



**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
0101T	\$71.20
0102T	\$884.05
0200T	\$2,547.14
0201T	\$1,974.77
0213T	\$275.19
0216T	\$275.19
0238T	\$5,765.61
0253T	\$1,663.06
0263T	\$1,397.21
0264T	\$1,397.21
0265T	\$1,397.21
0266T	\$24,790.84
0268T	\$15,299.75
0269T	\$1,753.51
0270T	\$1,104.77
0271T	\$1,104.77
0274T	\$1,974.77
0275T	\$2,945.47
0308T	\$8,293.34
0335T	\$2,636.89
0338T	\$1,470.24
0339T	\$2,229.98
0342T	\$1,397.21
0402T	\$569.52
0408T	\$15,592.84
0409T	\$12,360.25
0410T	\$3,159.05
0411T	\$3,159.05

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Code	Medicaid Fee
0412T	\$1,185.63
0413T	\$1,185.63
0414T	\$8,864.16
0415T	\$189.67
0416T	\$550.58
0419T	\$189.62
0420T	\$189.62
0421T	\$3,610.58
0440T	\$522.53
0441T	\$684.74
0442T	\$2,489.82
0446T	\$550.58
0447T	\$60.44
0448T	\$550.58
0449T	\$2,196.32
0479T	\$189.62
0510T	\$884.05
0511T	\$2,784.82
0512T	\$60.44
0524T	\$1,196.13
0525T	\$3,702.89
0526T	\$3,159.05
0527T	\$4,328.58
0530T	\$1,185.63
0531T	\$1,185.63
0532T	\$1,185.63
0581T	\$855.27
0583T	\$488.82
0587T	\$3,532.05
0588T	\$1,104.77
0594T	\$2,487.14
0596T	\$182.31

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Code	Medicaid Fee
0597T	\$182.31
0600T	\$3,843.84
0601T	\$3,772.17
0614T	\$11,089.05
0616T	\$8,323.37
0617T	\$8,769.65
0618T	\$6,510.00
0619T	\$4,579.99
0620T	\$14,329.54
0621T	\$1,499.08
0627T	\$6,102.80
0629T	\$5,321.12
0632T	\$5,765.61
0644T	\$1,470.24
0647T	\$484.14
0651T	\$376.55
0652T	\$609.76
0653T	\$609.76
0654T	\$1,047.12
0655T	\$946.43
0660T	\$1,190.26
0661T	\$1,190.26
0671T	\$2,221.23
0673T	\$397.47
0686T	\$5,545.48
0699T	\$688.94
0707T	\$1,293.75
0714T	\$1,438.28
0784T	\$5,369.14
0785T	\$1,104.77
0786T	\$5,369.14
0787T	\$1,104.77

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Code	Medicaid Fee
0793T	\$5,765.61
0797T	\$6,155.59
0800T	\$1,134.74
0803T	\$6,155.59
0810T	\$1,346.88
0813T	\$273.68
0816T	\$8,220.43
0817T	\$8,220.43
0818T	\$1,104.77
0819T	\$1,104.77
0864T	\$74.62
0867T	\$1,438.28
0869T	\$1,113.43
0884T	\$1,318.80
0885T	\$988.91
0886T	\$988.91
0888T	\$5,545.48
10005	\$212.42
10009	\$212.42
10011	\$212.42
10030	\$212.42
10121	\$397.47
10180	\$673.48
11010	\$212.42
11011	\$212.42
11012	\$673.48
11042	\$120.39
11043	\$189.62
11044	\$397.47
11404	\$397.47
11406	\$397.47
11424	\$397.47

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Code	Medicaid Fee
11426	\$673.48
11444	\$397.47
11446	\$673.48
11450	\$673.48
11451	\$673.48
11462	\$673.48
11463	\$673.48
11470	\$673.48
11471	\$673.48
11604	\$212.42
11606	\$397.47
11624	\$397.47
11626	\$673.48
11644	\$397.47
11646	\$673.48
11770	\$673.48
11771	\$673.48
11772	\$673.48
11960	\$1,083.17
11970	\$1,974.77
11971	\$673.48
12005	\$120.39
12006	\$120.39
12007	\$60.44
12015	\$60.44
12016	\$120.39
12017	\$120.39
12018	\$60.44
12020	\$189.62
12021	\$120.39
12032	\$120.39
12034	\$120.39

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Code	Medicaid Fee
12035	\$120.39
12036	\$189.62
12037	\$550.58
12044	\$189.62
12045	\$189.62
12046	\$189.62
12047	\$550.58
12052	\$120.39
12053	\$120.39
12054	\$120.39
12055	\$120.39
12056	\$120.39
12057	\$120.39
13100	\$189.62
13101	\$189.62
13120	\$189.62
13121	\$189.62
13131	\$120.39
13132	\$189.62
13151	\$189.62
13152	\$189.62
13160	\$550.58
14000	\$550.58
14001	\$550.58
14020	\$550.58
14021	\$550.58
14040	\$550.58
14041	\$550.58
14060	\$550.58
14061	\$550.58
14301	\$1,083.17
14350	\$550.58

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Code	Medicaid Fee
15002	\$550.58
15004	\$189.62
15040	\$550.58
15050	\$189.62
15100	\$550.58
15110	\$550.58
15115	\$550.58
15120	\$1,083.17
15130	\$550.58
15135	\$1,083.17
15150	\$550.58
15155	\$1,083.17
15200	\$550.58
15220	\$550.58
15240	\$550.58
15260	\$550.58
15271	\$550.58
15273	\$1,083.17
15277	\$550.58
15570	\$550.58
15572	\$1,083.17
15574	\$550.58
15576	\$550.58
15600	\$1,083.17
15610	\$550.58
15620	\$550.58
15630	\$550.58
15650	\$550.58
15730	\$1,083.17
15731	\$1,083.17
15733	\$1,083.17
15734	\$1,083.17

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Code	Medicaid Fee
15736	\$550.58
15738	\$1,083.17
15740	\$550.58
15750	\$1,083.17
15760	\$550.58
15769	\$1,083.17
15770	\$1,083.17
15771	\$1,083.17
15773	\$550.58
15775	\$120.39
15776	\$120.39
15783	\$120.39
15789	\$189.62
15819	\$550.58
15820	\$550.58
15821	\$550.58
15822	\$550.58
15823	\$550.58
15824	\$550.58
15825	\$1,083.17
15826	\$1,083.17
15828	\$1,083.17
15829	\$1,083.17
15830	\$1,476.00
15832	\$673.48
15833	\$673.48
15834	\$673.48
15835	\$673.48
15836	\$673.48
15837	\$673.48
15838	\$673.48
15839	\$673.48

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Code	Medicaid Fee
15840	\$1,083.17
15841	\$1,083.17
15842	\$550.58
15845	\$1,083.17
15876	\$1,083.17
15877	\$1,083.17
15878	\$550.58
15879	\$1,083.17
15920	\$673.48
15922	\$1,083.17
15931	\$673.48
15933	\$673.48
15934	\$1,083.17
15935	\$1,083.17
15936	\$550.58
15937	\$550.58
15940	\$673.48
15941	\$673.48
15944	\$1,083.17
15945	\$550.58
15946	\$550.58
15950	\$397.47
15951	\$673.48
15952	\$550.58
15953	\$1,083.17
15956	\$550.58
15958	\$1,083.17
16025	\$60.44
16030	\$120.39
16035	\$120.39
17106	\$120.39
17271	\$60.44

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Code	Medicaid Fee
17311	\$189.62
17313	\$189.62
17380	\$189.62
19020	\$397.47
19081	\$397.47
19083	\$397.47
19085	\$397.47
19100	\$397.47
19101	\$855.27
19105	\$1,220.84
19110	\$855.27
19112	\$855.27
19120	\$855.27
19125	\$855.27
19296	\$2,544.62
19298	\$2,417.97
19300	\$855.27
19301	\$855.27
19302	\$1,476.00
19303	\$1,476.00
19307	\$1,476.00
19316	\$1,476.00
19318	\$1,476.00
19325	\$1,749.01
19328	\$855.27
19330	\$855.27
19340	\$1,875.51
19342	\$1,749.01
19350	\$855.27
19355	\$855.27
19357	\$3,147.24
19370	\$855.27

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Code	Medicaid Fee
19371	\$855.27
19380	\$1,476.00
19396	\$855.27
20103	\$397.47
20150	\$884.05
20200	\$397.47
20205	\$673.48
20206	\$397.47
20220	\$397.47
20225	\$397.47
20240	\$673.48
20245	\$673.48
20250	\$884.05
20251	\$1,974.77
20525	\$673.48
20555	\$884.05
20650	\$884.05
20662	\$476.70
20663	\$884.05
20665	\$120.30
20670	\$397.47
20680	\$673.48
20690	\$2,696.71
20692	\$4,765.07
20693	\$1,974.77
20694	\$476.70
20696	\$6,959.96
20697	\$476.70
20822	\$476.70
20900	\$2,955.72
20902	\$1,974.77
20910	\$189.62

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Code	Medicaid Fee
20912	\$1,083.17
20920	\$550.58
20922	\$550.58
20924	\$1,974.77
20950	\$212.42
20972	\$1,974.77
20973	\$1,974.77
20982	\$3,783.42
20983	\$2,724.81
21010	\$767.63
21012	\$397.47
21014	\$673.48
21015	\$673.48
21016	\$673.48
21025	\$1,606.87
21026	\$1,606.87
21029	\$767.63
21034	\$1,606.87
21040	\$767.63
21044	\$1,606.87
21046	\$1,606.87
21047	\$1,606.87
21048	\$1,606.87
21050	\$1,606.87
21060	\$1,606.87
21070	\$1,606.87
21085	\$73.74
21088	\$767.63
21100	\$1,606.87
21120	\$1,606.87
21121	\$1,168.73
21122	\$2,023.79

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Code	Medicaid Fee
21123	\$767.63
21125	\$2,023.79
21127	\$1,606.87
21137	\$767.63
21138	\$1,606.87
21139	\$1,606.87
21150	\$2,023.79
21181	\$1,606.87
21194	\$1,606.87
21195	\$2,023.79
21198	\$2,193.37
21199	\$1,606.87
21206	\$1,606.87
21209	\$1,606.87
21210	\$2,266.41
21215	\$2,194.99
21230	\$1,606.87
21235	\$1,606.87
21240	\$1,606.87
21242	\$1,606.87
21243	\$7,441.28
21244	\$2,196.21
21245	\$2,023.79
21246	\$2,023.79
21248	\$1,606.87
21249	\$2,010.88
21260	\$1,606.87
21267	\$2,668.26
21270	\$2,631.55
21275	\$1,606.87
21280	\$767.63
21282	\$767.63

