

## IMMUNIZATIONS (VACCINES/TOXOIDS)

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### COVERED SERVICES

North Dakota Medicaid covers immunizations for children and adults that are medically necessary and approved by the Federal Drug Administration (FDA). ND Medicaid also covers immunization administrations when another entity supplies the vaccine/toxoid.

ND Medicaid uses the immunization schedules published by the Center for Disease Control (CDC):

- [Child and adolescent](#) (18 years and younger)
- [Adult](#) (19 years and older)

### COVERAGE GUIDELINES

Vaccines for Children (VFC, state-supplied) vaccines/toxoids supplied by the North Dakota Department of Health and Human Services (NDHHS) must be used when administering a vaccine to members 0 through 18 years of age. Providers administering vaccines/toxoids to children in this age group must be enrolled in the NDHHS VFC program and receive the vaccines/toxoids at no charge.

The Vaccine Coverage table is available on the NDHHS Immunization page at <https://www.hhs.nd.gov/sites/www/files/documents/2023VaccineCoverage.pdf>

#### Vaccines 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 <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Effective October 1, 2023, 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.

HCPCS 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).

**VACCINE/TOXOID ADMINISTRATION**

Complete AMA CPT Code descriptions and instructions for vaccine administration can be found [here](#).

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 VACCINES / TOXOIDS**

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
90587	Dengvaxia	49281-0605-01	Sanofi Pasteur	90471
90619	MenQuadfi™	49281-0590-05	Sanofi Pasteur	90471
90620	Bexsero®	58160-0976-20	GlaxoSmithKline	90471
90621	Trumenba®	00005-0100-05 or 00005-0100-10	Pfizer	90471
«90623	Penbraya™ <i>(Effective 05/01/2024)</i>	00069-0600-05	Pfizer	90471»
90633	Vaqta®	00006-4095-02	Merck	90471
90633	Havrix®	58160-0825-52	GlaxoSmithKline	90471
90647	PedvaxHIB®	00006-4897-00	Merck	90471
90648	ActHIB®	49281-0545-03	Sanofi Pasteur	90471
90648	Hiberix®	58160-0818-11	GlaxoSmithKline	90471
90651	Gardasil®9	00006-4121-02	Merck	90471
90670	Prevnar 13™	00005-1971-02	Pfizer	90471
90671	Vaxneuvance™	00006-4329-03	Merck	90471
90677	Prevnar 20™	00005-2000-10	Pfizer	90471
90680	RotaTeq®	00006-4047-41 or 0006-4047-20	Merck	90473
90681	Rotarix®	58160-0740-21	GlaxoSmithKline	90473
90696	Quadracel™	49281-0564-10	Sanofi Pasteur	90471
90696	Kinrix®	58160-0812-52	GlaxoSmithKline	90471
90697	Vaxelis™	63361-0243-10 or 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
90714	TDVAX™	13533-0131-01	Grifols	90471
90715	Boostrix®	58160-0842-11 or 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®	00006-4981-00 or 00006-4093-02	Merck	90471

**VFC FLU VACCINE**

CPT Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
90672	FluMist® Quadrivalent	66019-0310-10	AstraZeneca	90473
90674	Flucelvax® Quadrivalent	70461-0323-03	Seqirus USA, Inc	90471
90686	Fluzone® Quadrivalent	49281-0423-50	Sanofi Pasteur	90471
90686	Fluarix® Quadrivalent	58160-0909-52	GlaxoSmithKline	90471
90686	FluLaval Quadrivalent	19515-0814-52	GlaxoSmithKline	90471
90686	Afluria® Quadrivalent (preservative free)	33332-0323-03	Seqirus USA, Inc	90471
90687	Fluzone® Quadrivalent (.25mL)	49281-0639-15	Sanofi Pasteur	90471
90687	Afluria® Quadrivalent (.25mL)	33332-0423-10	Seqirus USA, Inc	90471
90688	Fluzone® Quadrivalent (.50mL)	49281-0639-15	Sanofi Pasteur	90471
90688	Afluria® Quadrivalent (.50mL)	33332-0423-10	Seqirus USA, Inc	90471

90756	Flucelvax® Quadrivalent (preservative free)	70461-0423-10	Seqirus USA, Inc	90471
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**VFC COVID-19 VACCINE**

CPT Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
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 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
90678#	Abrysvo™	00069-0207-01	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#	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

# Until January 10, 2024, Non-VFC Abrysvo is available to pregnant members under age 19 who are between 32- and 36-weeks' gestation.

