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**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
10004		\$54.75
10005		\$143.22
10006		\$63.45
10007		\$326.33
10008		\$150.84
10009		\$459.77
10010		\$252.00
10021		\$107.69
10030		\$683.12
10035		\$389.06
10036		\$319.08
10040		\$125.09
10060		\$136.70
10061		\$229.16
10080		\$269.77
10081		\$366.94
10120		\$163.89
10121		\$282.10
10140		\$182.02
10160		\$138.87
10180		\$278.11
11000		\$63.82
11001		\$29.37
11004		\$574.34
11005		\$772.32
11006		\$703.43
11008		\$271.58
11010		\$474.27

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
11011		\$527.21
11012		\$684.93
11042		\$139.23
11043		\$246.56
11044		\$327.42
11045		\$42.06
11046		\$76.14
11047		\$125.09
11055		\$77.23
11056		\$89.20
11057		\$97.54
11102		\$108.41
11103		\$54.03
11104		\$134.52
11105		\$63.82
11106		\$167.15
11107		\$76.51
11200		\$99.71
11201		\$19.58
11300		\$108.41
11301		\$130.53
11302		\$147.57
11303		\$162.80
11305		\$113.49
11306		\$131.98
11307		\$148.66
11308		\$156.64
11310		\$124.73
11311		\$146.85
11312		\$166.79
11313		\$193.99
11400		\$138.15

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
11401		\$167.88
11402		\$184.92
11403		\$212.12
11404		\$239.31
11406		\$337.57
11420		\$136.70
11421		\$171.87
11422		\$192.54
11423		\$220.09
11424		\$253.81
11426		\$347.72
11440		\$155.19
11441		\$187.10
11442		\$207.40
11443		\$244.02
11444		\$302.04
11446		\$407.55
11450		\$457.59
11451		\$556.58
11462		\$445.62
11463		\$564.55
11470		\$483.70
11471		\$580.51
11600		\$211.75
11601		\$245.47
11602		\$262.88
11603		\$298.41
11604		\$331.77
11606		\$473.91
11620		\$212.84
11621		\$245.84
11622		\$271.58

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Code	Modifier	Medicaid Fee
11623		\$316.18
11624		\$358.97
11626		\$429.31
11640		\$218.64
11641		\$254.18
11642		\$287.17
11643		\$335.76
11644		\$413.35
11646		\$532.65
11719		\$15.59
11720		\$35.53
11721		\$47.86
11730		\$124.01
11732		\$35.53
11740		\$62.73
11750		\$173.32
11755		\$131.26
11760		\$198.34
11762		\$308.20
11765		\$179.48
11770		\$376.37
11771		\$664.27
11772		\$814.74
11900		\$61.64
11901		\$75.06
11920		\$213.93
11921		\$235.68
11922		\$65.27
11950		\$86.30
11951		\$114.58
11952		\$153.01
11954		\$168.60

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
11960		\$1,073.63
11970		\$590.30
11971		\$582.32
11976		\$153.38
11980		\$100.08
11981		\$106.24
11982		\$116.75
11983		\$149.02
12001		\$100.08
12002		\$120.74
12004		\$140.32
12005		\$186.73
12006		\$215.02
12007		\$243.30
12011		\$118.93
12013		\$123.28
12014		\$150.48
12015		\$181.30
12016		\$229.16
12017		\$154.83
12018		\$174.41
12020		\$320.17
12021		\$188.55
12031		\$282.46
12032		\$326.33
12034		\$358.24
12035		\$413.72
12036		\$457.59
12037		\$513.07
12041		\$282.82
12042		\$332.50
12044		\$409.37

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
12045		\$439.10
12046		\$526.84
12047		\$576.16
12051		\$303.85
12052		\$337.93
12053		\$389.42
12054		\$408.28
12055		\$534.46
12056		\$614.59
12057		\$641.42
13100		\$364.40
13101		\$424.59
13102		\$122.92
13120		\$379.63
13121		\$454.33
13122		\$133.80
13131		\$414.44
13132		\$502.19
13133		\$177.67
13151		\$450.70
13152		\$528.66
13153		\$194.35
13160		\$829.97
14000		\$676.96
14001		\$858.62
14020		\$751.65
14021		\$924.24
14040		\$811.48
14041		\$985.16
14060		\$819.82
14061		\$1,063.48
14301		\$1,145.79

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
14302		\$220.09
14350		\$715.75
15002		\$361.87
15003		\$72.16
15004		\$415.53
15005		\$120.38
15040		\$277.38
15050		\$622.93
15100		\$913.73
15101		\$195.07
15110		\$872.39
15111		\$115.67
15115		\$851.36
15116		\$156.64
15120		\$893.79
15121		\$217.92
15130		\$761.08
15131		\$100.80
15135		\$923.16
15136		\$99.35
15150		\$727.72
15151		\$119.29
15152		\$150.84
15155		\$832.87
15156		\$160.63
15157		\$178.76
15200		\$889.07
15201		\$147.57
15220		\$820.91
15221		\$136.70
15240		\$990.24
15241		\$184.20

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
15260		\$1,067.11
15261		\$216.83
15271		\$163.89
15272		\$26.11
15273		\$324.52
15274		\$85.21
15275		\$169.69
15276		\$34.08
15277		\$357.88
15278		\$99.35
15570		\$954.34
15572		\$932.22
15574		\$937.66
15600		\$364.04
15610		\$395.22
15620		\$479.71
15630		\$496.75
15650		\$577.61
15730		\$1,519.98
15731		\$1,186.40
15733		\$1,073.63
15734		\$1,544.64
15736		\$1,267.62
15738		\$1,312.94
15740		\$1,075.44
15750		\$973.92
15756		\$2,366.63
15757		\$2,354.30
15758		\$2,345.24
15760		\$899.95
15769		\$502.91
15770		\$711.04

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Code	Modifier	Medicaid Fee
15771		\$646.50
15772		\$200.51
15773		\$631.27
15774		\$195.07
15777		\$218.64
15778		\$388.33
15820		\$623.66
15821		\$665.72
15822		\$495.30
15823		\$667.89
15830		\$1,216.86
15832		\$962.68
15840		\$1,060.94
15841		\$1,848.13
15842		\$2,789.41
15845		\$1,111.70
15851		\$59.46
15852		\$45.69
15853		\$12.69
15854		\$17.04
15860		\$108.05
15920		\$657.74
15922		\$837.59
15931		\$728.81
15933		\$907.93
15934		\$1,029.76
15935		\$1,208.52
15936		\$929.32
15937		\$1,075.81
15940		\$736.42
15941		\$971.02
15944		\$979.36

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
15945		\$1,068.56
15946		\$1,668.28
15950		\$670.43
15951		\$944.19
15952		\$960.14
15953		\$1,057.32
15956		\$1,230.27
15958		\$1,222.29
16000		\$84.48
16020		\$91.74
16025		\$166.79
16030		\$208.13
16035		\$200.88
16036		\$83.03
17000		\$72.88
17003		\$7.25
17004		\$180.21
17106		\$369.48
17107		\$479.71
17108		\$676.96
17110		\$123.28
17111		\$143.59
17250		\$93.55
17260		\$107.33
17261		\$160.27
17262		\$192.17
17263		\$207.76
17264		\$222.63
17266		\$252.73
17270		\$161.35
17271		\$179.12
17272		\$203.05

