



**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
0101T	\$74.62
0200T	\$2,656.32
0201T	\$2,031.87
0213T	\$276.60
0216T	\$276.60
0238T	\$6,674.18
0266T	\$24,427.24
0268T	\$15,346.42
0271T	\$1,125.26
0339T	\$2,164.75
0402T	\$593.79
0408T	\$15,039.03
0412T	\$1,130.76
0413T	\$1,130.76
0415T	\$192.32
0416T	\$567.80
0421T	\$3,910.14
0440T	\$870.18
0441T	\$834.30
0442T	\$2,677.64
0449T	\$2,255.95
0479T	\$190.00
0512T	\$61.79
0525T	\$8,273.68
0527T	\$3,853.43
0530T	\$1,130.76
0581T	\$1,279.29
0583T	\$482.21
0587T	\$3,446.80

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Code	Medicaid Fee
0596T	\$182.84
0597T	\$182.84
0598T	\$96.19
0600T	\$4,122.14
0619T	\$3,720.16
0644T	\$2,279.12
0647T	\$500.12
0648T	\$295.31
0652T	\$500.12
0654T	\$1,085.61
0660T	\$1,212.08
0671T	\$2,376.83
0673T	\$409.91
0686T	\$5,437.14
0698T	\$295.31
0699T	\$702.77
0810T	\$1,320.56
0816T	\$11,481.86
0818T	\$1,125.26
10005	\$218.53
10007	\$223.98
10009	\$218.53
10011	\$218.53
10021	\$58.46
10030	\$218.53
10060	\$79.11
10061	\$117.23
10080	\$189.03
10081	\$227.47
10120	\$101.03
10121	\$409.91
10140	\$104.84
10160	\$79.43

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Code	Medicaid Fee
10180	\$695.59
11000	\$35.58
11010	\$218.53
11011	\$218.53
11012	\$695.59
11042	\$124.07
11043	\$190.00
11044	\$409.91
11057	\$62.59
11102	\$71.16
11104	\$87.69
11106	\$109.61
11307	\$87.69
11310	\$80.38
11311	\$90.23
11312	\$101.03
11313	\$112.15
11400	\$89.27
11401	\$102.62
11402	\$112.15
11403	\$122.31
11404	\$409.91
11406	\$409.91
11420	\$84.19
11421	\$100.08
11422	\$111.20
11423	\$122.95
11424	\$409.91
11426	\$695.59
11440	\$98.49
11441	\$110.88
11442	\$121.04
11443	\$133.75

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Code	Medicaid Fee
11444	\$409.91
11446	\$695.59
11450	\$695.59
11451	\$695.59
11462	\$695.59
11463	\$695.59
11470	\$695.59
11471	\$695.59
11600	\$129.30
11601	\$143.92
11602	\$153.45
11603	\$165.84
11604	\$218.53
11606	\$409.91
11620	\$129.30
11621	\$144.24
11622	\$155.67
11623	\$170.92
11624	\$409.91
11626	\$695.59
11640	\$133.75
11641	\$148.05
11642	\$162.03
11643	\$177.59
11644	\$409.91
11646	\$695.59
11750	\$98.17
11755	\$72.75
11760	\$118.18
11762	\$171.56
11770	\$695.59
11771	\$695.59
11772	\$695.59

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Code	Medicaid Fee
11920	\$130.57
11921	\$137.25
11950	\$47.34
11951	\$60.36
11952	\$76.88
11954	\$85.14
11960	\$1,132.78
11970	\$2,031.87
11971	\$695.59
11976	\$71.80
12005	\$124.07
12006	\$124.07
12007	\$61.79
12015	\$61.79
12016	\$124.07
12017	\$124.07
12018	\$61.79
12020	\$190.00
12021	\$124.07
12031	\$177.28
12032	\$199.52
12034	\$124.07
12035	\$124.07
12036	\$190.00
12037	\$567.80
12041	\$174.42
12042	\$195.07
12044	\$190.00
12045	\$190.00
12046	\$190.00
12047	\$567.80
12051	\$184.58
12052	\$196.97

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Code	Medicaid Fee
12053	\$124.07
12054	\$124.07
12055	\$124.07
12056	\$124.07
12057	\$124.07
13100	\$190.00
13101	\$190.00
13120	\$190.00
13121	\$190.00
13131	\$124.07
13132	\$190.00
13151	\$190.00
13152	\$190.00
13160	\$567.80
14000	\$567.80
14001	\$567.80
14020	\$567.80
14021	\$567.80
14040	\$567.80
14041	\$567.80
14060	\$567.80
14061	\$567.80
14301	\$1,132.78
14350	\$567.80
15002	\$567.80
15004	\$190.00
15011	\$567.80
15013	\$2,252.62
15015	\$567.80
15017	\$567.80
15040	\$567.80
15050	\$190.00
15100	\$567.80

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Code	Medicaid Fee
15110	\$567.80
15115	\$567.80
15120	\$1,132.78
15130	\$567.80
15135	\$1,132.78
15150	\$567.80
15155	\$1,132.78
15200	\$567.80
15220	\$567.80
15240	\$567.80
15260	\$567.80
15271	\$567.80
15273	\$1,132.78
15275	\$87.37
15277	\$567.80
15570	\$567.80
15572	\$1,132.78
15574	\$567.80
15600	\$1,132.78
15610	\$567.80
15620	\$567.80
15630	\$567.80
15650	\$567.80
15730	\$1,132.78
15731	\$1,132.78
15733	\$1,132.78
15734	\$1,132.78
15736	\$567.80
15738	\$1,132.78
15740	\$567.80
15750	\$1,132.78
15760	\$567.80
15769	\$1,132.78

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Code	Medicaid Fee
15770	\$1,132.78
15771	\$1,132.78
15773	\$567.80
15820	\$567.80
15821	\$567.80
15822	\$567.80
15823	\$567.80
15830	\$1,552.42
15832	\$695.59
15840	\$1,132.78
15841	\$1,132.78
15842	\$567.80
15845	\$1,132.78
15851	\$15.25
15877	\$1,132.78
15920	\$695.59
15922	\$1,132.78
15931	\$695.59
15933	\$695.59
15934	\$1,132.78
15935	\$1,132.78
15936	\$567.80
15937	\$567.80
15940	\$695.59
15941	\$695.59
15944	\$1,132.78
15945	\$567.80
15946	\$567.80
15950	\$409.91
15951	\$695.59
15952	\$567.80
15953	\$1,132.78
15956	\$567.80

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Code	Medicaid Fee
15958	\$1,132.78
16025	\$61.79
16030	\$124.07
16035	\$124.07
17004	\$110.24
17106	\$200.47
17107	\$262.10
17108	\$341.85
17264	\$128.03
17266	\$141.06
17270	\$94.99
17271	\$61.79
17273	\$126.44
17274	\$141.38
17276	\$156.63
17281	\$61.79
17282	\$61.79
17283	\$138.20
17284	\$151.86
17286	\$183.31
17311	\$190.00
17313	\$190.00
17380	\$190.00
19000	\$61.95
19020	\$409.91
19081	\$409.91
19083	\$409.91
19085	\$409.91
19100	\$409.91
19101	\$890.14
19105	\$1,404.62
19110	\$890.14
19112	\$890.14

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Code	Medicaid Fee
19120	\$890.14
19125	\$890.14
19296	\$2,589.91
19298	\$2,494.69
19300	\$890.14
19301	\$890.14
19302	\$1,552.42
19303	\$1,552.42
19307	\$1,552.42
19316	\$1,552.42
19318	\$1,552.42
19325	\$1,837.16
19328	\$890.14
19330	\$890.14
19340	\$1,552.42
19342	\$1,837.16
19350	\$890.14
19355	\$890.14
19357	\$3,077.36
19370	\$890.14
19371	\$890.14
19380	\$1,552.42
19396	\$890.14
20103	\$409.91
20150	\$913.93
20200	\$409.91
20205	\$695.59
20206	\$409.91
20220	\$409.91
20225	\$409.91
20240	\$695.59
20245	\$695.59
20250	\$913.93

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Code	Medicaid Fee
20251	\$2,031.87
20500	\$74.66
20520	\$138.83
20525	\$695.59
20526	\$44.48
20527	\$47.02
20550	\$28.59
20551	\$28.59
20552	\$26.69
20553	\$31.13
20555	\$913.93
20600	\$27.96
20604	\$47.34
20605	\$28.28
20606	\$49.88
20610	\$33.04
20611	\$54.64
20612	\$37.17
20615	\$153.77
20650	\$913.93
20662	\$485.15
20663	\$913.93
20665	\$122.53
20670	\$409.91
20680	\$695.59
20690	\$2,850.21
20692	\$4,873.01
20693	\$2,031.87
20694	\$485.15
20696	\$8,597.13
20697	\$485.15
20822	\$485.15
20900	\$2,793.05

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Code	Medicaid Fee
20902	\$2,031.87
20910	\$190.00
20912	\$1,132.78
20920	\$567.80
20922	\$567.80
20924	\$2,031.87
20950	\$218.53
20972	\$2,031.87
20973	\$2,031.87
20982	\$3,838.94
20983	\$2,842.32
21010	\$807.02
21011	\$247.17
21012	\$409.91
21013	\$308.49
21014	\$695.59
21015	\$695.59
21016	\$695.59
21025	\$1,688.39
21026	\$1,688.39
21029	\$807.02
21030	\$269.41
21031	\$249.08
21032	\$241.13
21034	\$1,688.39
21040	\$807.02
21044	\$1,688.39
21046	\$1,688.39
21047	\$1,688.39
21048	\$1,688.39
21050	\$1,688.39
21060	\$1,688.39
21070	\$1,688.39

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Code	Medicaid Fee
21073	\$268.77
21076	\$380.60
21077	\$885.75
21079	\$643.34
21080	\$742.15
21081	\$691.00
21082	\$674.16
21083	\$655.42
21084	\$730.07
21085	\$71.84
21086	\$661.45
21087	\$661.45
21088	\$807.02
21100	\$1,688.39
21110	\$601.72
21120	\$1,688.39
21121	\$1,241.72
21122	\$2,139.98
21123	\$807.02
21125	\$2,139.98
21127	\$1,688.39
21150	\$2,139.98
21181	\$1,688.39
21194	\$1,688.39
21195	\$2,262.63
21198	\$1,688.39
21199	\$1,688.39
21206	\$1,688.39
21208	\$2,164.59
21209	\$1,688.39
21210	\$2,303.42
21215	\$2,231.46
21230	\$1,688.39

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Code	Medicaid Fee
21235	\$1,688.39
21240	\$1,688.39
21242	\$1,688.39
21243	\$8,055.78
21244	\$2,391.55
21245	\$2,444.00
21246	\$1,688.39
21248	\$1,688.39
21249	\$1,688.39
21260	\$1,688.39
21267	\$2,838.04
21270	\$2,301.67
21275	\$2,145.65
21280	\$807.02
21282	\$807.02
21295	\$380.46
21296	\$807.02
21315	\$380.46
21320	\$807.02
21325	\$807.02
21330	\$1,688.39
21335	\$807.02
21336	\$913.93
21337	\$807.02
21338	\$1,688.39
21339	\$1,688.39
21340	\$807.02
21345	\$380.46
21355	\$807.02
21356	\$1,688.39
21360	\$1,688.39
21365	\$1,688.39
21390	\$1,688.39

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Code	Medicaid Fee
21400	\$158.02
21401	\$380.46
21406	\$1,688.39
21407	\$1,688.39
21421	\$807.02
21440	\$591.88
21445	\$1,688.39
21450	\$158.02
21451	\$380.46
21452	\$2,162.11
21453	\$1,688.39
21454	\$2,172.17
21461	\$2,239.18
21462	\$2,143.76
21465	\$2,155.56
21480	\$74.62
21485	\$380.46
21490	\$807.02
21497	\$380.46
21501	\$695.59
21502	\$913.93
21550	\$409.91
21552	\$695.59
21554	\$695.59
21555	\$409.91
21556	\$695.59
21557	\$695.59
21558	\$695.59
21600	\$2,031.87
21610	\$913.93
21685	\$2,157.16
21700	\$2,031.87
21720	\$913.93

