

Immunizations

PURPOSE

To define 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 National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. 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.

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 with 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 identify if a procedure code is covered by ND Medicaid along with code specific details such as ORP requirements, Service Authorization requirements, and current rates.

North Dakota Medicaid covers immunizations for children and adults that are medically necessary and 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)

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.

VACCINE COUNSELING

ND Medicaid covers stand-alone vaccine counseling visits related to all pediatric vaccines, including the COVID-19 vaccine, to all members under the age of twenty-one, when provided by a physician or other qualified health care professional including Local Public Health clinics. Vaccine counseling for members aged 21 and over will not be covered.

| HCPSC 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). |

IMMUNIZATION ADMINISTRATION

The AMA [Category I Immunization Codes information page](#) provides complete AMA CPT® Code descriptions and instructions for vaccine administration.

| 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) |

| CPT® Code | Description |
|------------------|---|
| 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 | Outer Package NDC | Manufacturer | Admin Code |
|-------------------|--|--------------------------------|---------------------|-------------------|
| 90380 | Beyfortus™ 50 mg | 49281-0575-15 | Sanofi Pasteur | 96381 |
| 90381 | Beyfortus™ 100 mg | 49281-0574-15 | Sanofi Pasteur | 96381 |
| 90382 | Enflonsia® | 00006-5073-02 | Merck | 96381 |
| 90587 | Dengvaxia | 49281-0605-01 | Sanofi Pasteur | 90471 |
| 90611 | Jynneos™ (18 years only) | 50632-0001-03 | Bavarian Nordic | 90471 |
| 90619 | MenQuadfi™ | 49281-0590-05 | Sanofi Pasteur | 90471 |
| 90620 | Bexsero® | 58160-0976-20 | GlaxoSmithKline | 90471 |
| 90621 | Trumenba® | 00005-0100-10 | Pfizer | 90471 |
| 90623 | Penbraya™ | 00069-0600-01 or 00069-0600-05 | Pfizer | 90471 |
| 90633 | Vaqta® | 00006-4095-02 | Merck | 90471 |
| 90633 | Havrix® | 58160-0825-52 | GlaxoSmithKline | 90471 |
| 90636 | Twinrix® (18 yrs only) | 58160-0815-52 | GlaxoSmithKline | 90471 |
| 90647 | PedvaxHIB® | 00006-4897-00 | Merck | 90471 |
| 90648 | ActHIB® | 49281-0545-03 | Sanofi Pasteur | 90471 |
| 90648 | Hiberix® | 58160-0726-15 | GlaxoSmithKline | 90471 |
| 90651 | Gardasil 9® | 00006-4121-02 | Merck | 90471 |
| 90671 | Vaxneuvance™ | 00006-4329-03 | Merck | 90471 |
| 90677 | Prevnar 20™ | 00005-2000-10 | Pfizer | 90471 |
| 90678 | Abrysvo® | 00069-2465-01 | Pfizer | 90471 |
| | 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 at the line level for professional claims or header level for institutional claims. | | | |