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
17273		\$224.81
17274		\$262.52
17276		\$303.85
17280		\$151.93
17281		\$193.62
17282		\$220.82
17283		\$260.70
17284		\$295.87
17286		\$378.55
17311		\$730.26
17312		\$443.81
17313		\$686.75
17314		\$425.68
17315		\$85.57
19000		\$107.33
19001		\$27.92
19020		\$497.84
19030		\$175.49
19081		\$532.65
19082		\$410.82
19083		\$530.83
19084		\$404.29
19085		\$816.19
19086		\$632.36
19100		\$157.00
19101		\$344.46
19105		\$2,449.30
19110		\$513.43
19112		\$488.05
19120		\$544.61
19125		\$598.64
19126		\$159.90

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
19281		\$258.16
19282		\$183.47
19283		\$276.66
19284		\$203.05
19285		\$392.69
19286		\$321.62
19287		\$678.41
19288		\$523.58
19294		\$164.25
19296		\$3,891.33
19297		\$93.91
19298		\$936.57
19300		\$609.52
19301		\$677.68
19302		\$930.05
19303		\$981.17
19305		\$1,178.42
19306		\$1,252.75
19307		\$1,209.24
19316		\$827.07
19318		\$1,137.81
19325		\$646.50
19328		\$580.87
19330		\$675.51
19340		\$793.35
19342		\$797.34
19350		\$878.56
19355		\$797.70
19357		\$1,216.86
19361		\$1,616.07
19364		\$2,805.00
19367		\$1,834.71

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
19368		\$2,240.09
19369		\$2,082.36
19370		\$704.15
19371		\$744.40
19380		\$845.20
19396		\$289.35
20100		\$613.50
20101		\$610.97
20102		\$649.76
20103		\$596.82
20150		\$1,044.62
20200		\$229.16
20205		\$320.17
20206		\$235.68
20220		\$248.37
20225		\$406.10
20240		\$146.49
20245		\$353.16
20250		\$403.56
20251		\$432.57
20500		\$132.71
20501		\$152.29
20520		\$233.51
20525		\$494.21
20526		\$87.02
20527		\$92.46
20550		\$61.28
20551		\$61.28
20552		\$55.84
20553		\$64.54
20555		\$354.25
20600		\$57.29

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
20604		\$88.47
20605		\$58.74
20606		\$96.09
20610		\$68.89
20611		\$105.88
20612		\$69.25
20615		\$272.67
20650		\$247.65
20660		\$238.58
20661		\$549.69
20662		\$554.40
20663		\$512.34
20664		\$914.09
20665		\$126.91
20670		\$382.53
20680		\$638.16
20690		\$624.02
20692		\$1,185.67
20693		\$474.63
20694		\$461.22
20696		\$1,219.03
20697		\$1,925.00
20700		\$86.30
20701		\$65.27
20702		\$145.04
20703		\$105.88
20704		\$152.65
20705		\$126.18
20802		\$2,826.03
20805		\$3,351.43
20808		\$4,036.36
20816		\$2,115.72

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
20822		\$1,833.99
20824		\$2,120.07
20827		\$1,882.21
20838		\$2,869.55
20900		\$410.45
20902		\$283.18
20910		\$507.26
20912		\$511.98
20920		\$425.68
20922		\$647.95
20924		\$533.73
20931		\$109.50
20932		\$766.15
20933		\$702.70
20934		\$765.43
20937		\$166.43
20938		\$182.02
20939		\$69.62
20950		\$284.63
20955		\$2,535.24
20956		\$2,716.53
20957		\$2,831.47
20962		\$2,763.67
20969		\$2,821.32
20970		\$2,929.74
20972		\$2,920.67
20973		\$3,083.47
20974		\$88.83
20975		\$179.85
20979		\$60.92
20982		\$3,712.57
20983		\$5,416.38

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
20985		\$146.85
21010		\$785.01
21011		\$400.66
21012		\$357.15
21013		\$569.27
21014		\$548.60
21015		\$733.88
21016		\$1,047.89
21025		\$845.56
21026		\$574.34
21029		\$821.27
21030		\$490.95
21031		\$411.90
21032		\$399.94
21034		\$1,371.68
21040		\$496.02
21044		\$909.38
21045		\$1,259.28
21046		\$1,046.44
21047		\$1,272.69
21048		\$1,055.14
21049		\$1,208.52
21050		\$916.27
21060		\$829.61
21070		\$647.59
21073		\$408.28
21076		\$917.72
21077		\$2,244.44
21079		\$1,541.01
21080		\$1,758.57
21081		\$1,627.31
21082		\$1,521.07

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21083		\$1,446.74
21084		\$1,649.43
21085		\$724.82
21086		\$1,667.19
21087		\$1,667.19
21100		\$666.08
21110		\$922.07
21116		\$229.16
21120		\$706.33
21121		\$675.87
21122		\$787.91
21123		\$895.96
21125		\$2,790.50
21127		\$4,326.44
21141		\$1,406.13
21142		\$1,442.39
21143		\$1,486.26
21145		\$1,631.30
21146		\$1,703.45
21147		\$1,791.56
21150		\$1,719.77
21151		\$1,891.27
21154		\$2,035.59
21155		\$2,255.68
21159		\$2,698.40
21160		\$2,925.02
21172		\$2,127.32
21175		\$2,285.05
21179		\$1,576.18
21180		\$1,758.57
21181		\$775.58
21182		\$2,185.70

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21183		\$2,376.06
21184		\$2,554.45
21188		\$1,664.66
21193		\$1,296.99
21194		\$1,498.95
21195		\$1,413.38
21196		\$1,509.47
21198		\$1,062.03
21199		\$1,068.92
21206		\$1,024.68
21208		\$1,755.30
21209		\$851.00
21210		\$1,888.37
21215		\$4,386.99
21230		\$783.92
21235		\$788.27
21240		\$1,105.90
21242		\$1,070.37
21243		\$1,770.89
21244		\$1,064.20
21245		\$1,302.06
21246		\$896.32
21247		\$1,663.57
21248		\$1,044.99
21249		\$1,413.02
21255		\$1,411.93
21256		\$1,293.00
21260		\$1,428.25
21261		\$2,520.01
21263		\$2,333.27
21267		\$1,670.82
21268		\$2,093.24

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21270		\$1,076.90
21275		\$881.82
21280		\$628.73
21282		\$427.86
21295		\$213.20
21296		\$435.83
21315		\$163.89
21320		\$232.06
21325		\$477.17
21330		\$571.08
21335		\$760.72
21336		\$679.86
21337		\$448.53
21338		\$716.12
21339		\$806.76
21340		\$795.16
21343		\$1,151.23
21344		\$1,461.97
21345		\$858.98
21346		\$1,084.87
21347		\$1,096.48
21348		\$1,149.41
21355		\$481.52
21356		\$582.32
21360		\$559.12
21365		\$1,131.28
21366		\$1,327.81
21385		\$769.06
21386		\$725.18
21387		\$802.05
21390		\$848.83
21395		\$1,048.61

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<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21400		\$235.32
21401		\$546.06
21406		\$615.32
21407		\$680.22
21408		\$942.01
21421		\$691.82
21422		\$658.83
21423		\$833.23
21431		\$739.69
21432		\$748.03
21433		\$1,795.55
21435		\$1,465.23
21436		\$2,113.18
21440		\$821.27
21445		\$833.23
21450		\$636.35
21451		\$826.34
21452		\$791.90
21453		\$1,174.07
21454		\$521.04
21461		\$1,972.13
21462		\$2,100.13
21465		\$845.56
21470		\$1,226.65
21480		\$151.93
21485		\$1,033.38
21490		\$833.60
21497		\$762.17
21501		\$520.68
21502		\$522.86
21510		\$469.19
21550		\$286.08