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Code	Medicaid Fee
21725	\$218.53
21820	\$74.62
21920	\$164.89
21925	\$409.91
21930	\$409.91
21931	\$409.91
21932	\$695.59
21933	\$695.59
21935	\$695.59
21936	\$695.59
22102	\$2,031.87
22310	\$74.62
22315	\$913.93
22505	\$485.15
22510	\$913.93
22511	\$913.93
22513	\$2,031.87
22514	\$2,031.87
22551	\$5,248.62
22554	\$5,194.96
22612	\$8,123.57
22856	\$8,105.43
22867	\$8,155.08
22869	\$6,295.28
22900	\$695.59
22901	\$695.59
22902	\$409.91
22903	\$695.59
22904	\$695.59
22905	\$695.59
23000	\$695.59
23020	\$913.93
23030	\$695.59

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Code	Medicaid Fee
23031	\$695.59
23035	\$485.15
23040	\$913.93
23044	\$913.93
23065	\$130.89
23066	\$695.59
23071	\$409.91
23073	\$695.59
23075	\$409.91
23076	\$695.59
23077	\$695.59
23078	\$695.59
23100	\$913.93
23101	\$913.93
23105	\$2,031.87
23106	\$913.93
23107	\$2,031.87
23120	\$913.93
23125	\$913.93
23130	\$913.93
23140	\$913.93
23145	\$913.93
23146	\$2,031.87
23150	\$913.93
23155	\$2,031.87
23156	\$2,031.87
23170	\$1,178.87
23172	\$913.93
23174	\$2,031.87
23180	\$2,031.87
23182	\$2,031.87
23184	\$2,031.87
23190	\$913.93

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Code	Medicaid Fee
23195	\$2,031.87
23330	\$409.91
23333	\$695.59
23334	\$695.59
23395	\$2,604.95
23397	\$2,031.87
23400	\$2,031.87
23405	\$2,031.87
23406	\$2,031.87
23410	\$2,031.87
23412	\$2,031.87
23415	\$2,031.87
23420	\$2,031.87
23430	\$2,664.21
23440	\$2,031.87
23450	\$2,031.87
23455	\$2,599.51
23460	\$2,575.15
23462	\$2,031.87
23465	\$2,031.87
23466	\$2,031.87
23470	\$5,587.13
23472	\$8,403.31
23480	\$2,031.87
23485	\$5,029.02
23490	\$2,031.87
23491	\$4,865.72
23500	\$74.62
23505	\$485.15
23515	\$2,668.24
23520	\$485.15
23525	\$74.62
23530	\$2,031.87

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Code	Medicaid Fee
23532	\$2,031.87
23540	\$74.62
23545	\$74.62
23550	\$2,643.34
23552	\$2,680.16
23570	\$74.62
23575	\$485.15
23585	\$2,737.31
23600	\$74.62
23605	\$485.15
23615	\$5,222.12
23616	\$8,215.71
23620	\$74.62
23625	\$485.15
23630	\$2,634.05
23650	\$74.62
23655	\$485.15
23660	\$2,031.87
23665	\$485.15
23670	\$2,630.89
23675	\$485.15
23680	\$4,891.56
23700	\$485.15
23800	\$2,031.87
23802	\$3,838.94
23921	\$567.80
23930	\$695.59
23931	\$409.91
23935	\$913.93
24000	\$913.93
24006	\$913.93
24065	\$169.33
24066	\$695.59

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Code	Medicaid Fee
24071	\$695.59
24073	\$695.59
24075	\$409.91
24076	\$695.59
24077	\$695.59
24079	\$695.59
24100	\$913.93
24101	\$913.93
24102	\$913.93
24105	\$913.93
24110	\$913.93
24115	\$2,031.87
24116	\$2,575.32
24120	\$913.93
24125	\$913.93
24126	\$2,642.99
24130	\$913.93
24134	\$2,031.87
24136	\$913.93
24138	\$2,031.87
24140	\$913.93
24145	\$2,031.87
24147	\$913.93
24149	\$2,031.87
24152	\$2,721.70
24155	\$913.93
24160	\$913.93
24164	\$913.93
24200	\$145.51
24201	\$695.59
24300	\$485.15
24301	\$2,031.87
24305	\$913.93

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Code	Medicaid Fee
24310	\$913.93
24320	\$2,031.87
24330	\$2,031.87
24331	\$2,031.87
24332	\$913.93
24340	\$2,031.87
24341	\$2,031.87
24342	\$2,031.87
24343	\$913.93
24344	\$2,664.38
24345	\$2,031.87
24346	\$3,838.94
24357	\$913.93
24358	\$913.93
24359	\$913.93
24360	\$2,902.62
24361	\$8,123.57
24362	\$5,649.73
24363	\$8,273.94
24365	\$5,395.35
24366	\$5,555.00
24370	\$5,210.53
24371	\$7,903.98
24400	\$2,031.87
24410	\$3,838.94
24420	\$2,031.87
24430	\$5,214.17
24435	\$5,209.53
24470	\$913.93
24495	\$2,031.87
24498	\$5,357.26
24500	\$74.62
24505	\$485.15

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Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
24515	\$5,013.78
24516	\$5,082.01
24530	\$74.62
24535	\$485.15
24538	\$2,031.87
24545	\$5,190.33
24546	\$5,394.02
24560	\$74.62
24565	\$485.15
24566	\$485.15
24575	\$4,914.09
24576	\$74.62
24577	\$485.15
24579	\$4,911.44
24582	\$2,031.87
24586	\$5,197.94
24587	\$5,196.29
24600	\$74.62
24605	\$485.15
24615	\$2,648.60
24620	\$485.15
24635	\$2,778.86
24640	\$57.19
24650	\$74.62
24655	\$485.15
24665	\$2,031.87
24666	\$5,741.81
24670	\$74.62
24675	\$485.15
24685	\$2,611.44
24800	\$2,031.87
24802	\$3,838.94
24925	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
25000	\$485.15
25001	\$913.93
25020	\$485.15
25023	\$913.93
25024	\$913.93
25025	\$485.15
25028	\$913.93
25031	\$485.15
25035	\$2,031.87
25040	\$913.93
25065	\$168.70
25066	\$695.59
25071	\$409.91
25073	\$695.59
25075	\$409.91
25076	\$409.91
25077	\$695.59
25078	\$695.59
25085	\$913.93
25100	\$913.93
25101	\$913.93
25105	\$913.93
25107	\$913.93
25109	\$913.93
25110	\$485.15
25111	\$485.15
25112	\$485.15
25115	\$485.15
25116	\$913.93
25118	\$485.15
25119	\$913.93
25120	\$913.93
25125	\$485.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
25126	\$913.93
25130	\$913.93
25135	\$2,031.87
25136	\$2,031.87
25145	\$913.93
25150	\$913.93
25151	\$913.93
25210	\$913.93
25215	\$913.93
25230	\$913.93
25240	\$913.93
25248	\$485.15
25250	\$485.15
25251	\$913.93
25259	\$485.15
25260	\$913.93
25263	\$2,031.87
25265	\$913.93
25270	\$913.93
25272	\$913.93
25274	\$913.93
25275	\$913.93
25280	\$913.93
25290	\$913.93
25295	\$913.93
25300	\$913.93
25301	\$913.93
25310	\$913.93
25312	\$913.93
25315	\$2,031.87
25316	\$2,031.87
25320	\$2,031.87
25332	\$1,158.37

