

IMMUNIZATIONS

PURPOSE

To define immunization coverage and billing requirements for providers administering immunizations to ND Medicaid members.

APPLICABILITY

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 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)

COVERAGE GUIDELINES

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)
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

CPT ® Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
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.			
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

CPT ® Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
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
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

CPT® Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
91318	COVID-19 Vaccine	59267-4426-02	Pfizer	90480
91319	COVID-19 Vaccine	59267-4438-02	Pfizer	90480
91320	Comirnaty®	00069-2432-10	Pfizer	90480
91321	COVID-19 Vaccine	80777-0291-80	Moderna	90480
91322	Spikevax™	80777-0110-93	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

CPT ® Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
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≠	Novavax	80631-0105-02	Novavax Inc	90480
91318≠	COVID-19 Vaccine	59267-4315-02	Pfizer	90480
91319≠	COVID-19 Vaccine	59267-4331-02	Pfizer	90480
91320≠	Comirnaty®	00069-2362-10	Pfizer	90480
91321≠	COVID-19 Vaccine	80777-0287-92	Moderna	90480
91322≠	Spikevax™	80777-0102-95	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	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®	00069-2465-10	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.			
90679	Arexvy	58160-0848-11	GlaxoSmithKline	90471
90683	mResvia™	80777-345-96	Moderna	90471

CPT ® Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
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
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

CPT ® Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
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

CPT Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
91304	Novavax	80631-107-10	Novavax, Inc	90480
91320	Comirnaty®	00069-2432-10	Pfizer	90480
91322	Spikevax™	80777-0110-93	Moderna	90480

BILLING INSTRUCTION BY CLAIM TYPE

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

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.

LIMITATIONS

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).

SUMMARY OF 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