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21552		\$465.20
21554		\$759.63
21555		\$461.58
21556		\$555.49
21557		\$991.69
21558		\$1,378.21
21600		\$593.56
21601		\$1,171.17
21602		\$1,569.66
21603		\$1,715.06
21610		\$1,220.84
21615		\$631.27
21616		\$717.57
21620		\$519.59
21627		\$569.99
21630		\$1,367.69
21685		\$1,034.11
21700		\$357.88
21705		\$531.56
21720		\$550.78
21725		\$573.62
21740		\$1,033.02
21750		\$684.57
21811		\$595.01
21812		\$718.66
21813		\$979.72
21820		\$164.25
21825		\$572.89
21920		\$274.84
21925		\$525.76
21930		\$533.37
21931		\$487.68

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
21932		\$687.84
21933		\$762.17
21935		\$1,050.79
21936		\$1,448.91
22010		\$1,001.84
22015		\$982.62
22100		\$970.66
22101		\$909.38
22102		\$808.22
22103		\$135.25
22110		\$1,089.59
22112		\$1,159.57
22114		\$1,159.57
22116		\$139.60
22206		\$2,478.67
22207		\$2,435.89
22208		\$583.05
22210		\$1,827.46
22212		\$1,556.24
22214		\$1,555.52
22216		\$361.14
22220		\$1,661.03
22222		\$1,782.13
22224		\$1,636.37
22226		\$358.60
22310		\$332.13
22315		\$949.26
22318		\$1,668.64
22319		\$1,841.60
22325		\$1,510.55
22326		\$1,536.66
22327		\$1,570.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
22328		\$278.11
22505		\$134.88
22510		\$1,916.29
22511		\$1,915.21
22512		\$772.68
22513		\$6,073.76
22514		\$6,049.47
22515		\$3,111.39
22526		\$2,114.27
22527		\$1,738.62
22532		\$1,821.29
22533		\$1,705.27
22534		\$358.97
22548		\$1,975.40
22551		\$1,721.58
22552		\$392.32
22554		\$1,287.20
22556		\$1,713.97
22558		\$1,555.52
22585		\$323.07
22586		\$2,042.11
22590		\$1,613.53
22595		\$1,544.28
22600		\$1,332.16
22610		\$1,313.30
22612		\$1,614.62
22614		\$387.97
22630		\$1,579.81
22632		\$316.54
22633		\$1,835.07
22634		\$480.07
22800		\$1,403.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
22802		\$2,157.78
22804		\$2,474.68
22808		\$1,857.19
22810		\$2,070.03
22812		\$2,269.46
22818		\$2,211.08
22819		\$2,545.75
22830		\$848.10
22836		\$1,804.62
22837		\$1,987.36
22838		\$2,013.47
22840		\$752.01
22842		\$756.73
22843		\$810.39
22844		\$981.90
22845		\$719.74
22846		\$748.39
22847		\$810.75
22848		\$358.97
22849		\$1,332.16
22850		\$759.63
22852		\$732.80
22853		\$255.63
22854		\$331.77
22855		\$1,132.01
22856		\$1,649.43
22857		\$1,802.44
22858		\$503.28
22859		\$330.68
22861		\$2,312.61
22862		\$2,319.49
22864		\$2,068.94

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
22865		\$2,264.74
22867		\$1,095.02
22868		\$240.40
22869		\$459.40
22870		\$122.56
22900		\$587.76
22901		\$688.56
22902		\$499.29
22903		\$456.86
22904		\$1,076.90
22905		\$1,360.44
23000		\$591.02
23020		\$728.45
23030		\$468.47
23031		\$462.67
23035		\$714.67
23040		\$756.73
23044		\$596.82
23065		\$240.76
23066		\$612.78
23071		\$438.37
23073		\$725.18
23075		\$548.60
23076		\$569.99
23077		\$1,160.65
23078		\$1,477.56
23100		\$540.62
23101		\$488.41
23105		\$679.50
23106		\$536.63
23107		\$703.43
23120		\$626.19

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
23125		\$749.11
23130		\$657.01
23140		\$590.66
23145		\$734.97
23146		\$662.09
23150		\$705.96
23155		\$840.12
23156		\$717.93
23170		\$600.81
23172		\$606.61
23174		\$808.58
23180		\$696.54
23182		\$712.85
23184		\$782.83
23190		\$610.97
23195		\$788.27
23200		\$1,558.78
23210		\$1,824.56
23220		\$1,996.43
23330		\$323.07
23333		\$504.00
23334		\$1,106.99
23335		\$1,318.02
23350		\$174.04
23395		\$1,340.14
23397		\$1,188.21
23400		\$1,017.43
23405		\$651.21
23406		\$773.04
23410		\$861.52
23412		\$894.87
23415		\$738.24

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
23420		\$1,022.51
23430		\$785.37
23440		\$796.25
23450		\$988.06
23455		\$1,029.76
23460		\$1,137.45
23462		\$1,112.07
23465		\$1,165.73
23466		\$1,175.52
23470		\$1,246.95
23472		\$1,497.86
23473		\$1,664.66
23474		\$1,795.55
23480		\$861.15
23485		\$996.76
23490		\$902.49
23491		\$1,062.03
23500		\$246.92
23505		\$394.14
23515		\$761.44
23520		\$265.78
23525		\$436.20
23530		\$611.33
23532		\$664.27
23540		\$263.24
23545		\$396.67
23550		\$606.98
23552		\$687.47
23570		\$258.89
23575		\$448.89
23585		\$1,020.69
23600		\$368.76

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
23605		\$511.62
23615		\$928.23
23616		\$1,286.47
23620		\$299.86
23625		\$422.06
23630		\$824.53
23650		\$365.13
23655		\$439.82
23660		\$621.48
23665		\$474.99
23670		\$916.27
23675		\$600.09
23680		\$966.67
23700		\$207.40
23800		\$1,073.27
23802		\$1,338.32
23900		\$1,436.59
23920		\$1,171.89
23921		\$503.64
23930		\$382.17
23931		\$325.97
23935		\$548.60
24000		\$510.53
24006		\$754.91
24065		\$278.11
24066		\$667.89
24071		\$424.23
24073		\$721.56
24075		\$565.28
24076		\$576.16
24077		\$1,061.30
24079		\$1,364.43

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
24100		\$450.34
24101		\$537.72
24102		\$655.20
24105		\$390.15
24110		\$628.01
24115		\$777.40
24116		\$901.76
24120		\$567.82
24125		\$661.00
24126		\$689.29
24130		\$546.06
24134		\$787.91
24136		\$670.07
24138		\$731.71
24140		\$742.95
24145		\$630.55
24147		\$668.98
24149		\$1,241.51
24150		\$1,598.66
24152		\$1,394.89
24155		\$893.06
24160		\$1,306.42
24164		\$763.62
24200		\$235.32
24201		\$659.92
24220		\$203.41
24300		\$479.71
24301		\$790.81
24305		\$617.13
24310		\$506.18
24320		\$820.54
24330		\$757.45

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
24331		\$825.62
24332		\$654.11
24340		\$635.26
24341		\$797.34
24342		\$815.47
24343		\$759.63
24344		\$1,159.20
24345		\$755.64
24346		\$1,159.20
24357		\$448.89
24358		\$566.00
24359		\$703.06
24360		\$946.73
24361		\$1,053.33
24362		\$1,107.35
24363		\$1,505.12
24365		\$678.05
24366		\$719.02
24370		\$1,594.31
24371		\$1,828.91
24400		\$870.94
24410		\$1,105.90
24420		\$1,118.59
24430		\$1,103.36
24435		\$1,133.82
24470		\$711.77
24495		\$981.17
24498		\$909.38
24500		\$400.66
24505		\$549.33
24515		\$926.06
24516		\$900.68