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025

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

Code	Medicaid Fee
25335	\$913.93
25337	\$2,676.12
25350	\$2,809.71
25355	\$913.93
25360	\$2,031.87
25365	\$3,838.94
25370	\$913.93
25375	\$913.93
25390	\$2,814.79
25391	\$5,477.82
25392	\$2,031.87
25393	\$2,600.04
25394	\$913.93
25400	\$2,731.17
25405	\$2,648.95
25415	\$2,575.32
25420	\$2,575.32
25425	\$3,224.14
25426	\$1,205.77
25430	\$913.93
25431	\$2,965.38
25440	\$2,031.87
25441	\$5,812.36
25442	\$8,551.30
25443	\$2,922.61
25444	\$6,231.02
25445	\$2,794.98
25446	\$8,465.37
25447	\$913.93
25448	\$913.93
25449	\$2,031.87
25450	\$913.93
25455	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
25490	\$2,031.87
25491	\$4,865.72
25492	\$913.93
25500	\$74.62
25505	\$485.15
25515	\$2,585.66
25520	\$485.15
25525	\$2,694.01
25526	\$2,767.64
25530	\$74.62
25535	\$74.62
25545	\$2,562.53
25560	\$74.62
25565	\$485.15
25574	\$2,741.69
25575	\$2,723.63
25600	\$74.62
25605	\$485.15
25606	\$913.93
25607	\$2,754.49
25608	\$2,757.29
25609	\$2,772.02
25622	\$74.62
25624	\$485.15
25628	\$2,031.87
25630	\$74.62
25635	\$485.15
25645	\$913.93
25650	\$74.62
25651	\$913.93
25652	\$2,817.07
25660	\$74.62
25670	\$2,031.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
25671	\$913.93
25675	\$74.62
25676	\$2,031.87
25680	\$74.62
25685	\$2,031.87
25690	\$485.15
25695	\$2,031.87
25800	\$2,776.93
25805	\$2,885.27
25810	\$4,996.89
25820	\$2,708.38
25825	\$2,585.84
25830	\$2,031.87
25907	\$913.93
25922	\$485.15
25929	\$567.80
25931	\$913.93
26010	\$61.79
26011	\$409.91
26020	\$913.93
26025	\$913.93
26030	\$913.93
26034	\$485.15
26035	\$913.93
26037	\$913.93
26040	\$485.15
26045	\$913.93
26055	\$485.15
26060	\$485.15
26070	\$485.15
26075	\$913.93
26080	\$485.15
26100	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
26105	\$913.93
26110	\$485.15
26111	\$409.91
26113	\$409.91
26115	\$409.91
26116	\$409.91
26117	\$695.59
26118	\$695.59
26121	\$913.93
26123	\$913.93
26130	\$913.93
26135	\$913.93
26140	\$485.15
26145	\$485.15
26160	\$485.15
26170	\$485.15
26180	\$485.15
26185	\$485.15
26200	\$485.15
26205	\$2,031.87
26210	\$485.15
26215	\$913.93
26230	\$913.93
26235	\$485.15
26236	\$485.15
26250	\$913.93
26260	\$913.93
26262	\$485.15
26320	\$409.91
26340	\$485.15
26341	\$79.11
26350	\$913.93
26352	\$2,031.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
26356	\$913.93
26357	\$913.93
26358	\$2,031.87
26370	\$913.93
26372	\$2,587.07
26373	\$913.93
26390	\$2,571.46
26392	\$2,031.87
26410	\$485.15
26412	\$913.93
26415	\$913.93
26416	\$913.93
26418	\$485.15
26420	\$913.93
26426	\$913.93
26428	\$913.93
26432	\$485.15
26433	\$913.93
26434	\$913.93
26437	\$913.93
26440	\$485.15
26442	\$913.93
26445	\$913.93
26449	\$913.93
26450	\$913.93
26455	\$485.15
26460	\$485.15
26471	\$913.93
26474	\$485.15
26476	\$913.93
26477	\$913.93
26478	\$913.93
26479	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
26480	\$913.93
26483	\$913.93
26485	\$913.93
26489	\$913.93
26490	\$913.93
26492	\$913.93
26494	\$913.93
26496	\$913.93
26497	\$913.93
26498	\$913.93
26499	\$913.93
26500	\$2,031.87
26502	\$913.93
26508	\$913.93
26510	\$913.93
26516	\$913.93
26517	\$913.93
26518	\$2,031.87
26520	\$913.93
26525	\$485.15
26530	\$2,713.46
26531	\$2,807.78
26535	\$913.93
26536	\$2,672.97
26540	\$913.93
26541	\$1,181.16
26542	\$1,185.42
26545	\$1,188.50
26546	\$2,031.87
26548	\$913.93
26550	\$913.93
26555	\$2,031.87
26560	\$485.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
26561	\$913.93
26562	\$913.93
26565	\$913.93
26567	\$913.93
26568	\$2,758.70
26580	\$913.93
26587	\$913.93
26590	\$485.15
26591	\$913.93
26593	\$913.93
26596	\$913.93
26600	\$74.62
26605	\$74.62
26607	\$913.93
26608	\$913.93
26615	\$913.93
26641	\$74.62
26645	\$485.15
26650	\$913.93
26665	\$913.93
26670	\$74.62
26675	\$485.15
26676	\$913.93
26685	\$913.93
26686	\$1,158.37
26700	\$74.62
26705	\$485.15
26706	\$913.93
26715	\$913.93
26720	\$74.62
26725	\$74.62
26727	\$913.93
26735	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
26740	\$74.62
26742	\$485.15
26746	\$913.93
26750	\$122.95
26755	\$74.62
26756	\$913.93
26765	\$913.93
26770	\$74.62
26775	\$82.49
26776	\$913.93
26785	\$913.93
26820	\$2,031.87
26841	\$2,031.87
26842	\$2,575.32
26843	\$2,575.32
26844	\$2,807.61
26850	\$2,031.87
26852	\$2,031.87
26860	\$913.93
26862	\$913.93
26910	\$913.93
26951	\$913.93
26952	\$913.93
26990	\$913.93
26991	\$485.15
27000	\$485.15
27001	\$913.93
27003	\$2,031.87
27006	\$913.93
27033	\$2,031.87
27035	\$913.93
27040	\$409.91
27041	\$409.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27043	\$695.59
27045	\$695.59
27047	\$695.59
27048	\$695.59
27049	\$695.59
27050	\$485.15
27052	\$485.15
27059	\$695.59
27060	\$2,031.87
27062	\$913.93
27065	\$2,031.87
27066	\$913.93
27067	\$2,885.09
27080	\$913.93
27086	\$695.59
27087	\$913.93
27097	\$913.93
27098	\$1,187.47
27100	\$2,031.87
27105	\$913.93
27110	\$2,733.10
27111	\$913.93
27130	\$5,468.55
27197	\$74.62
27198	\$74.62
27200	\$116.60
27202	\$913.93
27220	\$74.62
27230	\$74.62
27238	\$485.15
27246	\$74.62
27250	\$74.62
27252	\$485.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27256	\$74.62
27257	\$485.15
27265	\$74.62
27266	\$485.15
27267	\$913.93
27275	\$485.15
27278	\$9,069.25
27279	\$8,783.30
27301	\$695.59
27305	\$913.93
27306	\$913.93
27307	\$913.93
27310	\$913.93
27323	\$409.91
27324	\$695.59
27325	\$535.30
27326	\$535.30
27327	\$409.91
27328	\$695.59
27329	\$695.59
27330	\$913.93
27331	\$913.93
27332	\$913.93
27333	\$913.93
27334	\$913.93
27335	\$2,031.87
27337	\$695.59
27339	\$695.59
27340	\$913.93
27345	\$913.93
27347	\$913.93
27350	\$2,031.87
27355	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27356	\$4,865.72
27357	\$2,575.32
27360	\$913.93
27364	\$695.59
27372	\$695.59
27380	\$2,031.87
27381	\$2,580.23
27385	\$2,031.87
27386	\$2,031.87
27390	\$913.93
27391	\$913.93
27392	\$913.93
27393	\$2,031.87
27394	\$2,031.87
27395	\$913.93
27396	\$2,031.87
27397	\$3,003.25
27400	\$2,562.53
27403	\$2,627.04
27405	\$2,031.87
27407	\$2,891.76
27409	\$2,031.87
27412	\$2,031.87
27415	\$6,367.15
27416	\$2,031.87
27418	\$2,031.87
27420	\$2,031.87
27422	\$2,031.87
27424	\$2,031.87
27425	\$913.93
27427	\$2,764.48
27428	\$3,838.94
27429	\$5,447.02

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27430	\$2,031.87
27435	\$913.93
27437	\$2,031.87
27438	\$4,905.14
27440	\$5,207.21
27441	\$3,838.94
27442	\$5,088.64
27443	\$5,549.70
27446	\$5,256.24
27447	\$5,356.60
27475	\$2,031.87
27479	\$2,031.87
27496	\$913.93
27497	\$913.93
27498	\$485.15
27499	\$2,031.87
27500	\$74.62
27501	\$74.62
27502	\$485.15
27503	\$485.15
27508	\$74.62
27509	\$2,647.20
27510	\$485.15
27516	\$74.62
27517	\$485.15
27520	\$74.62
27524	\$2,031.87
27530	\$74.62
27532	\$913.93
27538	\$74.62
27550	\$74.62
27552	\$485.15
27560	\$74.62

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27562	\$74.62
27566	\$2,031.87
27570	\$485.15
27594	\$913.93
27600	\$913.93
27601	\$913.93
27602	\$913.93
27603	\$695.59
27604	\$913.93
27605	\$485.15
27606	\$913.93
27607	\$913.93
27610	\$913.93
27612	\$913.93
27613	\$160.12
27614	\$695.59
27615	\$695.59
27616	\$695.59
27618	\$409.91
27619	\$695.59
27620	\$913.93
27625	\$913.93
27626	\$913.93
27630	\$913.93
27632	\$695.59
27634	\$695.59
27635	\$913.93
27637	\$2,737.66
27638	\$2,031.87
27640	\$913.93
27641	\$913.93
27647	\$913.93
27650	\$2,031.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27652	\$2,678.58
27654	\$2,570.06
27656	\$913.93
27658	\$913.93
27659	\$2,031.87
27664	\$2,031.87
27665	\$2,568.84
27675	\$913.93
27676	\$2,031.87
27680	\$913.93
27681	\$913.93
27685	\$913.93
27686	\$913.93
27687	\$913.93
27690	\$2,031.87
27691	\$2,031.87
27695	\$2,706.63
27696	\$2,610.74
27698	\$2,650.70
27700	\$3,076.88
27702	\$8,609.06
27704	\$913.93
27705	\$2,563.05
27707	\$913.93
27709	\$4,991.59
27720	\$2,688.22
27726	\$2,743.44
27730	\$1,158.37
27732	\$913.93
27734	\$913.93
27740	\$913.93
27742	\$913.93
27745	\$2,757.65

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27750	\$74.62
27752	\$485.15
27756	\$2,811.99
27758	\$5,151.24
27759	\$5,102.88
27760	\$74.62
27762	\$485.15
27766	\$2,031.87
27767	\$74.62
27768	\$485.15
27769	\$2,732.23
27780	\$74.62
27781	\$485.15
27784	\$2,031.87
27786	\$74.62
27788	\$74.62
27792	\$2,660.00
27808	\$74.62
27810	\$485.15
27814	\$2,643.34
27816	\$74.62
27818	\$485.15
27822	\$2,667.01
27823	\$2,617.23
27824	\$74.62
27825	\$485.15
27826	\$2,678.05
27827	\$5,069.10
27828	\$5,200.92
27829	\$2,767.46
27830	\$74.62
27831	\$913.93
27832	\$2,721.18

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
27840	\$74.62
27842	\$485.15
27846	\$2,031.87
27848	\$2,934.18
27860	\$913.93
27870	\$5,549.70
27871	\$5,500.67
27884	\$913.93
27889	\$2,031.87
27892	\$913.93
27893	\$2,031.87
27894	\$913.93
28001	\$93.09
28002	\$485.15
28003	\$913.93
28005	\$913.93
28008	\$913.93
28010	\$124.54
28011	\$485.15
28020	\$913.93
28022	\$913.93
28024	\$485.15
28035	\$535.30
28039	\$695.59
28041	\$695.59
28043	\$409.91
28045	\$695.59
28046	\$695.59
28047	\$695.59
28050	\$913.93
28052	\$913.93
28054	\$913.93
28055	\$535.30

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
28060	\$913.93
28062	\$913.93
28070	\$2,031.87
28072	\$913.93
28080	\$485.15
28086	\$913.93
28088	\$913.93
28090	\$485.15
28092	\$485.15
28100	\$913.93
28102	\$2,914.02
28103	\$3,038.31
28104	\$913.93
28106	\$3,280.06
28107	\$2,031.87
28108	\$485.15
28110	\$913.93
28111	\$913.93
28112	\$913.93
28113	\$913.93
28114	\$913.93
28116	\$913.93
28118	\$913.93
28119	\$913.93
28120	\$913.93
28122	\$913.93
28124	\$280.85
28126	\$913.93
28130	\$2,575.32
28140	\$913.93
28150	\$913.93
28153	\$913.93
28160	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
28171	\$913.93
28173	\$913.93
28175	\$485.15
28190	\$155.67
28192	\$409.91
28193	\$409.91
28200	\$913.93
28202	\$2,738.36
28208	\$913.93
28210	\$2,800.25
28220	\$262.42
28222	\$913.93
28225	\$913.93
28226	\$913.93
28230	\$258.93
28232	\$235.42
28234	\$485.15
28238	\$2,031.87
28240	\$913.93
28250	\$913.93
28260	\$913.93
28261	\$485.15
28262	\$2,575.32
28264	\$485.15
28270	\$913.93
28272	\$227.79
28280	\$913.93
28285	\$913.93
28286	\$913.93
28288	\$913.93
28289	\$913.93
28291	\$2,809.36
28292	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
28295	\$913.93
28296	\$913.93
28297	\$5,683.18
28298	\$2,565.15
28299	\$2,590.93
28300	\$2,637.03
28302	\$2,581.46
28304	\$2,031.87
28305	\$2,819.88
28306	\$2,031.87
28307	\$2,031.87
28308	\$913.93
28309	\$2,031.87
28310	\$2,031.87
28312	\$913.93
28313	\$913.93
28315	\$913.93
28320	\$4,927.00
28322	\$2,767.64
28340	\$913.93
28341	\$913.93
28344	\$913.93
28345	\$485.15
28400	\$74.62
28405	\$74.62
28406	\$2,031.87
28415	\$2,680.33
28420	\$5,408.93
28430	\$74.62
28435	\$485.15
28436	\$3,520.76
28445	\$2,031.87
28446	\$2,575.32

