

Vaccines / Toxoids Coding Guideline

Vaccines / Toxoids

This Immunization coding guideline provides a summary of benefits and billing guidelines for North Dakota Medicaid providers who administer vaccines to children and adults. North Dakota Medicaid periodically reviews and modifies the immunization benefits and services. Therefore, the information in this guideline is subject to change, and the document is updated as new policies are implemented.

ND Medicaid works to promote and facilitate the prevention of vaccine-preventable diseases. ND Medicaid works closely with the North Dakota Department of Health / Vaccine for Children Program to implement immunization recommendations by the Advisory Committee on Immunization (ACIP) of the U.S. Department of Health and Human Services.

Covered Services

ND Medicaid members ages 18 and under are eligible to receive all immunization available from the federal Vaccine for Children (VFC) Program, at VFC-enrolled provider offices. Therefore, ND Medicaid will not reimburse ND Medicaid enrolled providers for vaccine that is not supplied through the VFC program.

- Refer to <http://www.ndhealth.gov/Immunize/Providers/Forms.aspx> or the most recent Vaccine Coverage Table and Influenza Dosage Chart. This information is published by the ND Department of Health and is updated yearly.

ND Medicaid members ages 19 and over are eligible to receive annual influenza vaccine and other vaccines as indicated on **Table A** below per the Advisory Committee on Immunization (ACIP).

Covered Vaccine Administration

- 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)

MEDICAL SERVICES

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Covered Vaccines/ Toxoids (Table A)

Brand Names® added as a courtesy, please verify with the ND DoH which brands are available through the VFC Program

CPT Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC / 317 Program
90620	Meningococcal recombinant Bexsero®	10-18 yrs	\$0.00	√
		19-26 yrs	Per fee schedule	
90621	Meningococcal B Trumenba®	10-18 yrs	\$0.00	√
		19-26 yrs	Per Fee schedule	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, for intradermal use Fluzone®	19+	No longer available	
90632	Hepatitis A, adult dosage Vaqta® Havrix®	19 + yrs	Per Fee Schedule	
90633	Hepatitis A, pediatric /adolescent - 2 dose Vaqta® Havrix®	1-18 yrs	\$0.00	√
90636	Hepatitis A and Hepatitis B, adult dose Twinrix®	19+ yrs	Per fee schedule	
90647	Hib - 3 dose PedvaxHIB®	6 wks – 4 yrs	\$0.00	√
90648	Hib - 4 dose ActHIB® Hiberix®	6 wks – 4 yrs	\$0.00	√
90651	HPV types 6,11,16,18,31,22,45,52,58 nonvalent 3 dose Gardasil 9®	9-18 yrs	\$0.00	√
		19-21 yrs	Per Fee Schedule	
		22-26 yrs	\$0.00	√ (317)
90653	Influenza vaccine, inactivated (iiv), subunit, adjuvanted Fluad®	65 + yrs	Per Fee Schedule	
90654	Influenza virus vaccine, trivalent, split virus, preservative free, intradermal	19 +yrs	Not Available	
90656	Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 mL Afluria® Fluvirin®	3-18 yrs	Not covered	
		19 + yrs	Per Fee Schedule	
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for IM use Afluria®	4 -18 yrs	Not covered	
		19 + yrs	Per Fee Schedule	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for IM use Fluzone High-Dose®	65 + yrs	Per Fee Schedule	
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for IM use Prenar13®	6 wks - 4 yrs	\$0.00	√
		19+	Per Fee Schedule	
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use FluMist Quadrivalent®	2-18 yrs	\$0.00	√
		19-49 yrs	Per Fee Schedule	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for IM use Flublok®	19 + yrs	No longer available	

CPT Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC / 317 Program
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for IM use Flucelvax Quadrivalent®	4 years-18 yrs	\$0.00	√
		19 + yrs	Per Fee Schedule	
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use Rota Teq®	6 wks – 8 mos	\$0.00	√
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use Rotarix®	6 wks – 8 mos	\$0.00	√
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, for IM use. Flublok®	19 +	Per Fee Schedule	
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for IM use Fluzone Quadrivalent®	6 mos – 35 mos	\$0.00	√
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for IM use Fluarix Quadrivalent® Afluria Quadrivalent® Fluzone Quadrivalent® Flulaval®	6 mos-18 yrs	\$0.00	√
		19 + yrs	Per fee schedule	
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL, for IM use Fluzone Quadrivalent®	6 mos – 35 mos	\$0.00	√
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for IM use Afluria Quadrivalent® Fluzone Quadrivalent® Flulaval®	6 mos – 18 yrs	\$0.00	√
		19 + yrs	Per Fee Schedule	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV) Kinrix™ Quadracel™	4-6 yrs	\$0.00	√
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV / Hib) Pentacel®	6 wks – 4 yrs	\$0.00	√
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for IM use Daptacel® Infarix®	6 wks – 6 yrs	\$0.00	√
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for IM use	6 wks – 6 yrs	\$0.00	√
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use M-M-R-II®	12 mos - 18 yrs	\$0.00	√
		19+ yrs	Per Fee Schedule	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	12 mos – 12 yrs	\$0.00	√
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or IM use IPOL®	6 wks – 18 years	\$0.00	√

CPT Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC / 317 Program
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for IM use Tetanus-Diphtheria Toxoids®	7 years – 18 yrs	\$0.00	√
		19 +	Per Fee Schedule	
90716	Varicella virus vaccine (VAR), live, for subcutaneous use Varivax®	12 mos – 18 yrs	\$0.00	√
		19+	Per Fee Schedule	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use Boostrix® Adacel®	7-18 yrs	\$0.00	√
		19+ yrs	Per Fee Schedule	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine,- (DTaP-HepB-IPV) for IM use Pediarix®	6 wks – 6 yrs	\$0.00	√
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or IM use Pneumovax 23®	2-18 yrs	\$0.00	√
		19+	Per Fee Schedule	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for IM use Menactra® Menveo®	2 mos – 18 yrs	\$0.00	√
		19 – 55 yrs	Per Fee Schedule	
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection Zostavax®	60+ yrs	Per Fee Schedule	
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for IM use Heplisav-B™	19+	Per Fee Schedule	
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for IM use Recombivax HB®	19+ yrs	Per Fee Schedule	
90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for IM use Recombivax HB®	11-15 yrs	\$0.00	√
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for IM use Enberix-B® Recombivax HB®	Birth -18 yrs	\$0.00	√
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use Enberix-B® Recombivax HB®	19+ yrs	Per Fee Schedule	
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for IM use Enberix-B®	19+ yrs	Per Fee Schedule	
90749	Unlisted vaccine/toxoid	0 +	By report	
90750	Zoster (Shingles) vaccine (hzv), recombinant, sub-unit, adjuvanted, for IM use SHINGRIX®	50+yrs	Per Fee Schedule	
90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use Flucelvax®	4 years – 18 years	\$0.00	√
		19+ years	Per Fee Schedule	