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
24530		\$422.06
24535		\$673.33
24538		\$836.50
24545		\$973.92
24546		\$1,085.23
24560		\$368.03
24565		\$588.85
24566		\$765.79
24575		\$776.31
24576		\$390.51
24577		\$604.44
24579		\$880.01
24582		\$867.32
24586		\$1,134.91
24587		\$1,135.64
24600		\$411.18
24605		\$514.15
24615		\$752.74
24620		\$629.82
24635		\$716.84
24640		\$113.13
24650		\$293.34
24655		\$493.12
24665		\$699.44
24666		\$773.77
24670		\$323.79
24675		\$502.19
24685		\$694.72
24800		\$877.47
24802		\$1,048.25
24900		\$777.40
24920		\$771.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
24925		\$605.16
24930		\$812.57
24931		\$972.47
24935		\$1,279.58
25000		\$375.28
25001		\$376.37
25020		\$791.90
25023		\$1,385.10
25024		\$820.91
25025		\$1,278.13
25028		\$742.22
25031		\$395.95
25035		\$626.19
25040		\$592.84
25065		\$275.21
25066		\$394.50
25071		\$445.99
25073		\$566.37
25075		\$553.68
25076		\$551.50
25077		\$882.91
25078		\$1,205.25
25085		\$480.80
25100		\$376.73
25101		\$436.56
25105		\$521.77
25107		\$660.64
25109		\$572.17
25110		\$373.11
25111		\$352.08
25112		\$420.97
25115		\$802.78

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
25116		\$646.14
25118		\$412.99
25119		\$536.27
25120		\$537.00
25125		\$633.45
25126		\$637.80
25130		\$485.15
25135		\$598.28
25136		\$531.92
25145		\$556.21
25150		\$602.99
25151		\$621.84
25170		\$1,520.34
25210		\$528.30
25215		\$659.55
25230		\$464.84
25240		\$461.94
25246		\$209.22
25248		\$452.15
25250		\$568.91
25251		\$759.27
25259		\$471.37
25260		\$676.59
25263		\$674.42
25265		\$795.89
25270		\$528.66
25272		\$595.74
25274		\$705.96
25275		\$713.58
25280		\$603.35
25290		\$467.74
25295		\$563.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
25300		\$731.71
25301		\$683.85
25310		\$662.09
25312		\$759.27
25315		\$810.03
25316		\$960.87
25320		\$1,050.06
25332		\$891.97
25335		\$989.15
25337		\$941.29
25350		\$715.39
25355		\$806.04
25360		\$696.17
25365		\$961.59
25370		\$1,061.30
25375		\$998.58
25390		\$811.48
25391		\$1,041.36
25392		\$1,059.49
25393		\$1,176.25
25394		\$825.98
25400		\$844.84
25405		\$1,085.60
25415		\$1,013.08
25420		\$1,215.41
25425		\$1,008.73
25426		\$1,170.08
25430		\$774.13
25431		\$829.61
25440		\$811.48
25441		\$982.98
25442		\$854.26

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
25443		\$828.52
25444		\$867.68
25445		\$762.17
25446		\$1,225.92
25447		\$881.10
25448		\$944.91
25449		\$1,083.42
25450		\$655.93
25455		\$772.32
25490		\$759.27
25491		\$779.57
25492		\$951.44
25500		\$316.18
25505		\$554.40
25515		\$712.49
25520		\$624.38
25525		\$836.50
25526		\$1,005.83
25530		\$294.79
25535		\$539.54
25545		\$666.08
25560		\$321.98
25565		\$564.19
25574		\$716.84
25575		\$953.25
25600		\$376.37
25605		\$585.58
25606		\$713.22
25607		\$786.82
25608		\$876.75
25609		\$1,109.53
25622		\$341.20

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
25624		\$538.09
25628		\$762.89
25630		\$337.57
25635		\$510.53
25645		\$607.34
25650		\$364.04
25651		\$527.93
25652		\$663.18
25660		\$486.96
25670		\$645.05
25671		\$573.62
25675		\$498.56
25676		\$671.52
25680		\$571.08
25685		\$775.58
25690		\$530.83
25695		\$671.52
25800		\$772.68
25805		\$891.61
25810		\$915.54
25820		\$691.82
25825		\$843.39
25830		\$1,092.85
25900		\$758.18
25905		\$740.41
25907		\$651.94
25909		\$723.37
25915		\$1,212.87
25920		\$773.04
25922		\$687.11
25924		\$755.28
25927		\$916.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
25929		\$635.62
25931		\$850.28
26010		\$370.93
26011		\$512.34
26020		\$593.92
26025		\$447.80
26030		\$524.31
26034		\$589.94
26035		\$909.02
26037		\$595.37
26040		\$342.65
26045		\$506.18
26055		\$635.62
26060		\$276.66
26070		\$348.81
26075		\$365.13
26080		\$430.76
26100		\$366.58
26105		\$368.76
26110		\$351.71
26111		\$442.36
26113		\$582.32
26115		\$590.66
26116		\$559.84
26117		\$786.10
26118		\$1,098.29
26121		\$638.89
26123		\$890.16
26125		\$274.84
26130		\$502.55
26135		\$590.66
26140		\$544.61

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
26145		\$552.23
26160		\$662.45
26170		\$439.46
26180		\$484.06
26185		\$597.55
26200		\$482.97
26205		\$641.79
26210		\$481.88
26215		\$603.35
26230		\$533.73
26235		\$526.84
26236		\$473.54
26250		\$1,113.52
26260		\$836.50
26262		\$667.89
26320		\$376.01
26340		\$391.60
26341		\$126.18
26350		\$802.78
26352		\$889.80
26356		\$848.10
26357		\$944.91
26358		\$1,038.82
26370		\$838.67
26372		\$974.64
26373		\$939.11
26390		\$931.86
26392		\$1,062.75
26410		\$647.95
26412		\$767.24
26415		\$905.75
26416		\$978.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
26418		\$675.14
26420		\$795.52
26426		\$539.17
26428		\$851.36
26432		\$587.03
26433		\$615.68
26434		\$745.49
26437		\$716.12
26440		\$700.16
26442		\$1,058.40
26445		\$651.94
26449		\$747.66
26450		\$501.10
26455		\$497.84
26460		\$488.41
26471		\$708.87
26474		\$700.16
26476		\$692.19
26477		\$677.32
26478		\$706.33
26479		\$725.18
26480		\$843.02
26483		\$931.13
26485		\$894.87
26489		\$1,024.68
26490		\$893.42
26492		\$986.25
26494		\$897.05
26496		\$963.04
26497		\$961.95
26498		\$1,243.32
26499		\$926.78

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
26500		\$737.51
26502		\$807.49
26508		\$727.36
26510		\$688.56
26516		\$795.52
26517		\$921.71
26518		\$932.95
26520		\$733.52
26525		\$737.51
26530		\$579.78
26531		\$672.97
26535		\$471.01
26536		\$804.95
26540		\$749.84
26541		\$891.25
26542		\$774.13
26545		\$787.55
26546		\$1,106.99
26548		\$854.26
26550		\$1,727.75
26551		\$3,407.63
26553		\$3,384.42
26554		\$3,935.20
26555		\$1,457.62
26556		\$3,522.93
26560		\$682.40
26561		\$1,041.00
26562		\$1,451.09
26565		\$761.08
26567		\$770.14
26568		\$989.87
26580		\$1,617.88