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
28450	\$74.62
28455	\$140.11
28456	\$2,031.87
28465	\$2,610.03
28470	\$74.62
28475	\$74.62
28476	\$913.93
28485	\$2,620.55
28490	\$99.44
28495	\$120.09
28496	\$913.93
28505	\$913.93
28510	\$78.79
28515	\$108.02
28525	\$913.93
28530	\$78.15
28531	\$2,031.87
28540	\$118.82
28545	\$913.93
28546	\$652.58
28555	\$2,914.19
28570	\$74.62
28575	\$913.93
28576	\$2,031.87
28585	\$2,914.19
28600	\$74.62
28605	\$74.62
28606	\$913.93
28615	\$2,596.01
28630	\$86.41
28635	\$485.15
28636	\$913.93
28645	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
28660	\$75.61
28665	\$82.49
28666	\$913.93
28675	\$913.93
28705	\$8,156.99
28715	\$5,612.63
28725	\$5,467.55
28730	\$5,703.72
28735	\$5,752.40
28737	\$5,863.70
28740	\$2,920.50
28750	\$2,866.68
28755	\$2,031.87
28760	\$2,031.87
28810	\$913.93
28820	\$913.93
28825	\$913.93
28890	\$177.28
29000	\$82.49
29010	\$82.49
29015	\$82.49
29035	\$82.49
29040	\$82.49
29044	\$49.03
29046	\$82.49
29049	\$65.45
29055	\$82.49
29058	\$72.44
29065	\$63.22
29075	\$57.82
29085	\$62.90
29086	\$55.28
29105	\$51.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
29200	\$17.16
29305	\$82.49
29325	\$82.49
29345	\$80.38
29355	\$81.65
29358	\$106.11
29365	\$77.84
29405	\$49.88
29425	\$45.75
29435	\$77.52
29440	\$22.56
29445	\$61.32
29450	\$67.35
29505	\$63.86
29515	\$44.80
29540	\$13.66
29580	\$40.67
29581	\$63.54
29584	\$62.90
29700	\$42.57
29705	\$34.31
29710	\$69.89
29720	\$59.73
29730	\$34.95
29740	\$54.64
29750	\$56.87
29800	\$913.93
29804	\$913.93
29805	\$913.93
29806	\$2,031.87
29807	\$2,031.87
29819	\$913.93
29820	\$2,031.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
29821	\$913.93
29822	\$913.93
29823	\$913.93
29824	\$913.93
29825	\$913.93
29827	\$2,031.87
29828	\$2,031.87
29830	\$913.93
29834	\$913.93
29835	\$913.93
29836	\$2,031.87
29837	\$913.93
29838	\$913.93
29840	\$913.93
29843	\$913.93
29844	\$913.93
29845	\$913.93
29846	\$913.93
29847	\$2,031.87
29848	\$485.15
29850	\$485.15
29851	\$485.15
29855	\$2,745.72
29856	\$6,273.42
29860	\$2,031.87
29861	\$2,031.87
29862	\$2,031.87
29863	\$913.93
29866	\$2,031.87
29867	\$5,794.80
29868	\$2,031.87
29870	\$913.93
29871	\$913.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
29873	\$913.93
29874	\$913.93
29875	\$913.93
29876	\$913.93
29877	\$913.93
29879	\$913.93
29880	\$913.93
29881	\$913.93
29882	\$913.93
29883	\$913.93
29884	\$913.93
29885	\$2,745.02
29886	\$913.93
29887	\$2,914.89
29888	\$2,678.58
29889	\$4,906.80
29891	\$913.93
29892	\$2,031.87
29893	\$913.93
29894	\$913.93
29895	\$913.93
29897	\$913.93
29898	\$913.93
29899	\$2,575.32
29900	\$913.93
29901	\$913.93
29902	\$485.15
29904	\$913.93
29905	\$2,031.87
29906	\$913.93
29907	\$5,115.14
29914	\$2,031.87
29915	\$2,031.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
29916	\$2,031.87
30000	\$71.84
30020	\$197.93
30100	\$98.17
30110	\$174.10
30115	\$807.02
30117	\$807.02
30118	\$807.02
30120	\$807.02
30124	\$380.46
30125	\$1,688.39
30130	\$807.02
30140	\$807.02
30150	\$1,688.39
30160	\$1,688.39
30200	\$75.61
30210	\$103.25
30220	\$380.46
30310	\$807.02
30320	\$380.46
30400	\$1,688.39
30410	\$1,688.39
30420	\$1,688.39
30435	\$1,688.39
30460	\$1,688.39
30465	\$1,688.39
30468	\$2,433.36
30469	\$2,211.79
30520	\$807.02
30540	\$1,688.39
30545	\$1,688.39
30560	\$158.02
30580	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
30600	\$1,688.39
30620	\$1,688.39
30630	\$807.02
30801	\$380.46
30802	\$380.46
30903	\$40.38
30905	\$40.38
30906	\$71.84
30915	\$919.44
30920	\$919.44
30930	\$807.02
31000	\$71.84
31002	\$380.46
31020	\$807.02
31030	\$1,688.39
31032	\$1,688.39
31040	\$1,688.39
31050	\$1,688.39
31051	\$1,688.39
31070	\$1,688.39
31075	\$1,688.39
31080	\$1,688.39
31081	\$1,688.39
31084	\$2,139.98
31085	\$2,198.68
31086	\$1,688.39
31087	\$2,397.52
31090	\$1,688.39
31200	\$1,688.39
31201	\$380.46
31205	\$807.02
31231	\$60.44
31233	\$120.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
31235	\$458.44
31237	\$458.44
31238	\$458.44
31239	\$931.95
31240	\$458.44
31242	\$2,139.98
31243	\$2,368.53
31253	\$1,403.93
31254	\$1,403.93
31255	\$1,403.93
31256	\$931.95
31257	\$1,403.93
31259	\$1,403.93
31267	\$1,403.93
31276	\$1,403.93
31287	\$1,403.93
31288	\$1,403.93
31295	\$1,779.44
31296	\$1,406.46
31297	\$1,392.16
31298	\$1,799.67
31300	\$807.02
31400	\$1,688.39
31420	\$1,688.39
31500	\$71.84
31502	\$71.84
31505	\$62.27
31510	\$931.95
31511	\$60.44
31512	\$931.95
31513	\$120.79
31515	\$120.79
31520	\$120.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
31525	\$458.44
31526	\$458.44
31527	\$931.95
31528	\$931.95
31529	\$931.95
31530	\$458.44
31531	\$931.95
31535	\$931.95
31536	\$931.95
31540	\$931.95
31541	\$931.95
31545	\$931.95
31546	\$1,403.93
31551	\$1,688.39
31552	\$1,688.39
31553	\$1,688.39
31554	\$1,688.39
31560	\$1,403.93
31561	\$1,403.93
31570	\$931.95
31571	\$931.95
31572	\$931.95
31573	\$183.63
31574	\$765.02
31575	\$87.05
31576	\$458.44
31577	\$120.79
31578	\$931.95
31579	\$119.46
31580	\$1,688.39
31590	\$1,688.39
31591	\$1,688.39
31592	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
31603	\$380.46
31605	\$71.84
31611	\$807.02
31612	\$807.02
31613	\$807.02
31614	\$1,688.39
31615	\$158.02
31622	\$458.44
31623	\$458.44
31624	\$458.44
31625	\$458.44
31626	\$1,403.93
31628	\$931.95
31629	\$931.95
31630	\$931.95
31631	\$1,403.93
31634	\$1,403.93
31635	\$458.44
31636	\$1,992.50
31638	\$1,403.93
31640	\$931.95
31641	\$931.95
31643	\$458.44
31645	\$458.44
31646	\$120.79
31647	\$1,935.09
31648	\$931.95
31649	\$458.44
31652	\$931.95
31653	\$931.95
31717	\$120.79
31730	\$458.44
31750	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
31755	\$1,688.39
31820	\$807.02
31825	\$807.02
31830	\$807.02
32400	\$409.91
32408	\$409.91
32550	\$1,277.44
32552	\$192.32
32553	\$566.18
32554	\$192.32
32555	\$192.32
32556	\$500.12
32557	\$365.99
32960	\$192.32
32994	\$4,074.22
32998	\$1,655.39
33016	\$365.99
33206	\$4,287.38
33207	\$4,392.22
33208	\$4,450.35
33210	\$2,527.11
33211	\$4,293.22
33212	\$3,772.98
33213	\$4,367.09
33214	\$4,395.77
33215	\$919.44
33216	\$3,416.05
33217	\$3,575.88
33218	\$1,130.76
33220	\$1,130.76
33221	\$7,805.35
33222	\$567.80
33223	\$567.80

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
33224	\$4,419.64
33226	\$1,255.72
33227	\$3,717.60
33228	\$4,358.96
33229	\$7,652.38
33230	\$11,140.30
33231	\$14,358.26
33233	\$3,186.68
33234	\$1,130.76
33235	\$1,130.76
33240	\$10,760.59
33241	\$1,130.76
33249	\$14,424.78
33262	\$10,835.70
33263	\$10,912.59
33264	\$14,557.85
33270	\$14,728.04
33271	\$4,341.41
33273	\$1,130.76
33274	\$7,880.33
33275	\$1,419.46
33285	\$4,067.33
33286	\$218.53
33289	\$14,591.13
33900	\$3,735.31
33901	\$4,056.96
33902	\$6,690.14
33903	\$4,663.14
34490	\$1,165.36
35188	\$1,741.75
35207	\$919.44
35875	\$1,741.75
35876	\$1,741.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
36002	\$192.32
36260	\$1,741.75
36261	\$1,130.76
36262	\$1,130.76
36430	\$40.03
36440	\$137.14
36450	\$137.14
36455	\$137.14
36465	\$567.80
36466	\$567.80
36470	\$81.01
36471	\$131.53
36473	\$943.25
36475	\$919.44
36478	\$919.44
36482	\$1,369.92
36511	\$509.07
36512	\$509.07
36513	\$137.14
36514	\$509.07
36516	\$1,974.51
36522	\$1,455.70
36555	\$919.44
36556	\$919.44
36557	\$1,741.75
36558	\$919.44
36560	\$919.44
36561	\$919.44
36563	\$1,741.75
36565	\$919.44
36566	\$1,741.75
36568	\$365.99
36569	\$365.99

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
36570	\$919.44
36571	\$919.44
36572	\$192.32
36573	\$365.99
36575	\$192.32
36576	\$365.99
36578	\$1,161.88
36580	\$365.99
36581	\$1,168.77
36582	\$919.44
36583	\$3,057.27
36584	\$365.99
36585	\$919.44
36589	\$192.32
36590	\$365.99
36593	\$32.41
36595	\$413.65
36596	\$365.99
36597	\$365.99
36598	\$85.14
36640	\$919.44
36800	\$1,741.75
36810	\$1,170.60
36815	\$1,741.75
36818	\$1,741.75
36819	\$1,741.75
36820	\$1,741.75
36821	\$919.44
36825	\$1,741.75
36830	\$1,741.75
36831	\$1,741.75
36832	\$1,741.75
36833	\$1,741.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
36835	\$1,317.20
36836	\$6,696.68
36837	\$6,555.94
36860	\$365.99
36861	\$2,533.56
36901	\$518.80
36902	\$1,521.87
36903	\$4,254.53
36904	\$2,034.75
36905	\$3,756.67
36906	\$6,819.43
37184	\$6,911.89
37187	\$4,514.40
37188	\$1,542.73
37192	\$1,252.54
37193	\$919.44
37197	\$919.44
37200	\$1,741.75
37211	\$2,307.54
37212	\$919.44
37220	\$1,982.50
37221	\$4,153.08
37224	\$2,106.44
37225	\$7,202.40
37226	\$4,386.24
37227	\$7,257.22
37228	\$3,821.50
37229	\$6,861.16
37230	\$6,620.18
37231	\$7,096.02
37236	\$4,065.35
37238	\$4,110.36
37241	\$3,735.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
37242	\$6,864.44
37243	\$3,779.30
37246	\$1,980.66
37248	\$1,921.96
37500	\$1,741.75
37607	\$919.44
37609	\$409.91
37650	\$919.44
37700	\$919.44
37718	\$919.44
37722	\$919.44
37735	\$919.44
37760	\$919.44
37761	\$919.44
37765	\$203.96
37766	\$229.06
37780	\$919.44
37785	\$919.44
37790	\$958.00
38206	\$509.07
38220	\$108.65
38221	\$109.29
38222	\$695.59
38230	\$509.07
38232	\$1,455.70
38241	\$509.07
38242	\$509.07
38243	\$509.07
38300	\$695.59
38305	\$695.59
38308	\$890.14
38500	\$890.14
38505	\$409.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
38510	\$890.14
38520	\$890.14
38525	\$890.14
38530	\$890.14
38531	\$890.14
38542	\$1,655.39
38550	\$890.14
38555	\$1,552.42
38570	\$1,655.39
38571	\$2,833.52
38572	\$2,833.52
38573	\$2,833.52
38700	\$1,552.42
38740	\$1,655.39
38745	\$1,655.39
38760	\$1,552.42
40490	\$73.39
40500	\$807.02
40510	\$807.02
40520	\$807.02
40525	\$807.02
40527	\$1,688.39
40530	\$807.02
40650	\$158.02
40652	\$158.02
40654	\$380.46
40700	\$1,688.39
40701	\$1,688.39
40702	\$1,688.39
40720	\$807.02
40761	\$1,688.39
40800	\$151.23
40801	\$158.02