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Code	Medicaid Fee
21295	\$388.11
21296	\$767.63
21315	\$388.11
21320	\$767.63
21325	\$767.63
21330	\$1,606.87
21335	\$767.63
21336	\$884.05
21337	\$767.63
21338	\$1,606.87
21339	\$1,606.87
21340	\$767.63
21345	\$388.11
21355	\$973.93
21356	\$1,606.87
21360	\$1,606.87
21365	\$2,023.79
21390	\$1,606.87
21400	\$166.12
21401	\$489.63
21406	\$1,606.87
21407	\$1,606.87
21421	\$767.63
21445	\$2,031.18
21450	\$166.12
21451	\$388.11
21452	\$2,044.23
21453	\$2,060.90
21454	\$2,033.47
21461	\$2,036.97
21462	\$2,138.37
21465	\$1,606.87

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Code	Medicaid Fee
21480	\$71.20
21485	\$388.11
21490	\$767.63
21497	\$388.11
21501	\$673.48
21502	\$884.05
21550	\$397.47
21552	\$673.48
21554	\$673.48
21555	\$397.47
21556	\$673.48
21557	\$673.48
21558	\$673.48
21600	\$1,974.77
21610	\$884.05
21685	\$2,117.53
21700	\$1,974.77
21720	\$884.05
21725	\$212.42
21820	\$71.20
21925	\$397.47
21930	\$397.47
21931	\$397.47
21932	\$673.48
21933	\$673.48
21935	\$673.48
21936	\$673.48
22102	\$1,974.77
22310	\$71.20
22315	\$884.05
22505	\$476.70
22510	\$884.05

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Code	Medicaid Fee
22511	\$884.05
22513	\$1,974.77
22514	\$1,974.77
22551	\$5,159.62
22554	\$5,054.49
22612	\$7,870.63
22856	\$7,676.29
22867	\$8,190.61
22869	\$6,112.77
22900	\$673.48
22901	\$673.48
22902	\$397.47
22903	\$673.48
22904	\$673.48
22905	\$673.48
23000	\$673.48
23020	\$884.05
23030	\$673.48
23031	\$673.48
23035	\$476.70
23040	\$884.05
23044	\$884.05
23066	\$673.48
23071	\$397.47
23073	\$673.48
23075	\$397.47
23076	\$673.48
23077	\$673.48
23078	\$673.48
23100	\$884.05
23101	\$884.05
23105	\$1,974.77

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Code	Medicaid Fee
23106	\$884.05
23107	\$1,974.77
23120	\$884.05
23125	\$884.05
23130	\$884.05
23140	\$884.05
23145	\$884.05
23146	\$1,974.77
23150	\$884.05
23155	\$1,974.77
23156	\$1,974.77
23170	\$1,213.83
23172	\$884.05
23174	\$1,974.77
23180	\$1,974.77
23182	\$1,974.77
23184	\$1,974.77
23190	\$884.05
23195	\$2,487.14
23330	\$397.47
23333	\$673.48
23334	\$673.48
23395	\$2,472.10
23397	\$1,974.77
23400	\$1,974.77
23405	\$1,974.77
23406	\$1,974.77
23410	\$1,974.77
23412	\$1,974.77
23415	\$1,974.77
23420	\$1,974.77
23430	\$2,583.50

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Code	Medicaid Fee
23440	\$2,836.21
23450	\$1,974.77
23455	\$1,974.77
23460	\$2,487.14
23462	\$1,974.77
23465	\$1,974.77
23466	\$1,974.77
23470	\$5,413.59
23472	\$8,144.51
23480	\$1,974.77
23485	\$4,991.16
23490	\$1,974.77
23491	\$5,190.97
23500	\$71.20
23505	\$476.70
23515	\$2,596.22
23520	\$476.70
23525	\$71.20
23530	\$1,974.77
23532	\$1,974.77
23540	\$71.20
23545	\$71.20
23550	\$2,574.07
23552	\$2,700.69
23570	\$71.20
23575	\$476.70
23585	\$2,612.76
23600	\$71.20
23605	\$476.70
23615	\$5,158.67
23616	\$7,650.08
23620	\$71.20

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Code	Medicaid Fee
23625	\$476.70
23630	\$2,472.43
23650	\$71.20
23655	\$476.70
23660	\$1,974.77
23665	\$476.70
23670	\$2,490.45
23675	\$476.70
23680	\$4,988.95
23700	\$476.70
23800	\$1,974.77
23802	\$3,783.42
23921	\$550.58
23930	\$673.48
23931	\$397.47
23935	\$884.05
24000	\$884.05
24006	\$884.05
24066	\$673.48
24071	\$673.48
24073	\$673.48
24075	\$397.47
24076	\$673.48
24077	\$673.48
24079	\$673.48
24100	\$884.05
24101	\$884.05
24102	\$884.05
24105	\$884.05
24110	\$884.05
24115	\$1,974.77
24116	\$2,487.14

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Code	Medicaid Fee
24120	\$884.05
24125	\$884.05
24126	\$3,029.10
24130	\$884.05
24134	\$1,974.77
24136	\$884.05
24138	\$1,974.77
24140	\$884.05
24145	\$1,974.77
24147	\$884.05
24149	\$1,974.77
24152	\$2,625.15
24155	\$884.05
24160	\$884.05
24164	\$884.05
24201	\$673.48
24300	\$476.70
24301	\$1,974.77
24305	\$884.05
24310	\$884.05
24320	\$1,974.77
24330	\$1,974.77
24331	\$1,974.77
24332	\$884.05
24340	\$1,974.77
24341	\$1,974.77
24342	\$1,974.77
24343	\$884.05
24344	\$1,974.77
24345	\$1,974.77
24346	\$3,783.42
24357	\$884.05

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Code	Medicaid Fee
24358	\$884.05
24359	\$884.05
24360	\$3,214.71
24361	\$8,008.47
24362	\$5,261.27
24363	\$7,947.46
24365	\$5,585.53
24366	\$5,576.03
24370	\$5,021.24
24371	\$7,232.03
24400	\$1,974.77
24410	\$3,783.42
24420	\$1,974.77
24430	\$5,048.16
24435	\$5,002.56
24470	\$884.05
24495	\$1,974.77
24498	\$5,069.06
24500	\$71.20
24505	\$476.70
24515	\$4,921.81
24516	\$5,006.36
24530	\$71.20
24535	\$476.70
24538	\$1,974.77
24545	\$5,168.81
24546	\$5,269.19
24560	\$71.20
24565	\$476.70
24566	\$476.70
24575	\$4,777.10
24576	\$71.20

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Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
24577	\$476.70
24579	\$4,785.97
24582	\$1,974.77
24586	\$5,060.83
24587	\$5,309.41
24600	\$71.20
24605	\$476.70
24615	\$2,876.21
24620	\$476.70
24635	\$2,563.34
24650	\$71.20
24655	\$476.70
24665	\$1,974.77
24666	\$5,512.39
24670	\$71.20
24675	\$476.70
24685	\$2,514.41
24800	\$1,974.77
24802	\$3,783.42
24925	\$884.05
25000	\$476.70
25001	\$884.05
25020	\$476.70
25023	\$884.05
25024	\$884.05
25025	\$476.70
25028	\$884.05
25031	\$476.70
25035	\$1,974.77
25040	\$884.05
25066	\$673.48
25071	\$397.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
25073	\$673.48
25075	\$397.47
25076	\$397.47
25077	\$673.48
25078	\$673.48
25085	\$884.05
25100	\$884.05
25101	\$884.05
25105	\$884.05
25107	\$884.05
25109	\$884.05
25110	\$476.70
25111	\$476.70
25112	\$476.70
25115	\$476.70
25116	\$884.05
25118	\$476.70
25119	\$884.05
25120	\$884.05
25125	\$476.70
25126	\$1,113.43
25130	\$884.05
25135	\$1,974.77
25136	\$1,974.77
25145	\$884.05
25150	\$884.05
25151	\$884.05
25210	\$884.05
25215	\$884.05
25230	\$884.05
25240	\$884.05
25248	\$476.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
25250	\$476.70
25251	\$884.05
25259	\$476.70
25260	\$884.05
25263	\$1,974.77
25265	\$884.05
25270	\$884.05
25272	\$884.05
25274	\$884.05
25275	\$884.05
25280	\$884.05
25290	\$884.05
25295	\$884.05
25300	\$884.05
25301	\$884.05
25310	\$884.05
25312	\$884.05
25315	\$1,974.77
25316	\$1,974.77
25320	\$1,974.77
25332	\$1,138.14
25335	\$884.05
25337	\$1,974.77
25350	\$2,822.50
25355	\$884.05
25360	\$2,547.30
25365	\$3,783.42
25370	\$884.05
25375	\$884.05
25390	\$2,614.57
25391	\$5,109.59
25392	\$1,974.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
25393	\$2,510.45
25394	\$884.05
25400	\$2,631.93
25405	\$2,606.14
25415	\$2,487.14
25420	\$2,487.14
25425	\$2,515.07
25426	\$1,157.90
25430	\$884.05
25431	\$2,724.81
25440	\$2,586.14
25441	\$6,039.31
25442	\$8,170.27
25443	\$2,814.56
25444	\$5,833.16
25445	\$2,715.56
25446	\$8,353.31
25447	\$884.05
25449	\$1,974.77
25450	\$884.05
25455	\$884.05
25490	\$1,974.77
25491	\$3,783.42
25492	\$884.05
25500	\$71.20
25505	\$476.70
25515	\$2,573.42
25520	\$476.70
25525	\$2,608.45
25526	\$1,974.77
25530	\$71.20
25535	\$71.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
25545	\$2,478.54
25560	\$71.20
25565	\$476.70
25574	\$2,487.14
25575	\$2,655.23
25600	\$71.20
25605	\$476.70
25606	\$884.05
25607	\$2,647.96
25608	\$2,676.22
25609	\$2,679.69
25622	\$71.20
25624	\$476.70
25628	\$1,974.77
25630	\$71.20
25635	\$476.70
25645	\$884.05
25650	\$71.20
25651	\$884.05
25652	\$2,487.14
25660	\$71.20
25670	\$1,974.77
25671	\$884.05
25675	\$71.20
25676	\$1,974.77
25680	\$71.20
25685	\$1,974.77
25690	\$476.70
25695	\$1,974.77
25800	\$2,733.74
25805	\$2,711.60
25810	\$5,067.16