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
26587		\$1,095.02
26590		\$1,501.13
26591		\$529.75
26593		\$693.64
26596		\$868.77
26600		\$334.67
26605		\$364.77
26607		\$544.61
26608		\$518.87
26615		\$615.68
26641		\$459.40
26645		\$473.18
26650		\$519.59
26665		\$670.79
26670		\$384.71
26675		\$504.36
26676		\$550.05
26685		\$618.58
26686		\$660.28
26700		\$372.38
26705		\$478.98
26706		\$483.70
26715		\$613.50
26720		\$224.08
26725		\$376.37
26727		\$511.98
26735		\$635.62
26740		\$259.25
26742		\$408.64
26746		\$786.82
26750		\$208.85
26755		\$351.71

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
26756		\$459.40
26765		\$541.35
26770		\$318.35
26775		\$435.11
26776		\$486.23
26785		\$586.67
26820		\$884.36
26841		\$829.97
26842		\$886.90
26843		\$835.05
26844		\$915.90
26850		\$786.46
26852		\$890.52
26860		\$660.64
26861		\$104.06
26862		\$820.91
26863		\$232.06
26910		\$812.93
26951		\$754.91
26952		\$732.80
26990		\$720.11
26991		\$751.65
26992		\$1,060.58
27000		\$420.24
27001		\$571.44
27003		\$635.62
27005		\$758.18
27006		\$758.90
27025		\$973.56
27027		\$923.52
27030		\$977.18
27033		\$1,014.17

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
27035		\$1,212.50
27036		\$1,066.02
27040		\$361.87
27041		\$742.95
27043		\$486.96
27045		\$761.80
27047		\$524.31
27048		\$638.16
27049		\$1,477.20
27050		\$435.47
27052		\$615.32
27054		\$726.99
27057		\$1,049.34
27059		\$1,859.73
27060		\$496.75
27062		\$483.70
27065		\$556.94
27066		\$858.25
27067		\$1,083.42
27070		\$930.77
27071		\$1,021.78
27075		\$2,143.28
27076		\$2,584.91
27077		\$2,879.34
27078		\$2,113.91
27080		\$531.92
27086		\$333.95
27087		\$641.42
27090		\$869.86
27091		\$1,646.89
27093		\$247.65
27095		\$328.14

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27096		\$176.22
27097		\$720.83
27098		\$734.61
27100		\$873.48
27105		\$914.45
27110		\$1,015.98
27111		\$947.45
27120		\$1,349.20
27122		\$1,149.78
27125		\$1,177.70
27130		\$1,329.98
27132		\$1,726.30
27134		\$1,959.08
27137		\$1,513.09
27138		\$1,571.11
27140		\$938.39
27146		\$1,329.62
27147		\$1,515.63
27151		\$1,635.65
27156		\$1,760.02
27158		\$1,450.36
27161		\$1,269.43
27165		\$1,426.07
27170		\$1,213.23
27175		\$700.53
27176		\$966.31
27177		\$1,163.92
27178		\$966.31
27179		\$1,022.87
27181		\$1,168.63
27185		\$757.45
27187		\$1,041.72

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27197		\$141.05
27198		\$328.87
27200		\$207.76
27202		\$556.21
27215		\$639.61
27216		\$944.91
27217		\$888.71
27218		\$1,216.49
27220		\$444.17
27222		\$1,024.32
27226		\$1,101.91
27227		\$1,706.35
27228		\$1,935.51
27230		\$523.22
27232		\$754.55
27235		\$948.18
27236		\$1,241.87
27238		\$501.10
27240		\$995.67
27244		\$1,276.32
27245		\$1,274.87
27246		\$419.16
27248		\$778.48
27250		\$180.93
27252		\$783.56
27253		\$980.81
27254		\$1,320.56
27256		\$332.86
27257		\$376.01
27258		\$1,158.48
27259		\$1,599.03
27265		\$448.16

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27266		\$617.13
27267		\$473.18
27268		\$578.33
27269		\$1,284.30
27275		\$195.80
27278		\$13,203.39
27279		\$833.60
27280		\$1,386.91
27282		\$903.21
27284		\$1,653.41
27286		\$1,697.65
27290		\$1,681.33
27295		\$1,303.51
27301		\$715.03
27303		\$677.32
27305		\$514.15
27306		\$371.29
27307		\$439.46
27310		\$772.32
27323		\$294.06
27324		\$434.75
27325		\$600.09
27326		\$557.30
27327		\$533.37
27328		\$651.94
27329		\$1,075.08
27330		\$452.51
27331		\$508.35
27332		\$684.21
27333		\$626.56
27334		\$725.54
27335		\$806.76

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27337		\$437.65
27339		\$785.37
27340		\$403.20
27345		\$518.87
27347		\$561.65
27350		\$693.27
27355		\$643.96
27356		\$780.66
27357		\$861.15
27358		\$278.47
27360		\$951.80
27364		\$1,608.09
27365		\$2,112.82
27369		\$197.61
27372		\$623.29
27380		\$662.09
27381		\$865.14
27385		\$647.59
27386		\$903.58
27390		\$481.52
27391		\$614.95
27392		\$753.10
27393		\$533.37
27394		\$692.91
27395		\$926.78
27396		\$655.20
27397		\$961.23
27400		\$734.97
27403		\$682.76
27405		\$715.39
27407		\$839.40
27409		\$1,012.35

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27412		\$1,707.80
27415		\$1,428.97
27416		\$1,023.96
27418		\$865.87
27420		\$790.45
27422		\$782.11
27424		\$789.00
27425		\$486.60
27427		\$748.03
27428		\$1,170.81
27429		\$1,319.47
27430		\$782.83
27435		\$851.00
27437		\$699.08
27438		\$882.55
27440		\$838.67
27441		\$865.14
27442		\$910.47
27443		\$857.53
27445		\$1,303.15
27446		\$1,192.56
27447		\$1,328.17
27448		\$869.13
27450		\$1,055.14
27454		\$1,344.49
27455		\$1,006.19
27457		\$985.88
27465		\$1,295.90
27466		\$1,234.26
27468		\$1,391.99
27470		\$1,231.36
27472		\$1,315.12

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
27475		\$701.25
27477		\$772.32
27479		\$960.87
27485		\$709.23
27486		\$1,455.80
27487		\$1,809.69
27488		\$1,249.85
27495		\$1,176.97
27496		\$585.22
27497		\$614.23
27498		\$695.81
27499		\$741.50
27500		\$560.20
27501		\$538.45
27502		\$787.55
27503		\$839.76
27506		\$1,392.35
27507		\$1,005.83
27508		\$565.64
27509		\$717.20
27510		\$717.20
27511		\$1,033.02
27513		\$1,275.96
27514		\$1,002.56
27516		\$561.65
27517		\$730.98
27519		\$925.69
27520		\$359.69
27524		\$792.99
27530		\$340.84
27532		\$664.63
27535		\$932.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27536		\$1,237.16
27538		\$525.39
27540		\$854.99
27550		\$552.23
27552		\$674.42
27556		\$911.19
27557		\$1,081.97
27558		\$1,228.46
27560		\$408.64
27562		\$526.12
27566		\$935.12
27570		\$163.89
27580		\$1,537.02
27590		\$792.62
27591		\$1,006.55
27592		\$681.67
27594		\$522.13
27596		\$726.99
27598		\$707.42
27600		\$415.53
27601		\$465.20
27602		\$485.15
27603		\$557.66
27604		\$479.71
27605		\$353.53
27606		\$284.27
27607		\$631.63
27610		\$681.31
27612		\$608.07
27613		\$272.31
27614		\$629.10
27615		\$1,048.25

