

ND MEDICAID VACCINE FEE SCHEDULE

as of 08/01/2019

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

CODE	MEDICAID FEE
90586	\$141.03
90620	\$170.75
90621	\$139.52
90632	\$59.63
90636	\$104.00
90651	\$217.11
90653	\$59.53
90656	\$19.77
90658	\$18.24
90662	\$56.00
90670	\$215.33
90672	\$23.70
90674	\$28.13
90675	\$294.53
90682	\$56.00
90686	\$19.03
90688	\$17.84
90707	\$75.04
90714	\$23.62
90715	\$32.84
90716	\$129.30
90732	\$114.21
90734	\$122.31
90736	\$212.67
90739	\$131.10
90740	\$134.12
90746	\$67.06
90747	\$134.12
90750	\$144.20
90756	\$26.66