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
25820	\$2,690.93
25825	\$2,559.04
25830	\$1,974.77
25907	\$884.05
25922	\$476.70
25929	\$550.58
25931	\$884.05
26010	\$60.44
26011	\$397.47
26020	\$884.05
26025	\$884.05
26030	\$884.05
26034	\$476.70
26035	\$884.05
26037	\$884.05
26040	\$476.70
26045	\$884.05
26055	\$476.70
26060	\$476.70
26070	\$476.70
26075	\$884.05
26080	\$476.70
26100	\$884.05
26105	\$884.05
26110	\$476.70
26111	\$397.47
26113	\$397.47
26115	\$397.47
26116	\$397.47
26117	\$673.48
26118	\$673.48
26121	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
26123	\$884.05
26130	\$884.05
26135	\$884.05
26140	\$476.70
26145	\$476.70
26160	\$476.70
26170	\$476.70
26180	\$476.70
26185	\$476.70
26200	\$476.70
26205	\$1,974.77
26210	\$476.70
26215	\$884.05
26230	\$884.05
26235	\$476.70
26236	\$476.70
26250	\$884.05
26260	\$884.05
26262	\$476.70
26320	\$397.47
26340	\$476.70
26350	\$884.05
26352	\$1,974.77
26356	\$884.05
26357	\$884.05
26358	\$1,974.77
26370	\$884.05
26372	\$1,974.77
26373	\$884.05
26390	\$2,635.72
26392	\$1,974.77
26410	\$476.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
26412	\$884.05
26415	\$884.05
26416	\$884.05
26418	\$476.70
26420	\$884.05
26426	\$884.05
26428	\$884.05
26432	\$476.70
26433	\$884.05
26434	\$884.05
26437	\$884.05
26440	\$476.70
26442	\$884.05
26445	\$884.05
26449	\$884.05
26450	\$884.05
26455	\$476.70
26460	\$476.70
26471	\$884.05
26474	\$476.70
26476	\$884.05
26477	\$884.05
26478	\$884.05
26479	\$884.05
26480	\$884.05
26483	\$884.05
26485	\$884.05
26489	\$884.05
26490	\$884.05
26492	\$884.05
26494	\$884.05
26496	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
26497	\$884.05
26498	\$884.05
26499	\$884.05
26500	\$1,974.77
26502	\$884.05
26508	\$884.05
26510	\$884.05
26516	\$1,134.66
26517	\$884.05
26518	\$1,974.77
26520	\$884.05
26525	\$476.70
26530	\$2,549.28
26531	\$2,680.68
26535	\$884.05
26536	\$2,589.94
26540	\$884.05
26541	\$1,170.03
26542	\$884.05
26545	\$884.05
26546	\$1,974.77
26548	\$884.05
26550	\$884.05
26555	\$1,974.77
26560	\$476.70
26561	\$884.05
26562	\$884.05
26565	\$884.05
26567	\$884.05
26568	\$2,660.02
26580	\$884.05
26587	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
26590	\$476.70
26591	\$884.05
26593	\$884.05
26596	\$884.05
26600	\$71.20
26605	\$71.20
26607	\$884.05
26608	\$884.05
26615	\$884.05
26641	\$71.20
26645	\$476.70
26650	\$884.05
26665	\$884.05
26670	\$71.20
26675	\$476.70
26676	\$884.05
26685	\$884.05
26686	\$884.05
26700	\$71.20
26705	\$476.70
26706	\$884.05
26715	\$884.05
26720	\$71.20
26725	\$71.20
26727	\$884.05
26735	\$884.05
26740	\$71.20
26742	\$476.70
26746	\$884.05
26750	\$71.20
26755	\$71.20
26756	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
26765	\$884.05
26770	\$71.20
26775	\$81.09
26776	\$884.05
26785	\$884.05
26820	\$1,974.77
26841	\$1,974.77
26842	\$1,974.77
26843	\$1,974.77
26844	\$2,706.14
26850	\$1,974.77
26852	\$1,974.77
26860	\$884.05
26862	\$884.05
26910	\$884.05
26951	\$884.05
26952	\$884.05
26990	\$884.05
26991	\$476.70
27000	\$476.70
27001	\$884.05
27003	\$1,974.77
27006	\$884.05
27033	\$1,974.77
27035	\$884.05
27040	\$397.47
27041	\$397.47
27043	\$673.48
27045	\$673.48
27047	\$673.48
27048	\$673.48
27049	\$673.48

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27050	\$476.70
27052	\$476.70
27059	\$673.48
27060	\$1,974.77
27062	\$884.05
27065	\$1,974.77
27066	\$884.05
27067	\$1,974.77
27080	\$884.05
27086	\$673.48
27087	\$884.05
27097	\$884.05
27098	\$884.05
27100	\$1,974.77
27105	\$884.05
27110	\$2,635.89
27111	\$884.05
27130	\$5,377.17
27197	\$71.20
27198	\$71.20
27202	\$884.05
27220	\$71.20
27230	\$71.20
27238	\$476.70
27246	\$71.20
27250	\$71.20
27252	\$476.70
27256	\$71.20
27257	\$476.70
27265	\$71.20
27266	\$476.70
27267	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27275	\$476.70
27278	\$6,800.87
27279	\$8,558.50
27301	\$673.48
27305	\$884.05
27306	\$884.05
27307	\$884.05
27310	\$884.05
27323	\$397.47
27324	\$673.48
27325	\$522.53
27326	\$522.53
27327	\$397.47
27328	\$673.48
27329	\$673.48
27330	\$884.05
27331	\$884.05
27332	\$884.05
27333	\$884.05
27334	\$884.05
27335	\$1,974.77
27337	\$673.48
27339	\$673.48
27340	\$884.05
27345	\$884.05
27347	\$884.05
27350	\$1,974.77
27355	\$884.05
27356	\$4,800.53
27357	\$2,487.14
27360	\$884.05
27364	\$673.48

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27372	\$673.48
27380	\$1,974.77
27381	\$2,498.71
27385	\$1,974.77
27386	\$1,974.77
27390	\$884.05
27391	\$884.05
27392	\$884.05
27393	\$1,974.77
27394	\$1,974.77
27395	\$884.05
27396	\$1,974.77
27397	\$1,974.77
27400	\$1,974.77
27403	\$2,750.43
27405	\$1,974.77
27407	\$2,700.69
27409	\$1,974.77
27412	\$3,417.51
27415	\$5,575.08
27416	\$1,974.77
27418	\$1,974.77
27420	\$1,974.77
27422	\$1,974.77
27424	\$1,974.77
27425	\$884.05
27427	\$2,611.43
27428	\$4,804.33
27429	\$4,977.55
27430	\$1,974.77
27435	\$884.05
27437	\$1,974.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27438	\$4,924.35
27440	\$4,916.74
27441	\$3,783.42
27442	\$5,063.36
27443	\$5,070.33
27446	\$5,183.69
27447	\$5,266.97
27475	\$1,974.77
27479	\$1,974.77
27496	\$884.05
27497	\$884.05
27498	\$476.70
27499	\$1,974.77
27500	\$71.20
27501	\$71.20
27502	\$476.70
27503	\$476.70
27508	\$71.20
27509	\$2,676.06
27510	\$476.70
27516	\$71.20
27517	\$476.70
27520	\$71.20
27524	\$1,974.77
27530	\$71.20
27532	\$884.05
27538	\$71.20
27550	\$71.20
27552	\$476.70
27560	\$71.20
27562	\$71.20
27566	\$1,974.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27570	\$476.70
27594	\$884.05
27600	\$884.05
27601	\$884.05
27602	\$884.05
27603	\$673.48
27604	\$884.05
27605	\$476.70
27606	\$884.05
27607	\$884.05
27610	\$884.05
27612	\$884.05
27614	\$673.48
27615	\$673.48
27616	\$673.48
27618	\$397.47
27619	\$673.48
27620	\$884.05
27625	\$884.05
27626	\$884.05
27630	\$884.05
27632	\$673.48
27634	\$673.48
27635	\$884.05
27637	\$3,034.55
27638	\$1,974.77
27640	\$884.05
27641	\$884.05
27647	\$884.05
27650	\$1,974.77
27652	\$2,593.41
27654	\$2,487.14

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27656	\$1,244.98
27658	\$884.05
27659	\$1,974.77
27664	\$1,974.77
27665	\$2,573.42
27675	\$884.05
27676	\$1,974.77
27680	\$884.05
27681	\$884.05
27685	\$884.05
27686	\$884.05
27687	\$884.05
27690	\$1,974.77
27691	\$1,974.77
27695	\$2,583.67
27696	\$2,822.99
27698	\$2,520.36
27700	\$3,018.85
27702	\$8,413.88
27704	\$884.05
27705	\$2,487.14
27707	\$884.05
27709	\$4,909.14
27720	\$2,650.11
27726	\$2,662.50
27730	\$1,113.43
27732	\$884.05
27734	\$884.05
27740	\$884.05
27742	\$884.05
27745	\$2,783.98
27750	\$71.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27752	\$476.70
27756	\$2,675.56
27758	\$5,133.34
27759	\$4,981.03
27760	\$71.20
27762	\$476.70
27766	\$1,974.77
27767	\$71.20
27768	\$476.70
27769	\$1,974.77
27780	\$71.20
27781	\$476.70
27784	\$1,974.77
27786	\$71.20
27788	\$71.20
27792	\$2,528.29
27808	\$71.20
27810	\$476.70
27814	\$2,551.10
27816	\$71.20
27818	\$476.70
27822	\$2,568.62
27823	\$2,552.43
27824	\$71.20
27825	\$476.70
27826	\$2,583.99
27827	\$5,093.12
27828	\$5,038.34
27829	\$2,647.96
27830	\$71.20
27831	\$884.05
27832	\$2,624.65

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
27840	\$71.20
27842	\$476.70
27846	\$1,974.77
27848	\$2,487.14
27860	\$884.05
27870	\$5,409.47
27871	\$4,767.92
27884	\$884.05
27889	\$1,974.77
27892	\$884.05
27893	\$1,974.77
27894	\$884.05
28002	\$476.70
28003	\$884.05
28005	\$884.05
28008	\$884.05
28011	\$476.70
28020	\$884.05
28022	\$884.05
28024	\$476.70
28035	\$522.53
28039	\$673.48
28041	\$673.48
28043	\$397.47
28045	\$673.48
28046	\$673.48
28047	\$673.48
28050	\$884.05
28052	\$884.05
28054	\$884.05
28055	\$522.53
28060	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
28062	\$884.05
28070	\$1,974.77
28072	\$884.05
28080	\$476.70
28086	\$884.05
28088	\$884.05
28090	\$476.70
28092	\$476.70
28100	\$884.05
28102	\$2,487.14
28103	\$2,708.94
28104	\$884.05
28106	\$1,974.77
28107	\$1,974.77
28108	\$476.70
28110	\$884.05
28111	\$884.05
28112	\$884.05
28113	\$884.05
28114	\$884.05
28116	\$884.05
28118	\$884.05
28119	\$884.05
28120	\$884.05
28122	\$884.05
28126	\$884.05
28130	\$2,536.39
28140	\$884.05
28150	\$884.05
28153	\$884.05
28160	\$884.05
28171	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
28173	\$884.05
28175	\$476.70
28192	\$397.47
28193	\$397.47
28200	\$884.05
28202	\$2,579.20
28208	\$884.05
28210	\$2,569.45
28222	\$884.05
28225	\$884.05
28226	\$884.05
28234	\$476.70
28238	\$1,974.77
28240	\$884.05
28250	\$884.05
28260	\$884.05
28261	\$600.38
28262	\$1,974.77
28264	\$476.70
28270	\$884.05
28280	\$884.05
28285	\$884.05
28286	\$884.05
28288	\$884.05
28289	\$884.05
28291	\$2,703.66
28292	\$884.05
28295	\$884.05
28296	\$884.05
28297	\$2,851.92
28298	\$2,498.54
28299	\$2,521.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
28300	\$2,598.54
28302	\$2,492.93
28304	\$1,974.77
28305	\$2,717.71
28306	\$1,974.77
28307	\$1,974.77
28308	\$884.05
28309	\$2,528.29
28310	\$2,505.49
28312	\$884.05
28313	\$884.05
28315	\$884.05
28320	\$4,741.95
28322	\$2,646.97
28340	\$884.05
28341	\$884.05
28344	\$884.05
28345	\$476.70
28400	\$71.20
28405	\$71.20
28406	\$1,974.77
28415	\$2,605.98
28420	\$5,042.78
28430	\$71.20
28435	\$476.70
28436	\$1,974.77
28445	\$2,584.33
28446	\$2,976.20
28450	\$71.20
28456	\$1,974.77
28465	\$2,476.23
28470	\$71.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
28475	\$71.20
28476	\$884.05
28485	\$2,551.76
28495	\$71.20
28496	\$884.05
28505	\$884.05
28525	\$884.05
28531	\$1,974.77
28540	\$71.20
28545	\$884.05
28546	\$476.70
28555	\$2,562.18
28570	\$71.20
28575	\$884.05
28576	\$1,974.77
28585	\$2,781.84
28605	\$71.20
28606	\$884.05
28615	\$2,526.31
28635	\$476.70
28636	\$884.05
28645	\$884.05
28665	\$81.09
28666	\$884.05
28675	\$884.05
28705	\$7,387.05
28715	\$5,712.51
28725	\$5,238.16
28730	\$5,580.78
28735	\$5,523.15
28737	\$5,668.18
28740	\$2,844.97