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27616		\$1,298.80
27618		\$519.23
27619		\$497.47
27620		\$478.26
27625		\$608.43
27626		\$655.56
27630		\$577.24
27632		\$427.86
27634		\$702.70
27635		\$613.50
27637		\$788.27
27638		\$782.11
27640		\$873.48
27641		\$688.56
27645		\$1,824.56
27646		\$1,588.51
27647		\$1,051.88
27648		\$226.98
27650		\$697.99
27652		\$712.49
27654		\$758.90
27656		\$566.00
27658		\$394.86
27659		\$503.64
27664		\$387.25
27665		\$452.88
27675		\$527.57
27676		\$645.05
27680		\$448.53
27681		\$539.54
27685		\$702.70
27686		\$564.92

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27687		\$484.06
27690		\$678.05
27691		\$785.73
27692		\$104.06
27695		\$517.78
27696		\$582.68
27698		\$674.06
27700		\$749.84
27702		\$1,006.55
27703		\$1,159.20
27704		\$600.45
27705		\$788.27
27707		\$434.02
27709		\$1,193.65
27712		\$1,150.86
27715		\$1,118.59
27720		\$915.90
27722		\$939.11
27724		\$1,299.53
27725		\$1,269.43
27726		\$998.21
27727		\$1,085.60
27730		\$624.02
27732		\$485.51
27734		\$695.81
27740		\$747.30
27742		\$818.73
27745		\$784.28
27750		\$382.90
27752		\$577.61
27756		\$614.59
27758		\$940.20

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27759		\$1,041.00
27760		\$368.03
27762		\$530.11
27766		\$641.79
27767		\$320.53
27768		\$484.42
27769		\$764.70
27780		\$341.92
27781		\$478.62
27784		\$756.00
27786		\$345.91
27788		\$463.75
27792		\$683.12
27808		\$371.29
27810		\$515.97
27814		\$804.95
27816		\$366.22
27818		\$534.46
27822		\$922.79
27823		\$1,036.29
27824		\$346.64
27825		\$586.67
27826		\$903.21
27827		\$1,178.06
27828		\$1,388.72
27829		\$750.20
27830		\$426.41
27831		\$441.64
27832		\$800.24
27840		\$418.07
27842		\$526.12
27846		\$765.79

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
27848		\$830.33
27860		\$173.68
27870		\$1,056.59
27871		\$728.81
27880		\$909.02
27881		\$859.70
27882		\$600.09
27884		\$594.65
27886		\$664.99
27888		\$575.43
27889		\$654.84
27892		\$559.84
27893		\$651.21
27894		\$840.85
28001		\$183.11
28002		\$262.52
28003		\$399.94
28005		\$608.79
28008		\$457.95
28010		\$252.73
28011		\$339.39
28020		\$579.06
28022		\$521.04
28024		\$495.30
28035		\$564.19
28039		\$509.08
28041		\$479.35
28043		\$410.45
28045		\$513.79
28046		\$740.05
28047		\$1,081.61
28050		\$446.35

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
28052		\$418.43
28054		\$393.77
28055		\$415.17
28060		\$554.40
28062		\$617.86
28070		\$542.80
28072		\$525.39
28080		\$572.53
28086		\$559.84
28088		\$497.47
28090		\$499.29
28092		\$453.60
28100		\$652.66
28102		\$647.59
28103		\$414.80
28104		\$561.29
28106		\$455.78
28107		\$543.52
28108		\$465.57
28110		\$496.39
28111		\$507.63
28112		\$515.97
28113		\$626.56
28114		\$1,133.82
28116		\$818.01
28118		\$645.41
28119		\$563.10
28120		\$713.94
28122		\$632.72
28124		\$511.98
28126		\$419.16
28130		\$657.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
28140		\$602.26
28150		\$448.16
28153		\$434.38
28160		\$438.01
28171		\$1,150.86
28173		\$768.69
28175		\$501.10
28190		\$258.16
28192		\$490.95
28193		\$556.94
28200		\$528.66
28202		\$637.80
28208		\$518.87
28210		\$633.08
28220		\$482.97
28222		\$574.71
28225		\$443.09
28226		\$658.10
28230		\$463.03
28232		\$405.01
28234		\$440.55
28238		\$715.39
28240		\$474.63
28250		\$627.28
28260		\$775.22
28261		\$1,134.91
28262		\$1,445.65
28264		\$923.52
28270		\$521.04
28272		\$410.82
28280		\$539.90
28285		\$578.33

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
28286		\$475.36
28288		\$646.50
28289		\$735.70
28291		\$736.42
28292		\$749.11
28295		\$1,118.59
28296		\$948.18
28297		\$1,092.12
28298		\$893.06
28299		\$1,082.33
28300		\$687.11
28302		\$754.55
28304		\$878.92
28305		\$713.94
28306		\$651.58
28307		\$834.32
28308		\$611.69
28309		\$952.53
28310		\$584.86
28312		\$582.68
28313		\$563.83
28315		\$511.25
28320		\$652.30
28322		\$836.13
28340		\$607.34
28341		\$704.15
28344		\$449.98
28345		\$549.69
28360		\$1,152.68
28400		\$273.03
28405		\$490.59
28406		\$631.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
28415		\$1,181.32
28420		\$1,358.27
28430		\$264.33
28435		\$404.65
28436		\$534.46
28445		\$1,101.91
28446		\$1,276.68
28450		\$233.15
28455		\$279.92
28456		\$403.20
28465		\$683.48
28470		\$240.40
28475		\$285.00
28476		\$419.88
28485		\$604.44
28490		\$156.64
28495		\$198.34
28496		\$544.97
28505		\$695.81
28510		\$133.80
28515		\$182.02
28525		\$610.60
28530		\$129.08
28531		\$356.06
28540		\$216.47
28545		\$339.75
28546		\$632.72
28555		\$916.63
28570		\$260.34
28575		\$413.72
28576		\$416.98
28585		\$957.97

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
28600		\$206.31
28605		\$376.01
28606		\$419.52
28615		\$880.73
28630		\$166.79
28635		\$185.28
28636		\$379.27
28645		\$696.90
28660		\$135.61
28665		\$163.89
28666		\$188.55
28675		\$617.49
28705		\$1,277.05
28715		\$989.15
28725		\$821.99
28730		\$767.24
28735		\$818.73
28737		\$730.98
28740		\$878.56
28750		\$829.61
28755		\$539.54
28760		\$822.36
28800		\$558.39
28805		\$739.69
28810		\$444.54
28820		\$315.09
28825		\$310.38
28890		\$336.12
29000		\$385.43
29010		\$301.68
29015		\$321.98
29035		\$284.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
29040		\$323.07
29044		\$317.27
29046		\$346.27
29049		\$108.05
29055		\$245.11
29058		\$132.71
29065		\$105.15
29075		\$95.00
29085		\$104.06
29086		\$84.48
29105		\$89.20
29125		\$72.88
29126		\$85.21
29130		\$44.96
29131		\$58.38
29200		\$34.45
29240		\$31.91
29260		\$31.18
29280		\$31.91
29305		\$270.86
29325		\$298.77
29345		\$145.04
29355		\$151.93
29358		\$175.49
29365		\$134.16
29405		\$87.02
29425		\$81.58
29435		\$133.43
29440		\$46.77
29445		\$137.06
29450		\$155.91
29505		\$97.54