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
40805	\$177.59
40806	\$84.51
40808	\$122.95
40810	\$156.31
40812	\$179.82
40814	\$807.02
40816	\$807.02
40818	\$158.02
40819	\$380.46
40820	\$195.07
40830	\$71.84
40831	\$158.02
40840	\$1,688.39
40842	\$1,688.39
40843	\$1,688.39
40844	\$1,688.39
40845	\$1,688.39
41000	\$93.40
41005	\$71.84
41006	\$380.46
41007	\$380.46
41008	\$807.02
41009	\$158.02
41010	\$380.46
41015	\$158.02
41016	\$1,688.39
41017	\$807.02
41018	\$380.46
41019	\$1,688.39
41100	\$126.76
41105	\$125.81
41108	\$120.09
41110	\$160.12

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
41112	\$807.02
41113	\$807.02
41114	\$807.02
41115	\$180.45
41116	\$807.02
41120	\$1,688.39
41251	\$71.84
41252	\$71.84
41510	\$807.02
41512	\$2,139.98
41520	\$807.02
41530	\$719.27
41805	\$240.82
41806	\$286.57
41820	\$807.02
41821	\$380.46
41822	\$247.81
41823	\$365.04
41825	\$158.21
41826	\$201.10
41827	\$1,688.39
41828	\$220.17
41830	\$317.38
41850	\$380.46
41870	\$380.46
41872	\$338.35
41874	\$261.47
42000	\$71.84
42100	\$90.54
42104	\$145.82
42106	\$164.57
42107	\$1,688.39
42120	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
42140	\$807.02
42145	\$1,688.39
42160	\$147.41
42180	\$158.02
42182	\$1,688.39
42200	\$1,688.39
42205	\$807.02
42210	\$1,688.39
42215	\$1,688.39
42220	\$1,688.39
42225	\$1,688.39
42226	\$1,688.39
42227	\$1,688.39
42235	\$1,688.39
42260	\$1,688.39
42280	\$112.15
42281	\$1,688.39
42300	\$380.46
42305	\$807.02
42310	\$158.02
42320	\$158.02
42330	\$142.01
42335	\$285.93
42340	\$807.02
42400	\$62.59
42405	\$380.46
42408	\$807.02
42409	\$807.02
42410	\$1,688.39
42415	\$1,688.39
42420	\$1,688.39
42425	\$1,688.39
42440	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
42450	\$1,688.39
42500	\$1,688.39
42505	\$1,688.39
42507	\$1,688.39
42509	\$1,688.39
42510	\$807.02
42600	\$807.02
42650	\$43.21
42660	\$54.01
42665	\$807.02
42700	\$71.84
42720	\$807.02
42725	\$1,688.39
42800	\$98.49
42804	\$807.02
42806	\$807.02
42808	\$807.02
42810	\$807.02
42815	\$1,688.39
42820	\$1,688.39
42821	\$807.02
42825	\$1,688.39
42826	\$807.02
42830	\$807.02
42831	\$807.02
42835	\$807.02
42836	\$807.02
42860	\$807.02
42870	\$1,688.39
42890	\$1,688.39
42892	\$1,688.39
42900	\$641.42
42950	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
42955	\$380.46
42960	\$158.02
42962	\$807.02
42970	\$71.84
42972	\$807.02
42975	\$458.44
43030	\$1,688.39
43130	\$1,688.39
43180	\$1,688.39
43191	\$500.12
43192	\$500.12
43193	\$500.12
43194	\$500.12
43195	\$1,085.61
43196	\$500.12
43197	\$127.72
43198	\$137.56
43200	\$291.33
43201	\$500.12
43202	\$500.12
43204	\$500.12
43205	\$500.12
43206	\$500.12
43210	\$4,123.85
43211	\$500.12
43212	\$2,326.79
43213	\$500.12
43214	\$500.12
43215	\$500.12
43216	\$500.12
43217	\$500.12
43220	\$500.12
43226	\$500.12

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
43227	\$500.12
43229	\$1,597.87
43231	\$500.12
43232	\$500.12
43233	\$500.12
43235	\$291.33
43236	\$291.33
43237	\$500.12
43238	\$500.12
43239	\$291.33
43240	\$2,487.48
43241	\$500.12
43242	\$500.12
43243	\$500.12
43244	\$500.12
43245	\$500.12
43246	\$500.12
43247	\$291.33
43248	\$291.33
43249	\$500.12
43250	\$500.12
43251	\$500.12
43252	\$500.12
43253	\$500.12
43254	\$500.12
43255	\$500.12
43257	\$1,378.04
43259	\$500.12
43260	\$1,085.61
43261	\$1,085.61
43262	\$1,085.61
43263	\$500.12
43264	\$1,085.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
43265	\$1,565.07
43266	\$2,437.66
43270	\$663.95
43274	\$2,057.40
43275	\$500.12
43276	\$2,049.17
43277	\$1,085.61
43278	\$1,085.61
43284	\$4,061.51
43285	\$1,655.39
43291	\$291.33
43450	\$291.33
43453	\$500.12
43653	\$1,655.39
43752	\$122.53
43755	\$49.31
43756	\$291.33
43757	\$291.33
43761	\$75.64
43762	\$75.64
43763	\$75.64
43774	\$1,085.61
43870	\$1,085.61
43886	\$1,132.78
43887	\$567.80
43888	\$1,132.78
44100	\$291.33
44312	\$1,132.78
44340	\$1,132.78
44360	\$500.12
44361	\$500.12
44363	\$500.12
44364	\$500.12

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
44365	\$500.12
44366	\$500.12
44369	\$500.12
44370	\$2,552.03
44372	\$500.12
44373	\$500.12
44376	\$500.12
44377	\$500.12
44378	\$500.12
44379	\$1,565.07
44380	\$291.33
44381	\$500.12
44382	\$291.33
44384	\$649.89
44385	\$283.27
44386	\$283.27
44388	\$283.27
44389	\$366.32
44390	\$283.27
44391	\$366.32
44392	\$366.32
44394	\$366.32
44401	\$366.32
44402	\$1,565.07
44403	\$366.32
44404	\$366.32
44405	\$489.90
44406	\$366.32
44407	\$366.32
44408	\$283.27
44500	\$291.33
45000	\$366.32
45005	\$366.32

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
45020	\$809.06
45100	\$809.06
45108	\$809.06
45150	\$366.32
45160	\$809.06
45171	\$809.06
45172	\$809.06
45190	\$809.06
45300	\$93.72
45303	\$366.32
45305	\$366.32
45307	\$809.06
45308	\$809.06
45309	\$366.32
45315	\$366.32
45317	\$366.32
45320	\$809.06
45321	\$809.06
45327	\$2,455.61
45330	\$146.14
45331	\$283.27
45332	\$366.32
45333	\$283.27
45334	\$366.32
45335	\$283.27
45337	\$283.27
45338	\$366.32
45340	\$366.32
45341	\$283.27
45342	\$366.32
45346	\$366.32
45347	\$2,459.53
45349	\$809.06

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
45350	\$366.32
45378	\$283.27
45379	\$366.32
45380	\$366.32
45381	\$366.32
45382	\$366.32
45384	\$366.32
45385	\$366.32
45386	\$366.32
45388	\$366.32
45389	\$2,431.71
45390	\$809.06
45391	\$366.32
45392	\$366.32
45393	\$366.32
45398	\$366.32
45500	\$809.06
45505	\$809.06
45541	\$809.06
45560	\$809.06
45900	\$283.27
45905	\$366.32
45910	\$366.32
45915	\$366.32
45990	\$809.06
46020	\$809.06
46030	\$366.32
46040	\$366.32
46045	\$809.06
46050	\$283.27
46060	\$809.06
46070	\$809.06
46080	\$809.06

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
46083	\$75.64
46200	\$809.06
46220	\$366.32
46221	\$187.44
46230	\$809.06
46250	\$809.06
46255	\$809.06
46257	\$809.06
46258	\$809.06
46260	\$809.06
46261	\$809.06
46262	\$809.06
46270	\$809.06
46275	\$809.06
46280	\$809.06
46285	\$809.06
46288	\$809.06
46320	\$141.06
46500	\$234.46
46505	\$366.32
46604	\$543.90
46606	\$214.13
46607	\$366.32
46608	\$283.27
46610	\$809.06
46611	\$283.27
46612	\$809.06
46614	\$120.41
46615	\$809.06
46700	\$809.06
46706	\$809.06
46707	\$809.06
46750	\$809.06

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
46753	\$809.06
46754	\$809.06
46760	\$809.06
46761	\$809.06
46900	\$162.66
46910	\$183.00
46916	\$61.79
46917	\$809.06
46922	\$809.06
46924	\$809.06
46930	\$152.81
46940	\$167.11
46942	\$164.57
46945	\$809.06
46946	\$809.06
46947	\$809.06
46948	\$809.06
47000	\$409.91
47382	\$1,655.39
47383	\$4,141.21
47533	\$975.28
47534	\$975.28
47535	\$975.28
47536	\$975.28
47537	\$291.33
47538	\$2,351.66
47539	\$2,384.22
47540	\$2,192.84
47541	\$2,326.16
47552	\$1,835.28
47553	\$1,835.28
47554	\$2,833.52
47555	\$1,236.38

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
47556	\$3,798.95
47562	\$1,655.39
47563	\$1,655.39
47564	\$2,833.52
48102	\$409.91
49082	\$291.33
49083	\$291.33
49084	\$291.33
49180	\$409.91
49250	\$975.28
49320	\$1,655.39
49321	\$1,655.39
49322	\$1,655.39
49324	\$1,655.39
49325	\$1,655.39
49402	\$975.28
49406	\$409.91
49407	\$409.91
49411	\$326.91
49418	\$975.28
49419	\$1,741.75
49421	\$975.28
49422	\$919.44
49423	\$500.12
49426	\$975.28
49429	\$919.44
49436	\$500.12
49440	\$500.12
49441	\$500.12
49442	\$366.32
49446	\$500.12
49450	\$291.33
49451	\$291.33

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
49452	\$291.33
49460	\$291.33
49465	\$75.40
49495	\$975.28
49496	\$975.28
49500	\$1,835.28
49501	\$975.28
49505	\$975.28
49507	\$975.28
49520	\$975.28
49521	\$1,835.28
49525	\$975.28
49540	\$1,655.39
49550	\$975.28
49553	\$975.28
49555	\$975.28
49557	\$975.28
49591	\$975.28
49592	\$1,655.39
49593	\$1,835.28
49594	\$1,655.39
49595	\$1,835.28
49600	\$975.28
49613	\$975.28
49614	\$1,655.39
49615	\$1,835.28
49650	\$1,655.39
49651	\$1,655.39
50080	\$2,766.21
50081	\$2,766.21
50200	\$409.91
50382	\$555.52
50384	\$555.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
50385	\$555.52
50386	\$579.80
50387	\$555.52
50389	\$182.84
50390	\$218.53
50391	\$49.24
50396	\$182.84
50432	\$555.52
50433	\$958.00
50434	\$555.52
50435	\$555.52
50436	\$958.00
50437	\$958.00
50551	\$1,459.35
50553	\$1,459.35
50555	\$2,766.21
50557	\$2,766.21
50561	\$1,459.35
50562	\$2,766.21
50570	\$958.00
50572	\$182.84
50574	\$958.00
50575	\$1,459.35
50576	\$2,766.21
50580	\$1,459.35
50590	\$958.00
50592	\$1,655.39
50593	\$4,049.04
50686	\$82.28
50688	\$555.52
50693	\$958.00
50694	\$958.00
50695	\$958.00