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
28750	\$2,760.52
28755	\$1,974.77
28760	\$2,487.14
28810	\$884.05
28820	\$884.05
28825	\$884.05
29000	\$81.09
29010	\$81.09
29015	\$81.09
29035	\$81.09
29040	\$81.09
29044	\$47.58
29046	\$81.09
29055	\$81.09
29305	\$81.09
29325	\$81.09
29800	\$884.05
29804	\$884.05
29805	\$884.05
29806	\$1,974.77
29807	\$1,974.77
29819	\$884.05
29820	\$1,974.77
29821	\$884.05
29822	\$884.05
29823	\$884.05
29824	\$884.05
29825	\$884.05
29827	\$1,974.77
29828	\$1,974.77
29830	\$884.05
29834	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
29835	\$884.05
29836	\$1,974.77
29837	\$884.05
29838	\$884.05
29840	\$884.05
29843	\$884.05
29844	\$884.05
29845	\$884.05
29846	\$884.05
29847	\$1,974.77
29848	\$476.70
29850	\$476.70
29851	\$476.70
29855	\$2,820.68
29856	\$6,110.87
29860	\$1,974.77
29861	\$1,974.77
29862	\$1,974.77
29863	\$884.05
29866	\$1,974.77
29867	\$5,653.30
29868	\$1,974.77
29870	\$884.05
29871	\$884.05
29873	\$884.05
29874	\$884.05
29875	\$884.05
29876	\$884.05
29877	\$884.05
29879	\$884.05
29880	\$884.05
29881	\$884.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
29882	\$884.05
29883	\$884.05
29884	\$884.05
29885	\$2,535.40
29886	\$884.05
29887	\$1,974.77
29888	\$2,617.54
29889	\$4,765.07
29891	\$884.05
29892	\$1,974.77
29893	\$884.05
29894	\$884.05
29895	\$884.05
29897	\$884.05
29898	\$884.05
29899	\$2,618.37
29900	\$884.05
29901	\$884.05
29902	\$476.70
29904	\$884.05
29905	\$1,974.77
29906	\$884.05
29907	\$5,003.51
29914	\$1,974.77
29915	\$1,974.77
29916	\$1,974.77
30000	\$73.74
30115	\$767.63
30117	\$767.63
30118	\$767.63
30120	\$767.63
30124	\$388.11

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
30125	\$1,606.87
30130	\$767.63
30140	\$767.63
30150	\$1,606.87
30160	\$1,606.87
30220	\$388.11
30310	\$767.63
30320	\$388.11
30400	\$1,606.87
30410	\$1,606.87
30420	\$1,606.87
30430	\$1,606.87
30435	\$1,606.87
30450	\$1,606.87
30460	\$1,606.87
30462	\$1,606.87
30465	\$1,606.87
30468	\$2,357.32
30469	\$2,023.79
30520	\$767.63
30540	\$1,606.87
30545	\$1,606.87
30560	\$166.12
30580	\$1,606.87
30600	\$1,606.87
30620	\$1,606.87
30630	\$767.63
30801	\$388.11
30802	\$388.11
30903	\$38.57
30905	\$38.57
30906	\$73.74

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
30915	\$900.98
30920	\$900.98
30930	\$767.63
31000	\$73.74
31002	\$388.11
31020	\$767.63
31030	\$1,606.87
31032	\$1,606.87
31040	\$1,606.87
31050	\$1,606.87
31051	\$1,606.87
31070	\$1,606.87
31075	\$1,606.87
31080	\$1,606.87
31081	\$1,606.87
31084	\$1,606.87
31085	\$2,077.99
31086	\$1,606.87
31087	\$1,606.87
31090	\$1,606.87
31200	\$1,606.87
31201	\$388.11
31205	\$767.63
31231	\$59.80
31233	\$123.28
31235	\$440.67
31237	\$440.67
31238	\$440.67
31239	\$911.82
31240	\$440.67
31242	\$2,023.79
31243	\$2,136.90

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
31253	\$1,339.28
31254	\$1,339.28
31255	\$1,339.28
31256	\$911.82
31257	\$1,339.28
31259	\$1,339.28
31267	\$1,339.28
31276	\$1,339.28
31287	\$1,339.28
31288	\$1,339.28
31295	\$1,704.63
31298	\$1,339.28
31300	\$767.63
31400	\$1,606.87
31420	\$1,606.87
31500	\$73.74
31502	\$73.74
31510	\$911.82
31511	\$59.80
31512	\$911.82
31513	\$123.28
31515	\$123.28
31520	\$123.28
31525	\$440.67
31526	\$440.67
31527	\$911.82
31528	\$911.82
31529	\$911.82
31530	\$440.67
31531	\$911.82
31535	\$911.82
31536	\$911.82

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
31540	\$911.82
31541	\$911.82
31545	\$911.82
31546	\$1,339.28
31551	\$1,606.87
31552	\$1,606.87
31553	\$1,606.87
31554	\$1,606.87
31560	\$1,339.28
31561	\$1,339.28
31570	\$911.82
31571	\$911.82
31572	\$911.82
31574	\$440.67
31576	\$440.67
31577	\$123.28
31578	\$911.82
31580	\$1,606.87
31590	\$1,606.87
31591	\$1,606.87
31592	\$1,606.87
31603	\$388.11
31605	\$73.74
31611	\$767.63
31612	\$767.63
31613	\$767.63
31614	\$1,606.87
31615	\$166.12
31622	\$440.67
31623	\$440.67
31624	\$440.67
31625	\$440.67

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
31626	\$1,339.28
31628	\$911.82
31629	\$911.82
31630	\$911.82
31631	\$1,339.28
31634	\$1,339.28
31635	\$440.67
31636	\$1,790.91
31638	\$1,339.28
31640	\$911.82
31641	\$911.82
31643	\$440.67
31645	\$440.67
31646	\$123.28
31647	\$1,687.00
31648	\$911.82
31649	\$440.67
31652	\$911.82
31653	\$911.82
31717	\$123.28
31730	\$440.67
31750	\$1,606.87
31755	\$1,606.87
31820	\$767.63
31825	\$767.63
31830	\$767.63
32400	\$397.47
32408	\$397.47
32550	\$1,234.04
32552	\$189.67
32553	\$418.34
32554	\$189.67

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
32555	\$189.67
32556	\$484.14
32557	\$360.38
32960	\$189.67
32994	\$3,563.37
32998	\$1,574.65
33016	\$360.38
33206	\$4,201.44
33207	\$4,316.12
33208	\$4,442.84
33210	\$3,354.28
33211	\$4,208.71
33212	\$3,673.59
33213	\$4,413.31
33214	\$4,456.87
33215	\$900.98
33216	\$3,282.90
33217	\$3,159.05
33218	\$1,185.63
33220	\$1,548.33
33221	\$7,591.00
33222	\$550.58
33223	\$550.58
33224	\$4,492.30
33226	\$1,134.74
33227	\$3,662.68
33228	\$4,342.20
33229	\$7,483.83
33230	\$11,073.15
33231	\$14,645.44
33233	\$3,245.96
33234	\$1,564.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
33235	\$1,185.63
33240	\$11,539.69
33241	\$1,185.63
33249	\$14,448.25
33262	\$11,134.99
33263	\$11,124.98
33264	\$14,554.78
33270	\$14,639.39
33271	\$3,564.85
33273	\$1,185.63
33274	\$7,660.14
33275	\$1,343.71
33276	\$23,614.07
33278	\$1,104.77
33279	\$1,391.42
33280	\$1,104.77
33281	\$1,104.77
33285	\$4,015.36
33286	\$212.42
33287	\$14,063.47
33288	\$6,384.96
33289	\$14,372.22
33900	\$3,553.38
33901	\$3,553.38
33902	\$5,765.61
33903	\$3,553.38
34490	\$900.98
35188	\$1,689.68
35207	\$900.98
35875	\$1,689.68
35876	\$1,689.68
36002	\$189.67

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
36260	\$1,689.68
36261	\$1,641.51
36262	\$1,185.63
36440	\$131.06
36450	\$131.06
36455	\$131.06
36465	\$550.58
36466	\$550.58
36475	\$900.98
36478	\$900.98
36511	\$463.24
36512	\$463.24
36513	\$131.06
36514	\$463.24
36522	\$1,397.21
36555	\$900.98
36556	\$900.98
36557	\$1,689.68
36558	\$900.98
36560	\$900.98
36561	\$900.98
36563	\$2,819.06
36565	\$900.98
36566	\$1,689.68
36568	\$452.29
36569	\$360.38
36570	\$1,134.74
36571	\$900.98
36572	\$189.67
36573	\$360.38
36575	\$189.67
36576	\$360.38