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
29515		\$78.32
29520		\$37.35
29530		\$31.55
29540		\$30.10
29550		\$20.67
29580		\$68.53
29581		\$95.72
29584		\$87.02
29700		\$68.89
29705		\$67.44
29710		\$130.90
29720		\$93.55
29730		\$69.62
29740		\$105.51
29750		\$113.49
29800		\$562.74
29804		\$632.00
29805		\$496.39
29806		\$1,108.08
29807		\$1,082.33
29819		\$621.12
29820		\$564.19
29821		\$626.56
29822		\$573.62
29823		\$626.56
29824		\$715.75
29825		\$620.03
29826		\$174.77
29827		\$1,116.06
29828		\$959.42
29830		\$486.23
29834		\$521.77

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
29835		\$540.26
29836		\$618.22
29837		\$556.21
29838		\$630.18
29840		\$480.80
29843		\$517.78
29844		\$530.47
29845		\$622.21
29846		\$555.13
29847		\$576.16
29848		\$547.15
29850		\$659.92
29851		\$972.47
29855		\$820.18
29856		\$1,036.65
29860		\$691.46
29861		\$750.20
29862		\$857.89
29863		\$857.17
29866		\$1,102.64
29867		\$1,333.97
29868		\$1,729.20
29870		\$591.02
29871		\$546.42
29873		\$573.98
29874		\$569.27
29875		\$526.48
29876		\$688.92
29877		\$655.93
29879		\$697.99
29880		\$595.01
29881		\$573.62

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
29882		\$725.18
29883		\$884.72
29884		\$654.84
29885		\$796.98
29886		\$672.97
29887		\$794.44
29888		\$1,018.16
29889		\$1,279.95
29891		\$713.58
29892		\$682.03
29893		\$716.48
29894		\$533.73
29895		\$490.95
29897		\$523.94
29898		\$593.20
29899		\$1,051.15
29900		\$539.54
29901		\$576.52
29902		\$610.24
29904		\$675.14
29905		\$550.05
29906		\$691.46
29907		\$920.98
29914		\$1,037.74
29915		\$1,062.75
29916		\$1,058.77
30000		\$285.72
30020		\$291.16
30100		\$151.56
30110		\$268.32
30115		\$500.38
30117		\$1,068.19

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
30118		\$757.09
30120		\$545.34
30124		\$327.42
30125		\$699.44
30130		\$448.16
30140		\$315.45
30150		\$849.55
30160		\$867.68
30200		\$118.93
30210		\$163.17
30220		\$328.14
30300		\$226.98
30310		\$223.36
30320		\$524.31
30400		\$1,307.87
30410		\$1,499.31
30420		\$1,544.28
30435		\$1,421.72
30460		\$871.31
30465		\$1,092.12
30468		\$2,711.82
30469		\$2,651.27
30520		\$722.64
30540		\$790.09
30545		\$1,067.83
30560		\$347.72
30580		\$650.85
30600		\$553.68
30620		\$724.82
30630		\$714.67
30801		\$236.05
30802		\$298.77

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
30901		\$167.15
30903		\$260.70
30905		\$374.92
30906		\$402.11
30915		\$642.87
30920		\$926.78
30930		\$126.91
31000		\$200.51
31002		\$203.41
31020		\$452.51
31030		\$688.56
31032		\$635.26
31040		\$857.17
31050		\$553.31
31051		\$741.86
31070		\$511.25
31075		\$882.55
31080		\$1,160.65
31081		\$1,241.87
31084		\$1,284.66
31085		\$1,322.73
31086		\$1,251.30
31087		\$1,188.94
31090		\$1,184.58
31200		\$677.32
31201		\$832.15
31205		\$1,010.18
31225		\$1,892.73
31230		\$2,108.47
31231		\$201.24
31233		\$293.70
31235		\$333.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
31237		\$274.12
31238		\$266.14
31239		\$641.42
31240		\$166.07
31241		\$460.13
31242		\$2,715.08
31243		\$2,635.31
31253		\$516.69
31254		\$465.57
31255		\$334.67
31256		\$187.10
31257		\$460.85
31259		\$487.32
31267		\$275.21
31276		\$391.24
31287		\$208.85
31288		\$242.57
31290		\$1,191.47
31291		\$1,267.62
31292		\$1,035.56
31293		\$1,123.67
31294		\$1,282.12
31295		\$1,780.32
31296		\$1,806.79
31297		\$1,765.46
31298		\$3,348.89
31300		\$1,323.46
31360		\$2,158.14
31365		\$2,656.34
31367		\$2,285.05
31368		\$2,524.36
31370		\$2,147.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
31375		\$2,042.11
31380		\$2,014.56
31382		\$2,203.83
31390		\$2,931.19
31395		\$3,076.58
31400		\$1,075.81
31420		\$880.37
31500		\$143.59
31502		\$36.26
31505		\$96.45
31510		\$230.97
31511		\$224.81
31512		\$232.06
31513		\$137.06
31515		\$227.71
31520		\$163.17
31525		\$266.50
31526		\$163.53
31527		\$202.33
31528		\$150.11
31529		\$167.52
31530		\$205.95
31531		\$219.00
31535		\$196.52
31536		\$217.92
31540		\$249.83
31541		\$272.31
31545		\$374.19
31546		\$566.00
31551		\$1,628.03
31552		\$1,572.92
31553		\$1,776.70

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
31554		\$1,777.42
31560		\$322.71
31561		\$352.80
31570		\$364.40
31571		\$257.80
31572		\$562.02
31573		\$307.48
31574		\$1,009.82
31575		\$138.15
31576		\$290.44
31577		\$292.61
31578		\$328.14
31579		\$211.39
31580		\$1,363.34
31584		\$1,494.24
31587		\$1,280.31
31590		\$991.69
31591		\$1,168.27
31592		\$1,824.56
31600		\$310.02
31601		\$465.57
31603		\$325.24
31605		\$332.86
31610		\$1,012.35
31611		\$572.17
31612		\$98.99
31613		\$450.70
31614		\$755.64
31615		\$183.47
31622		\$265.78
31623		\$293.70
31624		\$272.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
31625		\$373.11
31626		\$841.94
31627		\$1,149.78
31628		\$397.40
31629		\$484.06
31630		\$203.05
31631		\$231.33
31632		\$68.53
31633		\$84.85
31634		\$1,582.35
31635		\$311.47
31636		\$221.91
31637		\$77.96
31638		\$252.36
31640		\$253.81
31641		\$260.34
31643		\$175.13
31645		\$292.61
31646		\$146.49
31647		\$211.39
31648		\$203.78
31649		\$68.89
31651		\$77.96
31652		\$1,337.96
31653		\$1,388.00
31654		\$128.36
31660		\$195.80
31661		\$206.68
31717		\$307.11
31720		\$50.40
31725		\$81.58
31730		\$1,128.75

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
31750		\$1,432.23
31755		\$1,841.60
31760		\$1,376.76
31766		\$1,764.01
31770		\$1,320.92
31775		\$1,392.71
31780		\$1,254.20
31781		\$1,498.59
31785		\$1,121.49
31786		\$1,435.14
31800		\$750.93
31805		\$824.89
31820		\$474.99
31825		\$655.56
31830		\$531.92
32035		\$746.21
32036		\$804.23
32096		\$801.69
32097		\$803.14
32098		\$760.72
32100		\$815.47
32110		\$1,482.63
32120		\$879.28
32124		\$929.68
32140		\$994.22
32141		\$1,514.54
32150		\$1,024.68
32151		\$1,008.73
32160		\$807.13
32200		\$1,148.33
32215		\$809.67
32220		\$1,605.92

