

**ND Medicaid
 Vaccine Fee Schedule
 as of 1/1/2024**

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

Code	Medicaid Fee
90587	\$104.01
90619	\$156.44
90620	\$211.32
90621	\$178.95
90625	\$275.00
90626	\$281.00
90627	\$281.00
90632	\$70.26
90636	\$121.40
90651	\$268.77
90662	\$73.40
90670	\$257.99
90671	\$253.56
90672	\$27.79
90674	\$34.17
90677	\$288.66
90678	\$295.00
90679	\$280.00
90682	\$73.40
90686	\$22.35
90687	\$10.44
90688	\$20.88
90690	\$106.67
90691	\$132.94

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Code	Medicaid Fee
90694	\$77.36
90707	\$89.87
90713	\$40.64
90714	\$30.34
90715	\$38.31
90716	\$159.99
90717	\$195.69
90732	\$133.47
90734	\$148.49
90738	\$287.60
90739	\$160.28
90740	\$152.12
90743	\$70.38
90746	\$70.38
90747	\$140.75
90750	\$183.41
90756	\$32.37
90759	\$73.82
91304	\$148.20
91318	\$65.55
91319	\$87.78
91320	\$131.10
91321	\$145.92