| CPT ® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|-----------------------|------------------------------------|-----------------------------------|---------------------|-----------------------|
| 90680 | RotaTeq® | 00006-4047-41 or 00006-4047-20 | Merck | 90473 |
| 90681 | Rotarix® | 58160-0740-21 | GlaxoSmithKline | 90473 |
| 90696 | Quadracel™ | 49281-0564-15 | Sanofi Pasteur | 90471 |
| 90696 | Kinrix® | 58160-0812-52 | GlaxoSmithKline | 90471 |
| 90697 | Vaxelis™ | 63361-0243-15 | Merck | 90471 |
| 90698 | Pentacel® | 49281-0511-05 | Sanofi Pasteur | 90471 |
| 90700 | Daptacel® | 49281-0286-10 | Sanofi Pasteur | 90471 |
| 90700 | Infanrix® | 58160-0810-52 | GlaxoSmithKline | 90471 |
| 90707 | M-M-R®II | 00006-4681-00 | Merck | 90471 |
| 90707 | Priorix | 58160-0824-15 | GlaxoSmithKline | 90471 |
| 90710 | ProQuad® | 00006-4171-00 | Merck | 90471 |
| 90713 | IPOL® | 49281-0860-10 | Sanofi Pasteur | 90471 |
| 90714 | Tenivac® | 49281-0215-15 or 59281-0215-10 | Sanofi Pasteur | 90471 |
| 90715 | Boostrix® | 58160-0842-52 | GlaxoSmithKline | 90471 |
| 90715 | Adacel® | 49281-0400-10 or 49281-0400-20 | Sanofi Pasteur | 90471 |
| 90716 | Varivax® | 00006-4827-00 | Merck | 90471 |
| 90723 | Pediarix® | 58160-0811-52 | GlaxoSmithKline | 90471 |
| 90732 | Pneumovax®23 | 00006-4837-03 | Merck | 90471 |
| 90734 | Menveo® one-vial | 58160-0827-30 | GlaxoSmithKline | 90471 |
| 90734 | Menveo® two-vial | 58160-0955-09 | GlaxoSmithKline | 90471 |
| 90744 | Engerix B® | 58160-0820-52 | GlaxoSmithKline | 90471 |
| 90744 | Recombivax HB® | 00006-4093-02 | Merck | 90471 |

VFC FLU VACCINE FOR THE 2025-2026 FLU SEASON

| CPT® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|----------------------|--------------------------------------|------------------------------|---------------------|-----------------------|
| 90656 | Fluzone® TIV (preservative-free) | 49281-0425-50 | Sanofi Pasteur | 90471 |
| 90656 | FluLaval® TIV (preservative-free) | 19515-0904-52 | GSK-ID Biomedic | 90471 |
| 90656 | Afluria® TIV (preservative-free) | 33332-0025-03 | Seqirus | 90471 |
| 90657 | Fluzone® TIV (0.25mL dose) | 49281-0643-15 | Sanofi Pasteur | 90471 |

| CPT® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|------------------|--------------------------------|--------------------------|---------------------|-------------------|
| 90657 | Afluria® TIV (0.25mL dose) | 33332-0125-10 | Seqirus | 90471 |
| 90658 | Fluzone® TIV | 49281-0643-15 | Sanofi Pasteur | 90471 |
| 90658 | Afluria® Trivalent | 33332-0125-10 | Seqirus | 90471 |
| 90660 | FluMist® TIV | 66019-0112-10 | AstraZeneca | 90473 |

VFC COVID-19 VACCINE FOR THE 2025-2026 SEASON

| CPT® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|------------------|--------------------------------|--------------------------|---------------------|-------------------|
| 91304 | Nuvaxovid™ | 80631-0207-10 | Noravax | 90480 |
| 91319 | Comirnaty® | 00069-2501-10 | Pfizer | 90480 |
| 91320 | Comirnaty® | 00069-2528-10 | Pfizer | 90480 |
| 91321 | Spikevax™ | 80777-0113-80 | Moderna | 90480 |
| 91322 | Spikevax™ | 80777-0112-96 | Moderna | 90480 |

NON-VFC PEDIATRIC VACCINES

| CPT® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|------------------|--------------------------------|--------------------------------|---------------------|-------------------|
| 90626 | Ticovac™ .25mL | 00069-0297-02 | Pfizer | 90471 |
| 90627 | Ticovac™ .5mL | 00069-0411-10 | Pfizer | 90471 |
| 90690 | VIVOTIF® | 69401-0000-02 or 50090-2292-00 | PAXVAX | 90473 |
| 90717 | Stamaril® | 49281-0913-01 | Sanofi | 90471 |
| 90717 | VF-VAXREG | 49281-0915-05 or 49281-0915-01 | Sanofi | 90471 |
| 90738 | Ixiaro™ | 42515-0002-01 | Intercell | 90471 |
| 91304≠* | Nuvaxovid™ | 80631-0207-10 | Novavax | 90480 |
| 91319≠* | Comirnaty® | 00069-2501-10 | Pfizer | 90480 |
| 91320≠* | Comirnaty® | 00069-2528-10 | Pfizer | 90480 |
| 91321≠* | Spikevax™ | 80777-0113-80 | Moderna | 90480 |
| 91322≠* | Spikevax™ | 80777-0102-95 | Moderna | 90480 |
| 91323≠* | mNEXSPIKE | 80777-0400-61 | 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.