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
50727	\$958.00
50947	\$2,833.52
50948	\$2,833.52
50951	\$958.00
50953	\$958.00
50955	\$1,459.35
50957	\$1,459.35
50961	\$1,459.35
50970	\$958.00
50972	\$958.00
50974	\$1,459.35
50976	\$1,459.35
50980	\$1,459.35
51020	\$958.00
51040	\$555.52
51045	\$555.52
51050	\$1,459.35
51065	\$958.00
51080	\$695.59
51100	\$41.94
51101	\$106.75
51102	\$555.52
51500	\$1,655.39
51520	\$958.00
51535	\$958.00
51700	\$50.83
51703	\$49.31
51705	\$60.68
51710	\$182.84
51715	\$1,329.87
51720	\$53.37
51725	\$125.49
51726	\$75.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
51727	\$224.30
51728	\$224.93
51729	\$222.39
51784	\$26.05
51785	\$75.64
51880	\$958.00
51992	\$2,268.39
52000	\$182.84
52001	\$958.00
52005	\$555.52
52007	\$958.00
52010	\$182.84
52204	\$555.52
52214	\$958.00
52224	\$958.00
52234	\$958.00
52235	\$958.00
52240	\$1,459.35
52250	\$958.00
52260	\$555.52
52265	\$226.20
52270	\$555.52
52275	\$555.52
52276	\$555.52
52277	\$958.00
52281	\$555.52
52282	\$958.00
52283	\$555.52
52284	\$1,918.93
52285	\$182.84
52287	\$555.52
52290	\$555.52
52300	\$958.00

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
52301	\$958.00
52305	\$1,459.35
52310	\$555.52
52315	\$555.52
52317	\$958.00
52318	\$958.00
52320	\$958.00
52325	\$1,459.35
52327	\$2,062.85
52330	\$958.00
52332	\$958.00
52334	\$958.00
52341	\$958.00
52342	\$958.00
52343	\$958.00
52344	\$958.00
52345	\$1,219.52
52346	\$1,459.35
52351	\$958.00
52352	\$958.00
52353	\$1,459.35
52354	\$1,459.35
52355	\$1,459.35
52356	\$1,459.35
52400	\$958.00
52402	\$958.00
52450	\$958.00
52500	\$958.00
52601	\$1,459.35
52630	\$1,459.35
52640	\$958.00
52647	\$1,459.35
52648	\$1,459.35

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
52649	\$1,459.35
52700	\$958.00
53000	\$555.52
53010	\$1,459.35
53020	\$555.52
53025	\$555.52
53040	\$958.00
53060	\$81.97
53080	\$182.84
53085	\$555.52
53200	\$555.52
53210	\$958.00
53215	\$1,459.35
53220	\$958.00
53230	\$1,459.35
53235	\$1,459.35
53240	\$958.00
53250	\$958.00
53260	\$958.00
53265	\$555.52
53270	\$958.00
53275	\$958.00
53400	\$1,459.35
53405	\$1,459.35
53410	\$1,459.35
53420	\$1,459.35
53425	\$1,459.35
53430	\$1,459.35
53431	\$1,459.35
53440	\$6,178.74
53442	\$1,867.05
53444	\$9,761.68
53445	\$10,006.16

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
53446	\$1,459.35
53447	\$9,824.81
53449	\$2,766.21
53450	\$958.00
53451	\$6,320.93
53452	\$4,167.66
53453	\$958.00
53454	\$75.64
53460	\$958.00
53502	\$958.00
53505	\$1,459.35
53510	\$1,459.35
53515	\$1,459.35
53520	\$1,459.35
53600	\$41.30
53605	\$958.00
53620	\$101.35
53621	\$104.52
53660	\$47.02
53665	\$555.52
53850	\$1,102.42
53852	\$1,055.08
53854	\$1,312.42
53855	\$843.05
53860	\$555.52
53865	\$4,285.09
53866	\$81.65
54000	\$958.00
54001	\$555.52
54015	\$409.91
54055	\$89.27
54057	\$567.80
54060	\$567.80

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
54065	\$567.80
54100	\$409.91
54105	\$695.59
54110	\$958.00
54111	\$1,459.35
54112	\$2,766.21
54115	\$695.59
54120	\$958.00
54150	\$555.52
54160	\$182.84
54161	\$555.52
54162	\$555.52
54163	\$555.52
54164	\$555.52
54200	\$72.75
54205	\$1,459.35
54220	\$75.64
54231	\$66.08
54235	\$45.11
54240	\$41.94
54250	\$13.66
54300	\$958.00
54304	\$958.00
54308	\$1,459.35
54312	\$958.00
54316	\$2,766.21
54318	\$958.00
54322	\$958.00
54324	\$958.00
54326	\$958.00
54328	\$958.00
54340	\$958.00
54344	\$2,766.21

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
54348	\$1,459.35
54352	\$1,459.35
54360	\$958.00
54380	\$555.52
54385	\$555.52
54400	\$6,314.78
54401	\$9,952.66
54405	\$9,998.67
54406	\$958.00
54408	\$1,459.35
54410	\$9,813.58
54415	\$958.00
54416	\$9,718.89
54420	\$958.00
54435	\$958.00
54437	\$958.00
54440	\$958.00
54450	\$75.64
54500	\$695.59
54505	\$958.00
54512	\$958.00
54520	\$958.00
54522	\$958.00
54530	\$975.28
54550	\$975.28
54560	\$555.52
54600	\$958.00
54620	\$958.00
54640	\$975.28
54650	\$975.28
54660	\$1,973.83
54670	\$958.00
54680	\$958.00

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
54690	\$1,655.39
54692	\$1,655.39
54700	\$555.52
54800	\$409.91
54830	\$958.00
54840	\$555.52
54860	\$958.00
54861	\$958.00
54865	\$958.00
54900	\$555.52
54901	\$958.00
55000	\$63.54
55040	\$975.28
55041	\$975.28
55060	\$958.00
55100	\$409.91
55110	\$958.00
55120	\$555.52
55150	\$958.00
55175	\$958.00
55180	\$1,459.35
55200	\$958.00
55250	\$555.52
55400	\$958.00
55500	\$958.00
55520	\$958.00
55530	\$958.00
55535	\$1,835.28
55540	\$975.28
55550	\$1,655.39
55600	\$555.52
55680	\$958.00
55700	\$555.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
55705	\$958.00
55706	\$958.00
55720	\$958.00
55725	\$958.00
55860	\$1,459.35
55870	\$80.06
55873	\$4,005.37
55874	\$2,259.27
55875	\$1,459.35
55876	\$556.80
55880	\$2,766.21
55882	\$6,208.47
55920	\$1,288.03
56405	\$83.24
56420	\$62.95
56440	\$968.96
56441	\$968.96
56442	\$968.96
56501	\$124.22
56515	\$567.80
56605	\$50.83
56620	\$968.96
56625	\$968.96
56700	\$968.96
56740	\$968.96
56800	\$968.96
56805	\$968.96
56810	\$968.96
56820	\$64.49
56821	\$83.87
57000	\$968.96
57010	\$968.96
57020	\$1,288.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
57022	\$695.59
57023	\$695.59
57061	\$110.56
57065	\$968.96
57100	\$54.01
57105	\$968.96
57120	\$1,288.03
57130	\$968.96
57135	\$968.96
57155	\$1,288.03
57156	\$94.38
57160	\$37.81
57170	\$39.71
57180	\$62.95
57200	\$968.96
57210	\$968.96
57220	\$1,288.03
57230	\$968.96
57240	\$1,288.03
57250	\$1,288.03
57260	\$1,288.03
57265	\$1,288.03
57268	\$1,288.03
57282	\$1,806.46
57283	\$1,806.46
57287	\$968.96
57288	\$1,670.66
57289	\$1,806.46
57291	\$1,288.03
57295	\$968.96
57300	\$968.96
57310	\$1,806.46
57320	\$1,288.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
57400	\$968.96
57410	\$968.96
57415	\$968.96
57420	\$67.99
57421	\$87.69
57425	\$2,833.52
57426	\$1,806.46
57452	\$65.45
57454	\$74.66
57455	\$80.38
57456	\$76.57
57460	\$188.08
57461	\$201.10
57500	\$99.12
57505	\$101.66
57510	\$87.69
57511	\$116.28
57513	\$968.96
57520	\$968.96
57522	\$968.96
57530	\$1,288.03
57550	\$1,288.03
57556	\$1,288.03
57558	\$968.96
57700	\$968.96
57720	\$968.96
57800	\$45.11
58100	\$50.83
58120	\$968.96
58145	\$968.96
58260	\$1,288.03
58262	\$1,288.03
58301	\$57.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
58346	\$1,288.03
58353	\$1,288.03
58356	\$1,277.47
58541	\$2,833.52
58542	\$2,833.52
58543	\$2,833.52
58544	\$2,833.52
58545	\$1,655.39
58546	\$2,833.52
58550	\$1,655.39
58552	\$2,833.52
58553	\$2,833.52
58554	\$2,833.52
58555	\$968.96
58558	\$968.96
58559	\$1,288.03
58560	\$1,288.03
58561	\$1,288.03
58562	\$968.96
58563	\$1,288.03
58565	\$1,632.54
58570	\$2,833.52
58571	\$2,833.52
58572	\$2,833.52
58573	\$2,833.52
58580	\$2,289.63
58600	\$968.96
58615	\$968.96
58660	\$1,655.39
58661	\$1,655.39
58662	\$1,655.39
58670	\$1,655.39
58671	\$1,655.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
58672	\$1,655.39
58673	\$2,833.52
58674	\$2,833.52
58800	\$968.96
58805	\$968.96
58820	\$968.96
58900	\$968.96
59000	\$59.09
59001	\$94.38
59012	\$94.38
59015	\$60.68
59020	\$32.72
59025	\$19.06
59070	\$94.38
59072	\$127.48
59074	\$94.38
59076	\$94.38
59100	\$1,288.03
59150	\$1,655.39
59151	\$1,655.39
59160	\$968.96
59200	\$77.20
59300	\$117.55
59320	\$968.96
59412	\$968.96
59414	\$968.96
59812	\$968.96
59820	\$968.96
59821	\$968.96
59840	\$968.96
59841	\$968.96
59866	\$94.38
59870	\$968.96

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
59871	\$968.96
60000	\$380.46
60100	\$49.88
60200	\$1,655.39
60210	\$1,655.39
60212	\$1,655.39
60220	\$1,655.39
60225	\$1,655.39
60240	\$1,655.39
60260	\$1,688.39
60280	\$1,655.39
60281	\$1,655.39
60300	\$64.18
60500	\$1,688.39
60660	\$409.91
61000	\$215.15
61001	\$215.15
61020	\$276.60
61026	\$215.15
61050	\$91.72
61055	\$91.72
61070	\$215.15
61215	\$1,788.09
61330	\$807.02
61770	\$1,788.09
61790	\$535.30
61791	\$535.30
61880	\$1,125.26
61885	\$11,634.11
61886	\$15,214.85
61888	\$6,165.21
62194	\$535.30
62225	\$1,788.09

