

ND Medicaid
Vaccine Fee Schedule
as of 8/1/2020

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

Code	Medicaid Fee
90620	\$179.25
90621	\$149.89
90632	\$83.35
90636	\$130.65
90651	\$273.37
90653	\$59.53
90662	\$60.98
90670	\$241.50
90672	\$26.88
90674	\$29.23
90682	\$60.62
90686	\$19.58
90688	\$19.17
90694	\$61.00
90707	\$93.96
90714	\$31.06
90715	\$44.61
90716	\$162.72
90732	\$119.92
90734	\$153.91
90736	\$255.20
90739	\$131.10
90740	\$140.76
90746	\$69.65
90747	\$140.76
90750	\$181.69
90756	\$27.70