* Non-VFC COVID-19 vaccine will be reimbursed from October 1st, 2025, until VFC supply is made available for order for the 2025-2026 season. Once the VFC supply is available, the vaccine will no longer be reimbursed.

ADULT IMMUNIZATIONS

| CPT ® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|-----------------------|--|-----------------------------------|---------------------|-----------------------|
| 90587 | Dengvaxia® | 49281-0605-01 | Sanofi | 90471 |
| 90611 | Jynneos™ | 50632-0001-03 | Bavarian Nordic | 90471 |
| 90620 | Bexsero® | 58160-0976-20 | GlaxoSmithKline | 90471 |
| 90621 | Trumenba® | 00005-0100-10 | Pfizer | 90471 |
| 90623 | Penbraya™ | 00069-0600-05 or 00069-0600-05 | Pfizer | 90471 |
| 90625 | Vaxchora® | 50632-0015-02 | PAXVAX | 90471 |
| 90627 | Ticovac™ .5mL | 00069-0411-10 | Pfizer | 90471 |
| 90632 | Vaqta® | 00006-4096-02 | Merck | 90471 |
| 90632 | Havrix® | 58160-0826-52 | GlaxoSmithKline | 90471 |
| 90636 | Twinrix® | 58160-0815-52 | GlaxoSmithKline | 90471 |
| 90651 | Gardasil®9 | 00006-4121-02 | Merck | 90471 |
| 90671 | Vaxneuvance™ | 00006-4329-03 | Merck | 90471 |
| 90677 | Prevnar 20™ | 00005-2000-10 | Pfizer | 90471 |
| 90678 | Abrysvo® 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 at the line level for professional claims or header level for institutional claims. | 00069-2465-10 | Pfizer | 90471 |
| 90679 | Arexvy | 58160-0848-11 | GlaxoSmithKline | 90471 |
| 90683 | mResvia™ | 80777-345-96 | Moderna | 90471 |
| 90690 | VIVOTIF® | 69401-0000-02 or 50090-2292-00 | PAXVAX | 90473 |
| 90707 | M-M-R®II | 00006-4681-00 | Merck | 90471 |
| 90707 | Priorix | 58160-0824-15 | GlaxoSmithKline | 90471 |
| 90713 | IPOL® | 49281-0860-10 | Sanofi Pasteur | 90471 |
| 90714 | Tenivac | 49281-0215-10 or 59281-0215-15 | Sanofi | 90471 |
| 90715 | Adacel® | 49281-0400-10 or 59281-0400-20 | Sanofi | 90471 |
| 90715 | Boostrix® | 58160-0842-52 | GlaxoSmithKline | 90471 |
| 90716 | Varivax® | 00006-4827-00 | Merck | 90471 |
| 90717 | Stamaril® | 49281-0913-01 | Sanofi | 90471 |