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
36578	\$1,154.88
36580	\$360.38
36581	\$1,130.82
36582	\$900.98
36583	\$2,907.58
36584	\$360.38
36585	\$900.98
36589	\$189.67
36590	\$360.38
36595	\$1,134.60
36596	\$360.38
36597	\$360.38
36640	\$900.98
36800	\$1,689.68
36810	\$1,139.72
36815	\$1,689.68
36818	\$1,689.68
36819	\$1,689.68
36820	\$1,689.68
36821	\$900.98
36825	\$1,689.68
36830	\$1,689.68
36831	\$1,689.68
36832	\$1,689.68
36833	\$1,689.68
36835	\$1,279.08
36836	\$6,077.49
36837	\$6,679.42
36860	\$360.38
36861	\$2,374.29
36902	\$1,470.24
36903	\$4,031.32

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
36904	\$1,874.84
36905	\$3,552.20
36906	\$6,566.01
37184	\$5,884.77
37187	\$4,228.02
37188	\$1,493.46
37192	\$1,128.41
37193	\$900.98
37197	\$1,154.95
37200	\$1,689.68
37211	\$2,128.08
37212	\$1,142.66
37220	\$1,904.99
37221	\$3,938.99
37224	\$2,008.24
37225	\$6,802.41
37226	\$4,088.47
37227	\$6,905.48
37228	\$3,684.20
37229	\$6,454.13
37230	\$6,244.55
37231	\$6,968.32
37236	\$3,848.08
37238	\$3,896.96
37241	\$3,553.38
37242	\$6,564.48
37243	\$2,821.35
37246	\$1,908.07
37248	\$1,470.24
37500	\$1,689.68
37607	\$900.98
37609	\$397.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
37650	\$900.98
37700	\$900.98
37718	\$900.98
37722	\$900.98
37735	\$900.98
37760	\$900.98
37761	\$900.98
37780	\$900.98
37785	\$900.98
37790	\$946.43
38206	\$463.24
38222	\$673.48
38230	\$463.24
38232	\$1,397.21
38241	\$463.24
38242	\$463.24
38243	\$463.24
38300	\$673.48
38305	\$673.48
38308	\$855.27
38500	\$855.27
38505	\$397.47
38510	\$855.27
38520	\$855.27
38525	\$855.27
38530	\$855.27
38531	\$855.27
38542	\$1,574.65
38550	\$855.27
38555	\$1,476.00
38570	\$1,574.65
38571	\$2,642.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
38572	\$2,642.77
38573	\$2,642.77
38700	\$1,476.00
38740	\$1,574.65
38745	\$1,574.65
38760	\$1,476.00
40500	\$767.63
40510	\$767.63
40520	\$767.63
40525	\$767.63
40527	\$1,606.87
40530	\$767.63
40650	\$166.12
40652	\$166.12
40654	\$388.11
40700	\$1,606.87
40701	\$1,606.87
40702	\$1,606.87
40720	\$767.63
40761	\$1,606.87
40801	\$166.12
40814	\$767.63
40816	\$767.63
40818	\$166.12
40819	\$388.11
40830	\$73.74
40831	\$166.12
40840	\$1,606.87
40842	\$1,606.87
40843	\$1,606.87
40844	\$1,606.87
40845	\$1,606.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
41005	\$73.74
41006	\$388.11
41007	\$388.11
41008	\$767.63
41009	\$166.12
41010	\$388.11
41015	\$166.12
41016	\$1,606.87
41017	\$767.63
41018	\$388.11
41019	\$1,606.87
41112	\$767.63
41113	\$767.63
41114	\$767.63
41116	\$767.63
41120	\$1,606.87
41251	\$73.74
41252	\$73.74
41510	\$767.63
41512	\$2,023.79
41520	\$767.63
41820	\$767.63
41821	\$388.11
41827	\$1,606.87
41850	\$388.11
41870	\$388.11
42000	\$73.74
42107	\$1,606.87
42120	\$1,606.87
42140	\$767.63
42145	\$1,606.87
42180	\$166.12

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
42182	\$1,606.87
42200	\$1,606.87
42205	\$767.63
42210	\$1,606.87
42215	\$2,180.61
42220	\$1,606.87
42225	\$1,606.87
42226	\$1,606.87
42227	\$1,606.87
42235	\$1,606.87
42260	\$1,606.87
42281	\$1,606.87
42300	\$388.11
42305	\$767.63
42310	\$166.12
42320	\$166.12
42340	\$767.63
42405	\$388.11
42408	\$767.63
42409	\$767.63
42410	\$1,606.87
42415	\$1,606.87
42420	\$1,606.87
42425	\$1,606.87
42440	\$1,606.87
42450	\$1,606.87
42500	\$1,606.87
42505	\$1,606.87
42507	\$1,606.87
42509	\$1,606.87
42510	\$767.63
42600	\$767.63

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
42665	\$767.63
42700	\$73.74
42720	\$767.63
42725	\$1,606.87
42804	\$767.63
42806	\$767.63
42808	\$767.63
42810	\$767.63
42815	\$1,606.87
42820	\$1,606.87
42821	\$767.63
42825	\$1,606.87
42826	\$767.63
42830	\$767.63
42831	\$767.63
42835	\$767.63
42836	\$767.63
42860	\$767.63
42870	\$1,606.87
42890	\$1,606.87
42892	\$1,606.87
42900	\$646.37
42950	\$1,606.87
42955	\$388.11
42960	\$166.12
42962	\$767.63
42970	\$73.74
42972	\$767.63
42975	\$440.67
43030	\$1,606.87
43130	\$1,606.87
43180	\$1,606.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
43191	\$484.14
43192	\$484.14
43193	\$484.14
43194	\$484.14
43195	\$1,047.12
43196	\$484.14
43200	\$273.68
43201	\$484.14
43202	\$484.14
43204	\$484.14
43205	\$484.14
43206	\$484.14
43210	\$3,436.62
43211	\$484.14
43212	\$2,234.81
43213	\$484.14
43214	\$484.14
43215	\$484.14
43216	\$484.14
43217	\$484.14
43220	\$484.14
43226	\$484.14
43227	\$484.14
43229	\$1,539.04
43231	\$484.14
43232	\$484.14
43233	\$484.14
43235	\$273.68
43236	\$273.68
43237	\$484.14
43238	\$484.14
43239	\$273.68

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
43240	\$2,342.69
43241	\$484.14
43242	\$484.14
43243	\$484.14
43244	\$484.14
43245	\$484.14
43246	\$484.14
43247	\$273.68
43248	\$273.68
43249	\$484.14
43250	\$484.14
43251	\$484.14
43252	\$484.14
43253	\$484.14
43254	\$484.14
43255	\$484.14
43257	\$1,417.13
43259	\$484.14
43260	\$1,047.12
43261	\$1,047.12
43262	\$1,047.12
43263	\$484.14
43264	\$1,047.12
43265	\$1,498.89
43266	\$2,306.94
43270	\$625.28
43274	\$1,931.84
43275	\$484.14
43276	\$1,934.22
43277	\$1,047.12
43278	\$1,047.12
43284	\$3,777.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
43285	\$1,574.65
43290	\$484.14
43291	\$273.68
43450	\$273.68
43453	\$484.14
43653	\$1,574.65
43752	\$120.30
43755	\$47.16
43756	\$273.68
43757	\$273.68
43761	\$74.62
43762	\$74.62
43763	\$74.62
43774	\$1,047.12
43870	\$1,047.12
43886	\$1,083.17
43887	\$550.58
43888	\$1,083.17
44100	\$273.68
44312	\$1,083.17
44340	\$1,083.17
44360	\$484.14
44361	\$484.14
44363	\$484.14
44364	\$484.14
44365	\$484.14
44366	\$484.14
44369	\$484.14
44370	\$2,522.97
44372	\$484.14
44373	\$484.14
44376	\$484.14

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
44377	\$484.14
44378	\$484.14
44379	\$1,498.89
44380	\$273.68
44381	\$484.14
44382	\$273.68
44384	\$634.84
44385	\$275.94
44386	\$275.94
44388	\$275.94
44389	\$356.29
44390	\$275.94
44391	\$356.29
44392	\$356.29
44394	\$356.29
44401	\$356.29
44402	\$1,887.80
44403	\$356.29
44404	\$356.29
44405	\$356.29
44406	\$356.29
44407	\$356.29
44408	\$275.94
44500	\$273.68
45000	\$356.29
45005	\$356.29
45020	\$785.19
45100	\$785.19
45108	\$785.19
45150	\$356.29
45160	\$785.19
45171	\$785.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
45172	\$785.19
45190	\$785.19
45303	\$356.29
45305	\$356.29
45307	\$785.19
45308	\$785.19
45309	\$356.29
45315	\$356.29
45317	\$356.29
45320	\$785.19
45321	\$785.19
45327	\$2,326.26
45331	\$275.94
45332	\$356.29
45333	\$275.94
45334	\$356.29
45335	\$275.94
45337	\$275.94
45338	\$356.29
45340	\$356.29
45341	\$275.94
45342	\$356.29
45346	\$356.29
45347	\$2,337.68
45349	\$785.19
45350	\$356.29
45378	\$275.94
45379	\$356.29
45380	\$356.29
45381	\$356.29
45382	\$356.29
45384	\$356.29

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
45385	\$356.29
45386	\$356.29
45388	\$356.29
45389	\$2,297.16
45390	\$785.19
45391	\$356.29
45392	\$356.29
45393	\$356.29
45398	\$356.29
45500	\$785.19
45505	\$785.19
45541	\$785.19
45560	\$785.19
45900	\$275.94
45905	\$356.29
45910	\$356.29
45915	\$356.29
45990	\$785.19
46020	\$785.19
46030	\$356.29
46040	\$356.29
46045	\$785.19
46050	\$275.94
46060	\$785.19
46070	\$785.19
46080	\$785.19
46083	\$74.62
46200	\$785.19
46220	\$356.29
46230	\$785.19
46250	\$785.19
46255	\$785.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
46257	\$785.19
46258	\$785.19
46260	\$785.19
46261	\$785.19
46262	\$785.19
46270	\$785.19
46275	\$785.19
46280	\$785.19
46285	\$785.19
46288	\$785.19
46505	\$356.29
46607	\$356.29
46608	\$275.94
46610	\$785.19
46611	\$275.94
46612	\$785.19
46615	\$785.19
46700	\$785.19
46706	\$785.19
46707	\$1,059.17
46750	\$785.19
46753	\$785.19
46754	\$785.19
46760	\$785.19
46761	\$785.19
46916	\$60.44
46917	\$785.19
46922	\$785.19
46924	\$785.19
46945	\$785.19
46946	\$785.19
46947	\$785.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
46948	\$785.19
47000	\$397.47
47382	\$1,574.65
47383	\$3,836.98
47533	\$943.94
47534	\$943.94
47535	\$943.94
47536	\$943.94
47537	\$273.68
47538	\$2,226.76
47539	\$1,574.65
47540	\$2,216.22
47541	\$2,904.72
47552	\$2,166.52
47553	\$2,166.52
47554	\$2,642.77
47555	\$1,263.35
47556	\$3,545.89
47562	\$1,574.65
47563	\$1,574.65
47564	\$2,642.77
48102	\$397.47
49082	\$273.68
49083	\$273.68
49084	\$273.68
49180	\$397.47
49250	\$943.94
49320	\$1,574.65
49321	\$1,574.65
49322	\$1,574.65
49324	\$1,574.65
49325	\$1,574.65

