

ND Medicaid
Vaccine Fee Schedule
as of 8/1/2021

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

Code	Medicaid Fee
90619	\$141.43
90620	\$191.75
90621	\$156.60
90632	\$62.91
90636	\$112.35
90651	\$239.29
90662	\$65.26
90670	\$241.38
90672	\$26.88
90674	\$29.23
90682	\$65.26
90686	\$20.53
90688	\$20.53
90694	\$66.43
90707	\$82.50
90714	\$27.74
90715	\$35.65
90716	\$142.47
90732	\$125.92
90734	\$134.77
90736	\$212.67
90739	\$144.21
90740	\$140.76
90746	\$69.65
90747	\$140.76
90750	\$162.01
90756	\$28.37