| CPT® Code | Brand Name / Trade Name | Outer Package NDC | Manufacturer | Admin Code |
|------------------|--|--------------------------------|---------------------|-------------------|
| 90717 | VF-VAXREG | 49281-0915-05 or 49281-0915-01 | Sanofi | 90471 |
| 90732 | Pneumovax®23 | 00006-4837-03 | Merck | 90471 |
| 90734 | Menveo® one-vial | 58160-0827-30 | GlaxoSmithKline | 90471 |
| 90738 | Ixiaro™ | 42515-0002-01 | Intercell | 90471 |
| 90739 | Heplisav-B™ | 43528-0003-05 | Dynavax | 90471 |
| 90740 | Recombivax HB® (dialysis or immunosuppressed dose) | 00006-4992-00 | Merck | 90471 |
| 90746 | Engerix-B® | 58160-0821-52 | GlaxoSmithKline | 90471 |
| 90746 | Recombivax HB® | 00006-4094-02 | Merck | 90471 |
| 90747 | Engerix-B® (dialysis or immunosuppressed dose) | 58160-0821-01 | GlaxoSmithKline | 90471 |
| 90750 | Shingrix® | 58160-0823-11 | GlaxoSmithKline | 90471 |

ADULT FLU VACCINES FOR THE 2024-2025 FLU SEASON

| CPT ® Code | Brand Name / Trade Name | NDC | Manufacturer | Admin Code |
|-------------------|-----------------------------------|--------------------------------|---------------------|-------------------|
| 90653 | Fluad® TIV | 70461-0025-03 | Seqirus | 90471 |
| 90656 | Fluzone® TIV (preservative-free) | 49281-0425-50 | Sanofi Pasteur | 90471 |
| 90656 | FluLaval® TIV (preservative-free) | 19515-0904-52 | GSK-ID Biomedic | 90471 |
| 90656 | Afluria® TIV (preservative-free) | 33332-0024-03 | Seqirus | 90471 |
| 90656 | Fluarix® TIV (preservative-free) | 58160-0912-52 | GlaxoSmithKline | 90471 |
| 90658 | Fluzone® TIV | 49281-0643-15 | Sanofi Pasteur | 90471 |
| 90658 | Afluria® Trivalent | 33332-0125-10 | Seqirus | 90471 |
| 90660 | FluMist® TIV | 66019-0112-10 | AstraZeneca | 90473 |
| 90661 | Flucelvax® | 70461-0655-03 or 70461-0555-10 | Seqirus | 90471 |
| 90662 | Fluzone® High-Dose | 49281-0125-65 | Sanofi Pasteur | 90471 |

ADULT COVID-19 VACCINE FOR THE 2025-2026 SEASON

| CPT Code | Brand Name / Trade Name | NDC | Manufacturer | Admin Code |
|-----------------|--------------------------------|---------------|---------------------|-------------------|
| 91304 | Nuvaxovid | 80631-0207-10 | Novavax, Inc | 90480 |
| 91320 | Comirnaty® | 00069-2528-10 | Pfizer | 90480 |
| 91322 | Spikevax™ | 80777-0112-96 | Moderna | 90480 |
| 91323 | mNexspike™ | 80777-0400-61 | 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.

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 at the line level for professional claims or header level for institutional claims.

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

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.
- Immunizations that are not listed in this policy.

BILLING INSTRUCTION BY CLAIM TYPE

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

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 source 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

For professional services billed on a CMS-1500/837P claim, 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-04/837I claim, the Immunization CPT® codes must be billed under Revenue Code 0636. The administration must be billed using Revenue Code 0771 with the appropriate CPT® code. Both the vaccine and administration must be billed on the same claim.

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

CONTACT

Medical Services
600 East Boulevard Ave
Bismarck, ND 58505-0250
Phone: (701) 328-2310
Email: dhsmedicalservices@nd.gov

POLICY UPDATES

January 2025

| Section | Updates |
|----------------------------|----------------|
| Purpose and Applicability | Sections added |
| Immunizations for Children | Sections added |

August 2025

| Section | Updates |
|----------------------------|---|
| VFC Vaccine | 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 Vaccines | Removed Jynneos™ |
| Adult Vaccines | Removed Prevnar 13®, TDVAX™, PreHevbrio® |
| Adult Flu Vaccine | Updated NDCs for the 2025-2026 season |

October 2025

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