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
62230	\$1,788.09
62252	\$39.71
62263	\$276.60
62264	\$276.60
62267	\$218.53
62268	\$276.60
62269	\$409.91
62270	\$215.15
62272	\$215.15
62273	\$215.15
62280	\$276.60
62281	\$276.60
62282	\$276.60
62287	\$535.30
62292	\$535.30
62294	\$276.60
62320	\$215.15
62321	\$215.15
62322	\$276.60
62323	\$215.15
62324	\$276.60
62325	\$276.60
62326	\$276.60
62327	\$276.60
62328	\$215.15
62329	\$215.15
62350	\$2,480.79
62355	\$535.30
62360	\$8,502.89
62361	\$8,992.00
62362	\$8,396.95
62365	\$1,788.09
62367	\$13.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
62368	\$19.06
62369	\$63.54
62370	\$55.60
62380	\$2,031.87
63001	\$2,031.87
63003	\$2,031.87
63005	\$2,031.87
63020	\$2,031.87
63030	\$2,031.87
63042	\$2,031.87
63045	\$2,031.87
63046	\$2,031.87
63047	\$2,031.87
63055	\$2,031.87
63056	\$2,031.87
63600	\$535.30
63610	\$756.62
63650	\$2,942.46
63655	\$10,477.92
63661	\$535.30
63662	\$1,125.26
63663	\$2,985.99
63664	\$5,285.10
63685	\$15,210.28
63688	\$1,125.26
63744	\$2,488.96
63746	\$535.30
64400	\$76.57
64405	\$35.26
64408	\$49.56
64415	\$276.60
64416	\$350.59
64417	\$276.60

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
64418	\$42.89
64420	\$215.15
64421	\$276.60
64425	\$69.26
64430	\$276.60
64435	\$47.66
64445	\$99.44
64446	\$276.60
64447	\$63.86
64448	\$352.08
64449	\$276.60
64450	\$44.48
64451	\$215.15
64454	\$215.15
64455	\$21.92
64461	\$215.15
64463	\$215.15
64479	\$276.60
64483	\$276.60
64490	\$276.60
64493	\$276.60
64505	\$83.87
64510	\$276.60
64517	\$276.60
64520	\$276.60
64530	\$276.60
64553	\$5,261.04
64555	\$3,387.50
64561	\$3,019.72
64566	\$86.41
64568	\$15,533.50
64569	\$6,585.89
64570	\$1,788.09

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
64575	\$5,742.87
64580	\$11,689.06
64581	\$3,168.06
64582	\$14,950.20
64583	\$4,908.53
64584	\$1,788.09
64585	\$1,125.26
64590	\$11,385.13
64595	\$1,433.90
64596	\$4,908.53
64598	\$1,125.26
64600	\$276.60
64605	\$535.30
64610	\$535.30
64611	\$81.97
64612	\$77.84
64615	\$67.35
64616	\$67.99
64617	\$84.51
64620	\$276.60
64624	\$535.30
64625	\$535.30
64628	\$5,511.94
64630	\$276.60
64632	\$45.11
64633	\$535.30
64635	\$535.30
64640	\$167.11
64642	\$82.28
64644	\$100.08
64646	\$82.28
64647	\$89.59
64650	\$57.50

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
64653	\$64.18
64680	\$276.60
64681	\$276.60
64702	\$535.30
64704	\$535.30
64708	\$535.30
64712	\$535.30
64713	\$535.30
64714	\$535.30
64716	\$535.30
64718	\$535.30
64719	\$535.30
64721	\$535.30
64722	\$535.30
64726	\$535.30
64732	\$535.30
64734	\$535.30
64736	\$535.30
64738	\$535.30
64740	\$535.30
64742	\$535.30
64744	\$535.30
64746	\$535.30
64763	\$535.30
64766	\$678.47
64771	\$535.30
64772	\$535.30
64774	\$535.30
64776	\$535.30
64782	\$535.30
64784	\$535.30
64786	\$1,788.09
64788	\$535.30

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
64790	\$535.30
64792	\$1,788.09
64795	\$535.30
64802	\$535.30
64820	\$535.30
64821	\$913.93
64822	\$913.93
64823	\$913.93
64831	\$535.30
64834	\$1,788.09
64835	\$1,788.09
64836	\$1,788.09
64840	\$1,788.09
64856	\$1,788.09
64857	\$1,788.09
64858	\$535.30
64861	\$535.30
64862	\$1,788.09
64864	\$1,788.09
64865	\$2,266.34
64885	\$1,788.09
64886	\$2,266.34
64890	\$2,266.34
64891	\$2,266.34
64892	\$2,655.58
64893	\$1,788.09
64895	\$1,788.09
64896	\$1,788.09
64897	\$1,788.09
64898	\$1,788.09
64905	\$1,788.09
64907	\$1,788.09
64910	\$2,564.25

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
64912	\$2,641.69
65091	\$918.49
65093	\$918.49
65101	\$918.49
65103	\$918.49
65105	\$918.49
65110	\$918.49
65112	\$918.49
65114	\$918.49
65125	\$593.79
65130	\$918.49
65135	\$918.49
65140	\$918.49
65150	\$918.49
65155	\$918.49
65175	\$918.49
65235	\$702.77
65260	\$702.77
65265	\$702.77
65270	\$593.79
65272	\$593.79
65275	\$918.49
65280	\$1,521.13
65285	\$1,521.13
65286	\$424.76
65290	\$918.49
65400	\$287.04
65410	\$593.79
65420	\$593.79
65426	\$593.79
65435	\$46.70
65436	\$202.69
65450	\$92.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
65600	\$268.46
65710	\$1,521.13
65730	\$1,212.08
65750	\$1,521.13
65755	\$1,212.08
65756	\$1,212.08
65770	\$6,394.05
65772	\$287.04
65775	\$593.79
65780	\$918.49
65781	\$2,053.97
65782	\$918.49
65785	\$1,725.23
65800	\$702.77
65810	\$702.77
65815	\$702.77
65820	\$1,212.08
65850	\$702.77
65855	\$128.35
65860	\$167.11
65865	\$702.77
65870	\$702.77
65875	\$702.77
65880	\$1,212.08
65900	\$702.77
65920	\$702.77
65930	\$702.77
66020	\$702.77
66030	\$702.77
66130	\$593.79
66150	\$1,212.08
66155	\$1,212.08
66160	\$702.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
66170	\$702.77
66172	\$702.77
66174	\$1,212.08
66175	\$2,461.75
66179	\$1,917.87
66180	\$1,981.53
66183	\$1,731.30
66184	\$702.77
66185	\$702.77
66225	\$1,521.13
66250	\$593.79
66500	\$702.77
66505	\$702.77
66600	\$1,212.08
66605	\$702.77
66625	\$702.77
66630	\$702.77
66635	\$702.77
66680	\$702.77
66682	\$702.77
66683	\$8,036.14
66700	\$702.77
66710	\$593.79
66711	\$702.77
66720	\$593.79
66740	\$593.79
66761	\$177.28
66762	\$265.91
66770	\$170.45
66820	\$702.77
66821	\$170.45
66825	\$702.77
66830	\$702.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
66840	\$702.77
66850	\$702.77
66852	\$1,212.08
66920	\$702.77
66930	\$1,212.08
66940	\$702.77
66982	\$702.77
66983	\$702.77
66984	\$702.77
66985	\$702.77
66986	\$702.77
66987	\$1,212.08
66988	\$1,212.08
66989	\$2,177.74
66991	\$2,175.89
67005	\$702.77
67010	\$702.77
67015	\$702.77
67025	\$702.77
67027	\$1,089.19
67028	\$57.50
67030	\$702.77
67031	\$170.45
67036	\$1,212.08
67039	\$1,212.08
67040	\$1,212.08
67041	\$1,212.08
67042	\$1,212.08
67043	\$1,212.08
67101	\$195.70
67105	\$163.30
67107	\$1,212.08
67108	\$1,212.08

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
67110	\$485.13
67113	\$1,521.13
67115	\$1,212.08
67120	\$702.77
67121	\$702.77
67141	\$92.66
67145	\$142.65
67208	\$92.66
67210	\$267.19
67218	\$918.49
67220	\$281.16
67221	\$148.05
67227	\$158.53
67228	\$169.33
67229	\$170.45
67250	\$593.79
67255	\$1,212.08
67311	\$593.79
67312	\$918.49
67314	\$593.79
67316	\$593.79
67318	\$593.79
67343	\$593.79
67345	\$121.68
67346	\$918.49
67400	\$918.49
67405	\$593.79
67412	\$593.79
67413	\$593.79
67414	\$918.49
67415	\$593.79
67420	\$918.49
67430	\$918.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
67440	\$1,164.15
67445	\$918.49
67450	\$918.49
67500	\$32.41
67505	\$40.35
67515	\$22.87
67516	\$61.00
67550	\$918.49
67560	\$918.49
67570	\$918.49
67700	\$92.66
67710	\$186.49
67715	\$593.79
67800	\$74.34
67801	\$89.27
67805	\$115.64
67808	\$593.79
67810	\$130.57
67825	\$78.15
67830	\$287.04
67835	\$593.79
67840	\$188.40
67850	\$143.28
67875	\$287.04
67880	\$593.79
67882	\$593.79
67900	\$593.79
67901	\$593.79
67902	\$918.49
67903	\$593.79
67904	\$593.79
67906	\$918.49
67908	\$593.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
67909	\$593.79
67911	\$593.79
67912	\$593.79
67914	\$593.79
67915	\$222.39
67916	\$593.79
67917	\$593.79
67921	\$593.79
67922	\$217.62
67923	\$593.79
67924	\$593.79
67930	\$222.07
67935	\$593.79
67938	\$92.66
67950	\$593.79
67961	\$593.79
67966	\$593.79
67971	\$593.79
67973	\$593.79
67974	\$918.49
67975	\$593.79
68020	\$66.72
68040	\$31.13
68100	\$120.73
68110	\$158.85
68115	\$593.79
68130	\$593.79
68135	\$85.14
68320	\$593.79
68325	\$918.49
68326	\$918.49
68328	\$593.79
68330	\$702.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
68335	\$918.49
68340	\$593.79
68360	\$918.49
68362	\$593.79
68371	\$593.79
68400	\$215.72
68420	\$227.79
68440	\$65.45
68500	\$918.49
68505	\$918.49
68510	\$593.79
68520	\$918.49
68525	\$593.79
68530	\$92.66
68540	\$593.79
68550	\$918.49
68700	\$593.79
68705	\$92.66
68720	\$918.49
68745	\$918.49
68750	\$918.49
68760	\$143.60
68761	\$89.27
68770	\$593.79
68810	\$92.66
68811	\$593.79
68815	\$593.79
68816	\$593.79
68840	\$81.65
69000	\$121.04
69005	\$129.62
69020	\$162.98
69100	\$61.63

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
69105	\$104.21
69110	\$695.59
69120	\$1,688.39
69140	\$1,688.39
69145	\$695.59
69150	\$1,688.39
69205	\$409.91
69222	\$151.54
69300	\$807.02
69310	\$1,688.39
69320	\$1,688.39
69420	\$71.84
69421	\$807.02
69424	\$90.54
69433	\$135.02
69436	\$380.46
69440	\$807.02
69450	\$807.02
69501	\$1,688.39
69502	\$1,688.39
69505	\$1,688.39
69511	\$1,688.39
69530	\$1,688.39
69540	\$152.81
69550	\$1,688.39
69552	\$1,688.39
69601	\$1,688.39
69602	\$1,688.39
69603	\$1,688.39
69604	\$1,688.39
69610	\$202.69
69620	\$807.02
69631	\$1,688.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
69632	\$1,688.39
69633	\$1,688.39
69635	\$1,688.39
69636	\$1,688.39
69637	\$1,688.39
69641	\$1,688.39
69642	\$1,688.39
69643	\$1,688.39
69644	\$1,688.39
69645	\$1,688.39
69646	\$1,688.39
69650	\$807.02
69660	\$1,688.39
69661	\$1,688.39
69662	\$1,688.39
69666	\$807.02
69667	\$807.02
69670	\$1,688.39
69676	\$807.02
69700	\$380.46
69705	\$2,452.15
69706	\$2,444.57
69711	\$807.02
69714	\$5,892.84
69716	\$5,885.88
69717	\$3,090.20
69719	\$6,117.41
69720	\$1,688.39
69726	\$913.93
69727	\$913.93
69728	\$913.93
69729	\$5,936.24
69730	\$5,404.96