≠ Non-VFC Covid-29 vaccine is only payable to Medicaid-enrolled pharmacies that do not participate in the VFC Program. This is available through September 2024 per the HHS Covid-19 PREP Act.

**ADULT VACCINES/TOXOIDS**

CPT Code	Brand Name / Trade Name	Outer Package NDC	Manufacturer	Admin Code
90587	Dengvaxia®	49281-0605-01	Sanofi	90471
90619	Menquadfi	49281-0590-05	Sanofi	90471
90620	Bexsero®	58160-0976-20	GlaxoSmithKline	90471
90621	Trumenba®	00005-0100-10	Pfizer	90471
«90623	Penbraya™ <i>(effective 05/01/2024)</i>	00069-0600-05	Pfizer	90471»
90625	Vaxchora®	70460-0004-01	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
90670	Prevnar 13®	00005-1971-01 or 00005-1971-02	Pfizer	90471
90671	Vaxneuvance™	00006-4329-03	Merck	90471
90677	Prevnar 20™	00005-2000-10	Pfizer	90471
90678	Abrysvo™	00069-0207-01	Pfizer	90471
90679	Arexvy	58160-0848-11	GlaxoSmithKline	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	TDVAX™	13533-0131-01	Grifols	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®	58160-0842-11 or 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)	00006-4992-01	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
90759	PreHevbrio®	75052-0001-10	VBI Vaccines	90471

**ADULT FLU VACCINES**

CPT Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
90662	Fluzone HIGH DOSE QUAD®	49281-0123-65 or 49281-0123-88	Sanofi Pasteur	90471
90672	FluMist® Quadrivalent	66019-0310-10	AstraZeneca	90473
90674	Flucelvax Quadrivalent	70461-0323-03	Seqirus USA, Inc	90471
90682	Flublok Quadrivalent	49281-0723-88	Sanofi Pasteur	90471
90686	Fluzone® Quadrivalent - preservative free	49281-0423-50	Sanofi Pasteur	90471
90686	Fluarix® Quadrivalent – preservative free	58160-0909-52	GlaxoSmithKline	90471
90686	FluLaval Quadrivalent – preservative free	19515-0814-52	GlaxoSmithKline	90471
90686	Afluria® Quadrivalent – preservative free	33332-0323-03	Seqirus USA, Inc	90471
90687	Fluzone® Quadrivalent .25mL	49281-0639-15	Sanofi Pasteur	90471
90687	Afluria® Quadrivalent .25mL	33332-0423-10	Seqirus USA, Inc	90471
90688	Fluzone® Quadrivalent .25mL	49281-0639-15	Sanofi Pasteur	90471

90688	Afluria® Quadrivalent .5mL	33332-0423-10	Seqirus USA, Inc	90471
90694	Fluad Quadrivalent	70491-0123-03 or 70461-0123-04	Seqirus USA, Inc	90471
90756	Flucelvax Quadrivalent	70461-0423-10	Seqirus USA, Inc	90471

**ADULT COVID-19 VACCINE**

CPT Code	Brand Name / Trade Name	NDC	Manufacturer	Admin Code
91304	COVID-19 Vaccine	80631-0105-02	Novavax	90480
91320	Comirnaty®	00069-2362-10	Pfizer	90480
91322	Spikevax™	80777-0102-95	Moderna	90480

**BILLING INSTRUCTION BY CLAIM TYPE**

For professional services billed on a CMS 1500 / 837 P claim form, bill the Vaccine / Toxoid CPT Code and its correlating administration code.

Vaccines administered in a pharmacy must be submitted on a CMS 1500 / 837P claim form, not an NCPDP (pharmacy) claim.

Outpatient Hospital - Vaccine / Toxoid 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 vaccine and administration must be billed on the same claim.

FQHCs and RHCs—Vaccine / Toxoid 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 vaccine and administration must be billed on the same claim. Vaccines are only separately reimbursed if no medical encounter was provided on the service date. Please refer to the FQHC and RHCs chapters for further information.

IHS/«Tribal Health Programs»- Administration must be billed using Revenue Code 0500 with the appropriate CPT code.

**LIMITATIONS**

Vaccine counseling will not be reimbursed separately when provided with preventative medicine codes 99381-99397 or vaccine administration provided on the same calendar date by the same provider of service.

Abrysvo administered to 32—through 36-week pregnant members 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.

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