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
49402	\$943.94
49406	\$397.47
49407	\$397.47
49418	\$943.94
49419	\$1,689.68
49421	\$943.94
49422	\$900.98
49423	\$484.14
49426	\$943.94
49429	\$900.98
49436	\$484.14
49440	\$484.14
49441	\$484.14
49442	\$356.29
49446	\$484.14
49450	\$273.68
49451	\$273.68
49452	\$273.68
49460	\$273.68
49465	\$73.98
49495	\$943.94
49496	\$943.94
49500	\$2,166.52
49501	\$943.94
49505	\$943.94
49507	\$943.94
49520	\$943.94
49521	\$2,166.52
49525	\$943.94
49540	\$1,574.65
49550	\$943.94
49553	\$943.94

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
49555	\$943.94
49557	\$943.94
49591	\$943.94
49592	\$1,574.65
49593	\$943.94
49594	\$1,574.65
49595	\$943.94
49600	\$943.94
49613	\$943.94
49614	\$1,574.65
49615	\$943.94
49650	\$1,574.65
49651	\$1,574.65
50080	\$2,645.60
50081	\$2,645.60
50200	\$397.47
50382	\$541.21
50384	\$541.21
50385	\$541.21
50387	\$541.21
50389	\$182.31
50390	\$212.42
50396	\$182.31
50432	\$541.21
50433	\$946.43
50434	\$541.21
50435	\$541.21
50436	\$946.43
50437	\$946.43
50551	\$1,438.28
50553	\$1,438.28
50555	\$2,645.60

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
50557	\$2,645.60
50561	\$1,438.28
50562	\$2,645.60
50570	\$946.43
50572	\$182.31
50574	\$946.43
50575	\$1,438.28
50576	\$2,645.60
50580	\$1,438.28
50590	\$946.43
50592	\$1,574.65
50593	\$3,741.20
50686	\$47.16
50688	\$541.21
50693	\$946.43
50694	\$946.43
50695	\$946.43
50727	\$946.43
50947	\$2,642.77
50948	\$2,642.77
50951	\$946.43
50953	\$946.43
50955	\$1,438.28
50957	\$1,438.28
50961	\$1,438.28
50970	\$946.43
50972	\$946.43
50974	\$1,438.28
50976	\$1,438.28
50980	\$1,438.28
51020	\$946.43
51030	\$946.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
51040	\$541.21
51045	\$541.21
51050	\$1,438.28
51065	\$946.43
51080	\$673.48
51102	\$541.21
51500	\$1,574.65
51520	\$946.43
51535	\$946.43
51703	\$47.16
51710	\$182.31
51715	\$1,308.60
51725	\$74.62
51726	\$74.62
51785	\$74.62
51880	\$946.43
51992	\$2,133.19
52000	\$182.31
52001	\$946.43
52005	\$541.21
52007	\$946.43
52010	\$182.31
52204	\$541.21
52214	\$946.43
52224	\$946.43
52234	\$946.43
52235	\$946.43
52240	\$1,438.28
52250	\$946.43
52260	\$541.21
52270	\$541.21
52275	\$541.21

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
52276	\$541.21
52277	\$946.43
52281	\$541.21
52282	\$946.43
52283	\$541.21
52284	\$1,438.28
52285	\$182.31
52287	\$541.21
52290	\$541.21
52300	\$946.43
52301	\$946.43
52305	\$1,438.28
52310	\$541.21
52315	\$541.21
52317	\$946.43
52318	\$946.43
52320	\$946.43
52325	\$1,438.28
52327	\$2,017.06
52330	\$946.43
52332	\$946.43
52334	\$946.43
52341	\$946.43
52342	\$946.43
52343	\$946.43
52344	\$946.43
52345	\$946.43
52346	\$1,438.28
52351	\$946.43
52352	\$946.43
52353	\$1,438.28
52354	\$1,438.28

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
52355	\$1,438.28
52356	\$1,438.28
52400	\$946.43
52402	\$946.43
52450	\$946.43
52500	\$946.43
52601	\$1,438.28
52630	\$1,438.28
52640	\$946.43
52647	\$1,438.28
52648	\$1,438.28
52649	\$1,438.28
52700	\$946.43
53000	\$541.21
53010	\$1,438.28
53020	\$541.21
53025	\$541.21
53040	\$946.43
53080	\$182.31
53085	\$541.21
53200	\$541.21
53210	\$946.43
53215	\$1,438.28
53220	\$946.43
53230	\$1,438.28
53235	\$1,438.28
53240	\$946.43
53250	\$946.43
53260	\$946.43
53265	\$541.21
53270	\$946.43
53275	\$946.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
53400	\$1,438.28
53405	\$1,438.28
53410	\$1,438.28
53420	\$1,438.28
53425	\$1,438.28
53430	\$1,438.28
53431	\$1,438.28
53440	\$5,868.30
53442	\$1,438.28
53444	\$9,200.28
53445	\$9,738.85
53446	\$1,438.28
53447	\$9,486.33
53449	\$2,645.60
53450	\$946.43
53451	\$5,999.78
53452	\$3,958.00
53453	\$946.43
53454	\$74.62
53460	\$946.43
53502	\$946.43
53505	\$1,438.28
53510	\$1,438.28
53515	\$1,438.28
53520	\$1,438.28
53605	\$946.43
53665	\$541.21
53860	\$541.21
54000	\$946.43
54001	\$541.21
54015	\$397.47
54057	\$550.58

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
54060	\$550.58
54065	\$550.58
54100	\$397.47
54105	\$673.48
54110	\$946.43
54111	\$1,438.28
54112	\$3,372.10
54115	\$673.48
54120	\$946.43
54150	\$541.21
54160	\$182.31
54161	\$541.21
54162	\$541.21
54163	\$541.21
54164	\$541.21
54205	\$1,438.28
54220	\$74.62
54300	\$946.43
54304	\$946.43
54308	\$1,438.28
54312	\$946.43
54316	\$2,645.60
54318	\$946.43
54322	\$946.43
54324	\$946.43
54326	\$946.43
54328	\$946.43
54340	\$946.43
54344	\$2,645.60
54348	\$1,438.28
54352	\$1,438.28
54360	\$946.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
54380	\$541.21
54385	\$541.21
54400	\$6,111.37
54401	\$9,681.44
54405	\$9,659.58
54406	\$946.43
54408	\$1,438.28
54410	\$9,476.17
54415	\$946.43
54416	\$9,500.05
54420	\$946.43
54435	\$946.43
54437	\$946.43
54440	\$946.43
54450	\$74.62
54500	\$673.48
54505	\$946.43
54512	\$946.43
54520	\$946.43
54522	\$946.43
54530	\$943.94
54550	\$943.94
54560	\$541.21
54600	\$946.43
54620	\$946.43
54640	\$943.94
54650	\$943.94
54660	\$2,027.90
54670	\$946.43
54680	\$946.43
54690	\$1,574.65
54692	\$1,574.65

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
54700	\$541.21
54800	\$397.47
54830	\$946.43
54840	\$541.21
54860	\$946.43
54861	\$946.43
54865	\$946.43
54900	\$541.21
54901	\$946.43
55040	\$943.94
55041	\$943.94
55060	\$946.43
55100	\$397.47
55110	\$946.43
55120	\$541.21
55150	\$946.43
55175	\$946.43
55180	\$1,438.28
55200	\$946.43
55250	\$541.21
55400	\$946.43
55500	\$946.43
55520	\$946.43
55530	\$946.43
55535	\$2,166.52
55540	\$943.94
55550	\$1,574.65
55600	\$541.21
55680	\$946.43
55700	\$541.21
55705	\$946.43
55706	\$946.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
55720	\$946.43
55725	\$946.43
55860	\$1,438.28
55873	\$3,800.35
55874	\$2,179.70
55875	\$1,438.28
55876	\$535.78
55880	\$2,645.60
55920	\$1,242.96
56420	\$60.17
56440	\$923.24
56441	\$923.24
56442	\$923.24
56515	\$550.58
56620	\$923.24
56625	\$923.24
56700	\$923.24
56740	\$923.24
56800	\$923.24
56805	\$923.24
56810	\$923.24
57000	\$923.24
57010	\$923.24
57020	\$1,242.96
57022	\$673.48
57023	\$673.48
57065	\$923.24
57105	\$923.24
57120	\$1,242.96
57130	\$923.24
57135	\$923.24
57155	\$1,242.96

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
57156	\$96.86
57180	\$60.17
57200	\$923.24
57210	\$923.24
57220	\$1,242.96
57230	\$923.24
57240	\$1,242.96
57250	\$1,242.96
57260	\$1,242.96
57265	\$1,242.96
57268	\$1,242.96
57282	\$1,837.53
57283	\$1,837.53
57287	\$923.24
57288	\$1,601.03
57289	\$1,837.53
57291	\$1,242.96
57295	\$923.24
57300	\$923.24
57310	\$1,837.53
57320	\$1,242.96
57400	\$923.24
57410	\$923.24
57415	\$923.24
57425	\$2,642.77
57426	\$1,837.53
57513	\$923.24
57520	\$923.24
57522	\$923.24
57530	\$1,242.96
57550	\$1,242.96
57556	\$1,242.96

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
57558	\$923.24
57700	\$923.24
57720	\$923.24
58120	\$923.24
58145	\$923.24
58260	\$1,242.96
58262	\$1,242.96
58345	\$923.24
58346	\$1,242.96
58350	\$1,242.96
58353	\$1,242.96
58356	\$1,944.93
58541	\$2,642.77
58542	\$2,642.77
58543	\$2,642.77
58544	\$2,642.77
58545	\$1,574.65
58546	\$2,642.77
58550	\$1,574.65
58552	\$2,642.77
58553	\$2,642.77
58554	\$2,642.77
58555	\$923.24
58558	\$923.24
58559	\$1,242.96
58560	\$1,242.96
58561	\$1,242.96
58562	\$923.24
58563	\$1,242.96
58565	\$1,565.45
58570	\$2,642.77
58571	\$2,642.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
58572	\$2,642.77
58573	\$2,642.77
58580	\$2,314.30
58600	\$923.24
58615	\$923.24
58660	\$1,574.65
58661	\$1,574.65
58662	\$1,574.65
58670	\$1,574.65
58671	\$1,574.65
58672	\$1,574.65
58673	\$2,642.77
58674	\$2,642.77
58800	\$923.24
58805	\$923.24
58820	\$923.24
58900	\$923.24
58970	\$242.71
58974	\$242.71
58976	\$96.86
59001	\$96.86
59012	\$96.86
59070	\$96.86
59072	\$129.80
59074	\$96.86
59076	\$96.86
59100	\$1,242.96
59150	\$1,574.65
59151	\$1,574.65
59160	\$923.24
59320	\$923.24
59412	\$923.24