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
69740	\$1,688.39
69745	\$1,688.39
69801	\$140.74
69805	\$1,688.39
69806	\$1,688.39
69905	\$1,688.39
69910	\$1,688.39
69915	\$807.02
69930	\$15,990.87
70336	\$75.40
70450	\$32.82
70460	\$92.45
70470	\$55.97
70480	\$32.82
70481	\$55.97
70482	\$55.97
70486	\$32.82
70487	\$55.97
70488	\$55.97
70490	\$32.82
70491	\$55.97
70492	\$55.97
70496	\$55.97
70498	\$55.97
70540	\$75.40
70542	\$184.90
70543	\$111.54
70544	\$75.40
70545	\$165.84
70546	\$111.54
70547	\$75.40
70548	\$170.29
70549	\$111.54

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
70551	\$123.27
70552	\$181.09
70553	\$111.54
70554	\$75.40
70555	\$75.40
70557	\$168.87
70558	\$55.97
70559	\$55.97
71045	\$16.20
71046	\$21.92
71250	\$32.82
71260	\$55.97
71270	\$55.97
71275	\$55.97
71550	\$75.40
71551	\$282.44
71552	\$111.54
72083	\$32.82
72084	\$32.82
72125	\$32.82
72126	\$108.02
72127	\$55.97
72128	\$32.82
72129	\$55.97
72130	\$55.97
72131	\$32.82
72132	\$108.65
72133	\$55.97
72141	\$117.23
72142	\$184.58
72146	\$117.55
72147	\$182.68
72148	\$117.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
72149	\$180.14
72156	\$111.54
72157	\$111.54
72158	\$111.54
72191	\$55.97
72192	\$32.82
72193	\$55.97
72194	\$55.97
72195	\$75.40
72196	\$181.41
72197	\$111.54
73200	\$32.82
73201	\$140.74
73202	\$55.97
73206	\$55.97
73218	\$75.40
73219	\$111.54
73220	\$111.54
73221	\$75.40
73222	\$226.52
73223	\$111.54
73700	\$32.82
73701	\$55.97
73702	\$55.97
73706	\$55.97
73718	\$75.40
73719	\$180.45
73720	\$111.54
73721	\$75.40
73722	\$228.11
73723	\$111.54
74150	\$32.82
74160	\$55.97

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
74170	\$55.97
74174	\$111.54
74175	\$55.97
74176	\$99.12
74177	\$111.54
74178	\$111.54
74181	\$123.27
74182	\$111.54
74183	\$111.54
74230	\$91.82
74240	\$78.47
74246	\$89.59
74250	\$77.84
74251	\$55.97
74261	\$32.82
74262	\$55.97
74283	\$55.97
74400	\$55.97
74410	\$55.97
74415	\$55.97
74420	\$111.54
74712	\$75.40
74775	\$75.40
75557	\$75.40
75559	\$227.79
75561	\$111.54
75563	\$272.59
75572	\$142.01
75573	\$181.09
75574	\$111.54
75731	\$94.99
75746	\$78.79
75803	\$365.99

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
75805	\$919.44
75810	\$919.44
75822	\$61.32
75870	\$98.80
75887	\$68.62
75898	\$919.44
76000	\$26.37
76145	\$164.93
76390	\$28.12
76391	\$75.40
76498	\$28.12
76700	\$32.82
76705	\$32.82
76770	\$32.82
76776	\$32.82
76801	\$32.82
76805	\$32.82
76811	\$83.24
76818	\$32.82
76819	\$46.70
76825	\$168.70
76826	\$108.97
76830	\$32.82
76831	\$75.61
76856	\$32.82
76857	\$25.10
76872	\$32.82
76873	\$32.82
76881	\$9.85
76936	\$155.99
76977	\$4.13
76978	\$55.97
76981	\$32.82

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
76982	\$32.82
77046	\$75.40
77047	\$75.40
77078	\$28.12
77080	\$28.28
77081	\$21.29
77084	\$75.40
77280	\$41.17
77285	\$113.71
77290	\$113.71
77295	\$244.95
77299	\$41.17
77300	\$32.41
77301	\$424.34
77306	\$71.80
77307	\$130.26
77316	\$164.57
77317	\$113.71
77318	\$113.71
77321	\$42.57
77331	\$18.11
77332	\$15.89
77333	\$41.17
77334	\$62.59
77336	\$41.17
77338	\$113.71
77370	\$41.17
77385	\$179.74
77386	\$179.74
77399	\$41.17
77401	\$38.76
77402	\$34.03
77407	\$81.72

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
77412	\$81.72
77423	\$0.00
77424	\$1,293.09
77425	\$1,293.09
77470	\$36.54
77520	\$179.74
77522	\$395.91
77523	\$395.91
77525	\$395.91
77600	\$81.72
77605	\$217.76
77610	\$179.74
77615	\$179.74
77620	\$179.74
77750	\$126.44
77761	\$210.00
77762	\$241.77
77763	\$317.70
77767	\$81.72
77768	\$81.72
77770	\$233.19
77771	\$217.76
77772	\$217.76
77778	\$217.76
77789	\$34.03
77799	\$34.03
78012	\$125.45
78013	\$125.45
78014	\$125.45
78015	\$125.45
78016	\$125.45
78018	\$168.71
78070	\$125.45

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
78071	\$125.45
78072	\$168.71
78075	\$412.47
78099	\$125.45
78102	\$125.45
78103	\$125.45
78104	\$125.45
78110	\$412.47
78111	\$412.47
78120	\$125.45
78121	\$168.71
78122	\$168.71
78130	\$125.45
78140	\$125.45
78185	\$125.45
78191	\$125.45
78195	\$168.71
78199	\$125.45
78201	\$168.71
78202	\$168.71
78215	\$125.45
78216	\$125.45
78226	\$125.45
78227	\$168.71
78230	\$125.45
78231	\$125.45
78232	\$125.45
78258	\$125.45
78261	\$125.45
78262	\$125.45
78264	\$125.45
78265	\$125.45
78266	\$168.71

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
78278	\$125.45
78282	\$125.45
78290	\$125.45
78291	\$125.45
78299	\$125.45
78300	\$125.45
78305	\$125.45
78306	\$125.45
78315	\$125.45
78399	\$125.45
78414	\$168.71
78428	\$125.45
78429	\$453.31
78430	\$453.31
78431	\$699.20
78432	\$605.99
78433	\$699.20
78445	\$125.45
78451	\$412.47
78452	\$412.47
78453	\$412.47
78454	\$412.47
78456	\$412.47
78457	\$168.71
78458	\$125.45
78459	\$412.47
78466	\$125.45
78468	\$168.71
78469	\$168.71
78472	\$125.45
78473	\$125.45
78481	\$168.71
78483	\$168.71

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
78491	\$453.31
78492	\$453.31
78494	\$125.45
78499	\$125.45
78579	\$125.45
78580	\$125.45
78582	\$168.71
78597	\$125.45
78598	\$168.71
78599	\$125.45
78600	\$125.45
78601	\$125.45
78605	\$168.71
78606	\$168.71
78608	\$453.31
78610	\$168.71
78630	\$168.71
78635	\$168.71
78645	\$168.71
78650	\$412.47
78660	\$125.45
78699	\$125.45
78700	\$125.45
78701	\$125.45
78707	\$168.71
78708	\$168.71
78709	\$168.71
78725	\$125.45
78740	\$125.45
78761	\$125.45
78799	\$125.45
78800	\$125.45
78801	\$125.45

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
78802	\$412.47
78803	\$412.47
78804	\$412.47
78811	\$412.47
78812	\$453.31
78813	\$453.31
78814	\$453.31
78815	\$453.31
78816	\$453.31
78830	\$412.47
78831	\$412.47
78832	\$453.31
78999	\$125.45
79005	\$48.61
79101	\$50.51
79200	\$49.24
79300	\$69.64
79403	\$76.57
79440	\$37.17
79445	\$69.64
79999	\$69.64
91035	\$164.93
92920	\$2,099.75
92928	\$4,047.81
93451	\$958.23
93452	\$958.23
93453	\$958.23
93454	\$958.23
93455	\$958.23
93456	\$958.23
93457	\$958.23
93458	\$958.23
93459	\$958.23

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
93460	\$958.23
93461	\$958.23
93985	\$75.40
93986	\$32.82
C5271	\$190.00
C5273	\$567.80
C5275	\$190.00
C5277	\$190.00
C7500	\$695.59
C7501	\$695.59
C7502	\$695.59
C7503	\$1,552.42
C7504	\$2,031.87
C7505	\$2,031.87
C7506	\$2,031.87
C7507	\$3,838.94
C7509	\$931.95
C7510	\$931.95
C7512	\$931.95
C7513	\$919.44
C7514	\$919.44
C7515	\$919.44
C7516	\$1,521.87
C7517	\$1,521.87
C7518	\$1,521.87
C7519	\$1,521.87
C7521	\$1,521.87
C7522	\$1,521.87
C7523	\$1,521.87
C7524	\$1,521.87
C7525	\$1,521.87
C7526	\$1,521.87
C7527	\$1,521.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
C7528	\$1,521.87
C7529	\$1,521.87
C7531	\$3,531.64
C7532	\$3,405.85
C7535	\$6,181.34
C7537	\$6,311.39
C7538	\$6,416.22
C7539	\$6,474.36
C7540	\$6,382.97
C7545	\$1,565.07
C7546	\$958.00
C7548	\$958.00
C7549	\$958.00
C7550	\$958.00
C7551	\$1,788.09
C7554	\$555.52
C7555	\$2,833.52
C7556	\$931.95
C7560	\$1,085.61
C7562	\$1,521.87
C7563	\$3,405.85
C7564	\$6,309.49
C7565	\$1,565.07
C8002	\$2,252.62
C8003	\$8,413.33
C8004	\$4,056.96
C8900	\$111.54
C8901	\$75.40
C8902	\$111.54
C8903	\$55.97
C8905	\$111.54
C8906	\$111.54
C8908	\$111.54

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
C8909	\$111.54
C8910	\$75.40
C8911	\$111.54
C8912	\$111.54
C8913	\$75.40
C8914	\$111.54
C8918	\$111.54
C8919	\$75.40
C8920	\$111.54
C8931	\$111.54
C8932	\$75.40
C8933	\$111.54
C8934	\$111.54
C8935	\$75.40
C8936	\$111.54
C9600	\$4,087.22
C9725	\$283.27
C9727	\$380.46
C9728	\$424.34
C9739	\$2,262.42
C9740	\$4,525.67
C9757	\$5,513.93
C9761	\$2,766.21
C9762	\$168.87
C9763	\$168.87
C9764	\$4,487.19
C9765	\$7,232.67
C9766	\$7,378.33
C9767	\$7,331.28
C9772	\$4,383.44
C9773	\$6,734.33
C9774	\$6,876.71
C9775	\$7,589.46

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2025**

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

Code	Medicaid Fee
C9777	\$1,517.41
C9778	\$1,632.54
C9781	\$5,889.86
C9789	\$699.20
C9796	\$1,025.46
C9797	\$7,120.97
G0104	\$146.14
G0105	\$283.27
G0121	\$283.27
G0260	\$215.15
G0330	\$807.02