed on separate lines?
- A:** No, if multiple additional immunizations are administered, you can submit 90472 with the number of units of additional immunizations administered on a single claim line.
- Q:** Can immunizations and their administration be billed on a pharmacy claim?
- A:** No, all immunizations must be billed through the medical benefit on either an 837P or 837I.
- Q:** Do I need to submit an NDC on claims for immunizations?
- A:** No, NDCs are not required for immunizations, and the submission may result in the denial of the claim line.

CONTACT

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Bismarck, ND 58505-0250
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POLICY UPDATES

January 2025

Section	Summary
Purpose and Applicability	Sections added
Immunizations for Children	Sections added

August 2025

Section	Summary
VFC Immunizations	Added Enflonsia®, Jynneos™, Twinrix®, RotaTeq®, and IPOL® to the list of vaccines available through VFC. Removed TDVAX™.
VFC Flu Vaccine	Updated NDCs for the 2025-2026 season
VFC COVID-19 Vaccine	Removed Novavax
Non-VFC Pediatric Immunizations	Removed Jynneos™
Adult Immunizations	Removed Prevnar 13®, TDVAX™, PreHevbrio®
Adult Flu Vaccine	Updated NDCs for the 2025-2026 season

October 2025

Section	Summary
VFC and Adult COVID-10 Vaccines	Updated NDCs for the 2025-2026 COVID-19 Season, added Nuvaxovid.

January 2026

Section	Summary
Entire Document	Removed merged cells for ADA compliance. Replaced with footnotes for the use of Abrysvo in pregnant women. Replaced package size from NDCs and replaced with XX.
Immunization Counseling	Added codes for adult immunization counseling effective 01/01/2026.
Immunizations for Children	Updated link to the most current version of the Immunization Coverage Table published by HHS.
Q&A	Added Q&A regarding multiple units of 90472.
Claim Form	Added a statement regarding the ORP NPI requirement on all professional claims for immunizations.