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
59414	\$923.24
59812	\$923.24
59820	\$923.24
59821	\$923.24
59840	\$923.24
59841	\$923.24
59866	\$96.86
59870	\$923.24
59871	\$923.24
60000	\$388.11
60200	\$1,574.65
60210	\$1,574.65
60212	\$1,574.65
60220	\$1,574.65
60225	\$1,574.65
60240	\$1,574.65
60260	\$1,606.87
60280	\$1,574.65
60281	\$1,574.65
60500	\$1,606.87
61000	\$208.79
61001	\$208.79
61020	\$275.19
61026	\$208.79
61050	\$89.42
61055	\$89.42
61070	\$208.79
61215	\$1,753.51
61330	\$767.63
61770	\$1,753.51
61790	\$522.53
61791	\$522.53

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
61880	\$1,104.77
61885	\$11,269.79
61886	\$14,736.16
61888	\$6,271.49
62194	\$522.53
62225	\$1,753.51
62230	\$1,753.51
62263	\$275.19
62264	\$275.19
62267	\$212.42
62268	\$275.19
62269	\$397.47
62270	\$208.79
62272	\$208.79
62273	\$208.79
62280	\$275.19
62281	\$275.19
62282	\$275.19
62287	\$522.53
62292	\$522.53
62294	\$275.19
62320	\$208.79
62321	\$208.79
62322	\$275.19
62323	\$208.79
62324	\$275.19
62325	\$275.19
62326	\$275.19
62327	\$275.19
62328	\$208.79
62329	\$208.79
62350	\$2,481.16

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
62355	\$522.53
62360	\$8,087.14
62361	\$8,153.71
62362	\$8,169.21
62365	\$1,753.51
62380	\$1,974.77
63001	\$1,974.77
63003	\$1,974.77
63005	\$1,974.77
63020	\$1,974.77
63030	\$1,974.77
63042	\$1,974.77
63045	\$1,974.77
63046	\$1,974.77
63047	\$1,974.77
63055	\$1,974.77
63056	\$1,974.77
63600	\$522.53
63610	\$732.10
63650	\$2,880.42
63655	\$10,464.57
63661	\$522.53
63662	\$1,104.77
63663	\$2,829.47
63664	\$6,001.40
63685	\$14,711.59
63688	\$1,104.77
63744	\$2,444.33
63746	\$522.53
64415	\$275.19
64416	\$275.19
64417	\$275.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
64420	\$208.79
64421	\$275.19
64430	\$275.19
64446	\$275.19
64448	\$376.21
64449	\$275.19
64451	\$208.79
64454	\$208.79
64461	\$208.79
64463	\$208.79
64479	\$275.19
64483	\$275.19
64490	\$275.19
64493	\$275.19
64510	\$275.19
64517	\$275.19
64520	\$275.19
64530	\$275.19
64553	\$6,652.20
64555	\$3,268.46
64561	\$2,932.04
64568	\$14,937.03
64569	\$7,001.51
64570	\$1,753.51
64575	\$6,603.32
64580	\$9,217.41
64581	\$3,117.86
64582	\$14,463.04
64583	\$6,291.83
64584	\$1,753.51
64585	\$1,104.77
64590	\$11,053.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
64595	\$1,104.77
64596	\$5,369.14
64598	\$1,104.77
64600	\$275.19
64605	\$522.53
64610	\$522.53
64620	\$275.19
64624	\$522.53
64625	\$522.53
64628	\$5,469.63
64630	\$275.19
64633	\$522.53
64635	\$522.53
64680	\$275.19
64681	\$275.19
64702	\$522.53
64704	\$522.53
64708	\$522.53
64712	\$522.53
64713	\$522.53
64714	\$522.53
64716	\$658.10
64718	\$522.53
64719	\$522.53
64721	\$522.53
64722	\$522.53
64726	\$522.53
64732	\$522.53
64734	\$522.53
64736	\$522.53
64738	\$522.53
64740	\$522.53

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
64742	\$522.53
64744	\$522.53
64746	\$522.53
64763	\$522.53
64766	\$522.53
64771	\$522.53
64772	\$522.53
64774	\$522.53
64776	\$522.53
64782	\$522.53
64784	\$522.53
64786	\$1,753.51
64788	\$522.53
64790	\$522.53
64792	\$1,753.51
64795	\$522.53
64802	\$658.10
64820	\$522.53
64821	\$884.05
64822	\$884.05
64823	\$884.05
64831	\$522.53
64834	\$1,753.51
64835	\$1,753.51
64836	\$1,753.51
64840	\$1,753.51
64856	\$1,753.51
64857	\$1,753.51
64858	\$871.17
64861	\$522.53
64862	\$1,753.51
64864	\$1,753.51

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
64865	\$2,208.48
64885	\$2,616.77
64886	\$1,753.51
64890	\$2,667.41
64891	\$2,208.48
64892	\$2,686.63
64893	\$2,722.30
64895	\$1,753.51
64896	\$1,753.51
64897	\$2,376.52
64898	\$1,753.51
64905	\$1,753.51
64907	\$1,753.51
64910	\$2,495.84
64912	\$2,665.50
65091	\$865.65
65093	\$865.65
65101	\$865.65
65103	\$865.65
65105	\$865.65
65110	\$865.65
65112	\$865.65
65114	\$865.65
65125	\$569.52
65130	\$865.65
65135	\$1,117.71
65140	\$865.65
65150	\$865.65
65155	\$865.65
65175	\$865.65
65235	\$688.94
65260	\$688.94

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
65265	\$688.94
65270	\$569.52
65272	\$569.52
65275	\$865.65
65280	\$1,504.85
65285	\$1,504.85
65290	\$865.65
65400	\$305.67
65410	\$569.52
65420	\$569.52
65426	\$569.52
65450	\$87.96
65710	\$1,504.85
65730	\$1,190.26
65750	\$1,504.85
65755	\$1,190.26
65756	\$1,190.26
65770	\$6,264.86
65772	\$305.67
65775	\$569.52
65780	\$865.65
65781	\$2,229.32
65782	\$865.65
65800	\$688.94
65810	\$688.94
65815	\$688.94
65820	\$1,190.26
65850	\$688.94
65865	\$688.94
65870	\$688.94
65875	\$688.94
65880	\$1,190.26

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
65900	\$688.94
65920	\$688.94
65930	\$688.94
66020	\$688.94
66030	\$688.94
66130	\$569.52
66150	\$1,190.26
66155	\$1,639.45
66160	\$688.94
66170	\$688.94
66172	\$688.94
66174	\$1,190.26
66175	\$2,072.76
66179	\$1,898.07
66180	\$1,528.37
66183	\$1,699.62
66184	\$688.94
66185	\$688.94
66225	\$1,895.30
66250	\$569.52
66500	\$688.94
66505	\$688.94
66600	\$1,190.26
66605	\$688.94
66625	\$688.94
66630	\$688.94
66635	\$688.94
66680	\$688.94
66682	\$688.94
66700	\$688.94
66710	\$569.52
66711	\$688.94

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
66720	\$569.52
66740	\$569.52
66770	\$175.50
66820	\$688.94
66821	\$175.50
66825	\$688.94
66830	\$688.94
66840	\$688.94
66850	\$688.94
66852	\$1,190.26
66920	\$688.94
66930	\$1,190.26
66940	\$688.94
66982	\$688.94
66983	\$688.94
66984	\$688.94
66985	\$688.94
66986	\$688.94
66987	\$1,190.26
66988	\$1,190.26
66989	\$2,133.37
66991	\$2,172.65
67005	\$688.94
67010	\$688.94
67015	\$688.94
67025	\$688.94
67027	\$1,175.77
67030	\$688.94
67031	\$175.50
67036	\$1,190.26
67039	\$1,190.26
67040	\$1,190.26

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
67041	\$1,190.26
67042	\$1,190.26
67043	\$1,190.26
67107	\$1,190.26
67108	\$1,190.26
67113	\$1,504.85
67115	\$1,190.26
67120	\$688.94
67121	\$688.94
67141	\$87.96
67208	\$87.96
67218	\$865.65
67229	\$175.50
67250	\$569.52
67255	\$1,190.26
67311	\$569.52
67312	\$865.65
67314	\$569.52
67316	\$569.52
67318	\$569.52
67343	\$569.52
67346	\$865.65
67400	\$865.65
67405	\$569.52
67412	\$569.52
67413	\$569.52
67414	\$865.65
67415	\$569.52
67420	\$865.65
67430	\$865.65
67440	\$1,090.24
67445	\$865.65

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
67450	\$865.65
67550	\$865.65
67560	\$865.65
67570	\$865.65
67700	\$87.96
67715	\$569.52
67808	\$569.52
67830	\$305.67
67835	\$569.52
67875	\$305.67
67880	\$569.52
67882	\$569.52
67900	\$569.52
67901	\$569.52
67902	\$865.65
67903	\$569.52
67904	\$569.52
67906	\$865.65
67908	\$569.52
67909	\$569.52
67911	\$569.52
67912	\$569.52
67914	\$569.52
67916	\$569.52
67917	\$569.52
67921	\$569.52
67923	\$569.52
67924	\$569.52
67935	\$569.52
67938	\$87.96
67950	\$569.52
67961	\$569.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
67966	\$569.52
67971	\$569.52
67973	\$569.52
67974	\$865.65
67975	\$569.52
68115	\$569.52
68130	\$569.52
68320	\$569.52
68325	\$865.65
68326	\$865.65
68328	\$569.52
68330	\$688.94
68335	\$865.65
68340	\$569.52
68360	\$865.65
68362	\$569.52
68371	\$569.52
68500	\$865.65
68505	\$865.65
68510	\$569.52
68520	\$865.65
68525	\$569.52
68530	\$87.96
68540	\$569.52
68550	\$865.65
68700	\$569.52
68705	\$87.96
68720	\$865.65
68745	\$865.65
68750	\$865.65
68760	\$87.96
68770	\$569.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
68810	\$87.96
68811	\$569.52
68815	\$569.52
68816	\$731.25
69110	\$673.48
69120	\$1,606.87
69140	\$1,606.87
69145	\$673.48
69150	\$1,606.87
69205	\$397.47
69300	\$767.63
69310	\$1,606.87
69320	\$1,606.87
69420	\$73.74
69421	\$767.63
69436	\$388.11
69440	\$767.63
69450	\$767.63
69501	\$1,606.87
69502	\$1,606.87
69505	\$1,606.87
69511	\$1,606.87
69530	\$1,606.87
69550	\$1,606.87
69552	\$1,606.87
69601	\$1,606.87
69602	\$1,606.87
69603	\$1,606.87
69604	\$1,606.87
69620	\$767.63
69631	\$1,606.87
69632	\$1,606.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
69633	\$1,606.87
69635	\$1,606.87
69636	\$1,606.87
69637	\$1,606.87
69641	\$1,606.87
69642	\$1,606.87
69643	\$1,606.87
69644	\$1,606.87
69645	\$1,606.87
69646	\$1,606.87
69650	\$767.63
69660	\$1,606.87
69661	\$1,606.87
69662	\$1,606.87
69666	\$767.63
69667	\$767.63
69670	\$1,606.87
69676	\$767.63
69700	\$388.11
69705	\$2,269.09
69706	\$2,240.18
69711	\$767.63
69714	\$5,832.53
69716	\$5,843.93
69717	\$3,138.35
69719	\$5,898.40
69720	\$1,606.87
69726	\$884.05
69727	\$884.05
69728	\$884.05
69729	\$4,765.07
69730	\$4,765.07

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
69740	\$1,606.87
69745	\$1,606.87
69805	\$1,606.87
69806	\$1,606.87
69905	\$1,606.87
69910	\$1,606.87
69915	\$767.63
69930	\$16,451.07
92920	\$1,985.23
92928	\$3,848.79
93451	\$950.13
93452	\$950.13
93453	\$950.13
93454	\$950.13
93455	\$950.13
93456	\$950.13
93457	\$950.13
93458	\$950.13
93459	\$950.13
93460	\$950.13
93461	\$950.13
93985	\$73.98
93986	\$33.19
C5271	\$189.62
C5273	\$550.58
C5275	\$189.62
C5277	\$189.62
C7500	\$673.48
C7501	\$673.48
C7502	\$673.48
C7503	\$1,476.00
C7504	\$1,974.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
C7505	\$1,974.77
C7506	\$1,974.77
C7507	\$3,783.42
C7508	\$3,783.42
C7509	\$911.82
C7510	\$911.82
C7511	\$911.82
C7512	\$911.82
C7513	\$900.98
C7514	\$900.98
C7515	\$900.98
C7516	\$1,470.24
C7517	\$1,470.24
C7520	\$1,470.24
C7521	\$1,470.24
C7522	\$1,470.24
C7523	\$1,470.24
C7524	\$1,470.24
C7525	\$1,470.24
C7526	\$1,470.24
C7527	\$1,470.24
C7528	\$1,470.24
C7529	\$1,470.24
C7530	\$2,821.35
C7531	\$3,359.34
C7532	\$3,259.18
C7533	\$3,336.33
C7535	\$5,844.96
C7537	\$6,148.86
C7538	\$6,263.53
C7539	\$6,390.25
C7540	\$6,289.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
C7545	\$1,498.89
C7547	\$946.43
C7548	\$946.43
C7550	\$946.43
C7551	\$1,753.51
C7554	\$541.21
C7556	\$911.82
C7557	\$1,470.24
C7558	\$1,470.24
C7560	\$1,047.12
C9600	\$3,900.73
C9725	\$275.94
C9727	\$388.11
C9728	\$418.34
C9734	\$4,765.07
C9739	\$2,188.96
C9740	\$4,275.75
C9757	\$3,783.42
C9761	\$2,645.60
C9764	\$4,223.54
C9765	\$6,835.75
C9766	\$7,028.85
C9767	\$7,183.27
C9769	\$4,102.37
C9772	\$3,883.26
C9773	\$6,636.89
C9774	\$7,014.67
C9775	\$7,110.46
C9777	\$1,318.80
C9778	\$1,565.45
C9781	\$5,823.11
C9789	\$713.13

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
C9796	\$988.91
C9797	\$5,765.61
0331T	\$428.71
0332T	\$428.71
0394T	\$81.14
0395T	\$216.47
0422T	\$27.43
0598T	\$94.77
0609T	\$73.98
0611T	\$73.98
0633T	\$33.19
0634T	\$55.47
0635T	\$55.47
0636T	\$73.98
0637T	\$116.11
0638T	\$116.11
0648T	\$301.19
0689T	\$27.43
0697T	\$301.19
0698T	\$301.19
70336	\$73.98
70450	\$33.19
70460	\$55.47
70470	\$55.47
70480	\$33.19
70481	\$55.47
70482	\$55.47
70486	\$33.19
70487	\$55.47
70488	\$55.47
70490	\$33.19
70491	\$55.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
70492	\$55.47
70496	\$55.47
70498	\$55.47
70540	\$73.98
70543	\$116.11
70544	\$73.98
70546	\$116.11
70547	\$73.98
70549	\$116.11
70551	\$73.98
70553	\$116.11
70554	\$73.98
70555	\$73.98
70557	\$166.56
70558	\$55.47
70559	\$55.47
71250	\$33.19
71260	\$55.47
71270	\$55.47
71275	\$55.47
71550	\$73.98
71552	\$116.11
72083	\$33.19
72084	\$33.19
72125	\$33.19
72127	\$55.47
72128	\$33.19
72129	\$55.47
72130	\$55.47
72131	\$33.19
72133	\$55.47
72156	\$116.11

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
72157	\$116.11
72158	\$116.11
72191	\$55.47
72192	\$33.19
72193	\$55.47
72194	\$55.47
72195	\$73.98
72197	\$116.11
73200	\$33.19
73202	\$55.47
73206	\$55.47
73218	\$73.98
73219	\$116.11
73220	\$116.11
73221	\$73.98
73223	\$116.11
73700	\$33.19
73701	\$55.47
73702	\$55.47
73706	\$55.47
73718	\$73.98
73720	\$116.11
73721	\$73.98
73723	\$116.11
74150	\$33.19
74160	\$55.47
74170	\$55.47
74174	\$116.11
74175	\$55.47
74177	\$116.11
74178	\$116.11
74181	\$73.98

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
74182	\$116.11
74183	\$116.11
74230	\$55.47
74246	\$55.47
74251	\$55.47
74261	\$33.19
74262	\$55.47
74283	\$55.47
74400	\$55.47
74410	\$55.47
74415	\$55.47
74420	\$116.11
74712	\$73.98
74775	\$73.98
75557	\$73.98
75561	\$116.11
75572	\$55.47
75573	\$55.47
75574	\$55.47
75803	\$360.38
75805	\$900.98
75810	\$900.98
75898	\$900.98
76145	\$161.82
76390	\$27.43
76391	\$73.98
76498	\$27.43
76700	\$33.19
76705	\$33.19
76770	\$33.19
76776	\$33.19
76801	\$33.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
76805	\$33.19
76818	\$33.19
76830	\$33.19
76856	\$33.19
76872	\$33.19
76873	\$33.19
76936	\$94.77
76978	\$55.47
76981	\$33.19
76982	\$33.19
77046	\$73.98
77047	\$73.98
77078	\$27.43
77084	\$73.98
77280	\$40.97
77285	\$111.56
77290	\$111.56
77299	\$40.97
77301	\$418.34
77317	\$111.56
77318	\$111.56
77333	\$40.97
77336	\$40.97
77338	\$111.56
77370	\$40.97
77385	\$177.72
77386	\$177.72
77399	\$40.97
77402	\$36.20
77407	\$81.14
77412	\$81.14
77424	\$1,250.48

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
77425	\$1,250.48
77520	\$177.72
77522	\$428.30
77523	\$428.30
77525	\$428.30
77600	\$81.14
77605	\$216.47
77610	\$177.72
77615	\$177.72
77620	\$177.72
77767	\$81.14
77768	\$81.14
77771	\$216.47
77772	\$216.47
77778	\$216.47
77789	\$36.20
77799	\$36.20
78012	\$124.53
78013	\$124.53
78014	\$124.53
78015	\$124.53
78016	\$124.53
78018	\$163.19
78070	\$124.53
78071	\$124.53
78072	\$163.19
78075	\$428.71
78099	\$124.53
78102	\$124.53
78103	\$124.53
78104	\$124.53
78110	\$428.71

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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Code	Medicaid Fee
78111	\$428.71
78120	\$124.53
78121	\$163.19
78122	\$163.19
78130	\$124.53
78140	\$124.53
78185	\$124.53
78191	\$124.53
78195	\$163.19
78199	\$124.53
78201	\$163.19
78202	\$163.19
78215	\$124.53
78216	\$124.53
78226	\$124.53
78227	\$163.19
78230	\$124.53
78231	\$124.53
78232	\$124.53
78258	\$124.53
78261	\$124.53
78262	\$124.53
78264	\$124.53
78265	\$124.53
78266	\$163.19
78278	\$124.53
78282	\$124.53
78290	\$124.53
78291	\$124.53
78299	\$124.53
78300	\$124.53
78305	\$124.53

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
78306	\$124.53
78315	\$124.53
78399	\$124.53
78414	\$163.19
78428	\$124.53
78429	\$472.33
78430	\$472.33
78431	\$713.13
78432	\$586.37
78433	\$618.06
78445	\$124.53
78451	\$428.71
78452	\$428.71
78453	\$428.71
78454	\$428.71
78456	\$428.71
78457	\$163.19
78458	\$124.53
78459	\$428.71
78466	\$124.53
78468	\$163.19
78469	\$163.19
78472	\$124.53
78473	\$124.53
78481	\$163.19
78483	\$163.19
78491	\$472.33
78492	\$472.33
78494	\$124.53
78499	\$124.53
78579	\$124.53
78580	\$124.53

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
78582	\$163.19
78597	\$124.53
78598	\$163.19
78599	\$124.53
78600	\$124.53
78601	\$124.53
78605	\$163.19
78606	\$163.19
78608	\$472.33
78610	\$163.19
78630	\$163.19
78635	\$163.19
78645	\$163.19
78650	\$428.71
78660	\$124.53
78699	\$124.53
78700	\$124.53
78701	\$124.53
78707	\$163.19
78708	\$163.19
78709	\$163.19
78725	\$124.53
78740	\$124.53
78761	\$124.53
78799	\$124.53
78800	\$124.53
78801	\$124.53
78802	\$428.71
78803	\$428.71
78804	\$428.71
78811	\$428.71
78812	\$472.33

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024**

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

Code	Medicaid Fee
78813	\$472.33
78814	\$472.33
78815	\$472.33
78816	\$472.33
78830	\$428.71
78831	\$428.71
78832	\$472.33
78999	\$124.53
79300	\$75.11
79445	\$75.11
79999	\$75.11
91035	\$161.82
C8900	\$116.11
C8901	\$73.98
C8902	\$116.11
C8903	\$55.47
C8905	\$116.11
C8906	\$116.11
C8908	\$116.11
C8909	\$116.11
C8910	\$73.98
C8911	\$116.11
C8912	\$116.11
C8913	\$73.98
C8914	\$116.11
C8918	\$116.11
C8919	\$73.98
C8920	\$116.11
C8931	\$116.11
C8932	\$73.98
C8933	\$116.11
C8934	\$116.11

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2024

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

Code	Medicaid Fee
C8935	\$73.98
C8936	\$116.11
C9762	\$166.56
C9763	\$166.56
C9794	\$618.06
G0105	\$275.94
G0121	\$275.94
G0186	\$175.50
G0235	\$124.53
G0260	\$208.79
G0276	\$1,974.77