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
32225		\$999.66
32310		\$923.52
32320		\$1,608.82
32400		\$179.48
32408		\$907.57
32440		\$1,564.94
32442		\$3,012.04
32445		\$3,494.65
32480		\$1,476.11
32482		\$1,578.00
32484		\$1,427.16
32486		\$2,313.33
32488		\$2,370.62
32491		\$1,472.84
32501		\$238.22
32503		\$1,784.31
32504		\$2,029.42
32505		\$934.03
32506		\$153.38
32507		\$153.01
32540		\$1,720.49
32550		\$825.98
32551		\$157.00
32552		\$191.45
32553		\$539.17
32554		\$250.55
32555		\$335.03
32556		\$794.80
32557		\$705.24
32560		\$269.77
32561		\$100.08
32562		\$89.56

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
32601		\$306.39
32604		\$473.54
32606		\$456.86
32607		\$305.66
32608		\$374.92
32609		\$256.35
32650		\$675.87
32651		\$1,095.75
32652		\$1,656.32
32653		\$1,062.03
32654		\$1,186.76
32655		\$959.42
32656		\$808.58
32658		\$720.11
32659		\$741.14
32661		\$802.41
32662		\$897.41
32663		\$1,391.26
32664		\$851.00
32665		\$1,227.01
32666		\$873.84
32667		\$153.38
32668		\$153.38
32669		\$1,336.15
32670		\$1,590.69
32671		\$1,756.39
32672		\$1,508.02
32673		\$1,212.14
32674		\$210.67
32701		\$209.58
32800		\$946.36
32810		\$906.84

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
32815		\$2,781.07
32820		\$1,335.42
32851		\$3,239.03
32852		\$3,495.38
32853		\$4,519.70
32854		\$4,784.03
32900		\$1,357.54
32905		\$1,330.71
32906		\$1,636.74
32940		\$1,231.36
32960		\$134.88
32994		\$5,144.80
32997		\$348.09
32998		\$3,278.91
33016		\$232.06
33017		\$244.75
33018		\$285.36
33019		\$213.93
33020		\$824.89
33025		\$771.59
33030		\$1,984.46
33031		\$2,447.49
33050		\$1,009.82
33120		\$2,067.13
33130		\$1,358.99
33140		\$1,539.92
33141		\$129.08
33202		\$771.59
33203		\$808.58
33206		\$457.95
33207		\$480.07
33208		\$519.23

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33210		\$160.27
33211		\$167.52
33212		\$325.97
33213		\$341.56
33214		\$482.61
33215		\$312.55
33216		\$376.01
33217		\$373.11
33218		\$394.50
33220		\$384.35
33221		\$361.14
33222		\$349.54
33223		\$412.99
33224		\$507.63
33225		\$456.86
33226		\$485.15
33227		\$342.65
33228		\$357.51
33229		\$376.01
33230		\$376.01
33231		\$404.29
33233		\$238.22
33234		\$487.32
33235		\$641.06
33236		\$790.09
33237		\$846.29
33238		\$957.97
33240		\$371.29
33241		\$218.64
33243		\$1,374.58
33244		\$866.96
33249		\$914.09

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33250		\$1,446.01
33251		\$1,617.52
33254		\$1,357.90
33255		\$1,613.17
33256		\$1,907.59
33257		\$585.22
33258		\$650.13
33259		\$849.91
33261		\$1,597.58
33262		\$375.28
33263		\$389.79
33264		\$406.10
33265		\$1,357.18
33266		\$1,826.01
33267		\$1,040.27
33268		\$127.27
33269		\$827.80
33270		\$562.38
33271		\$456.86
33272		\$350.26
33273		\$404.65
33274		\$479.71
33275		\$504.73
33285		\$4,502.29
33286		\$134.52
33289		\$331.41
33300		\$2,413.04
33305		\$4,032.74
33310		\$1,166.09
33315		\$1,897.80
33320		\$1,066.74
33321		\$1,183.13

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33322		\$1,391.26
33330		\$1,415.19
33335		\$1,848.49
33340		\$772.32
33361		\$1,192.56
33362		\$1,299.16
33363		\$1,347.75
33364		\$1,340.86
33365		\$1,405.04
33366		\$1,546.45
33367		\$597.19
33368		\$723.37
33369		\$955.06
33370		\$131.26
33390		\$1,903.60
33391		\$2,254.95
33404		\$1,733.91
33405		\$2,246.98
33406		\$2,846.70
33410		\$2,511.31
33411		\$3,308.28
33412		\$3,094.35
33413		\$3,174.12
33414		\$2,121.16
33415		\$2,007.30
33416		\$2,005.85
33417		\$1,661.39
33418		\$1,786.12
33419		\$417.34
33420		\$1,440.94
33422		\$1,651.24
33425		\$2,699.13

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33426		\$2,358.65
33427		\$2,415.22
33430		\$2,773.10
33440		\$3,345.26
33460		\$2,362.64
33463		\$3,043.59
33464		\$2,414.86
33465		\$2,721.61
33468		\$2,417.39
33474		\$2,157.78
33475		\$2,300.64
33476		\$1,519.98
33477		\$1,315.48
33478		\$1,568.93
33496		\$1,651.24
33500		\$1,548.26
33501		\$1,112.07
33502		\$1,279.58
33503		\$1,331.07
33504		\$1,464.14
33505		\$2,027.25
33506		\$2,023.98
33507		\$1,700.91
33508		\$15.95
33509		\$169.33
33510		\$1,916.29
33511		\$2,103.75
33512		\$2,394.55
33513		\$2,443.86
33514		\$2,574.03
33516		\$2,664.32
33517		\$183.47

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33518		\$402.11
33519		\$531.92
33521		\$637.43
33522		\$716.12
33523		\$807.85
33530		\$513.43
33533		\$1,855.74
33534		\$2,178.08
33535		\$2,419.57
33536		\$2,606.67
33542		\$2,590.71
33545		\$3,020.02
33548		\$2,911.61
33572		\$225.89
33600		\$1,711.07
33602		\$1,661.75
33606		\$1,767.99
33608		\$1,790.47
33610		\$1,766.18
33611		\$1,927.17
33612		\$1,978.30
33615		\$1,980.47
33617		\$2,143.28
33619		\$2,726.32
33620		\$1,629.85
33621		\$926.42
33622		\$3,373.55
33641		\$1,622.96
33645		\$1,713.61
33647		\$1,796.28
33660		\$1,737.17
33665		\$1,890.55

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33670		\$1,940.95
33675		\$1,947.11
33676		\$1,998.60
33677		\$2,074.75
33681		\$1,836.16
33684		\$1,865.89
33688		\$1,855.74
33690		\$1,204.89
33692		\$1,926.81
33694		\$1,927.17
33697		\$2,029.06
33702		\$1,540.29
33710		\$2,025.07
33720		\$1,541.37
33724		\$1,523.61
33726		\$2,006.58
33730		\$1,988.09
33732		\$1,642.54
33735		\$1,298.44
33736		\$1,406.49
33741		\$740.77
33745		\$1,058.40
33746		\$423.14
33750		\$1,256.38
33755		\$1,318.74
33762		\$1,275.96
33764		\$1,318.74
33766		\$1,324.91
33767		\$1,413.02
33768		\$406.83
33770		\$2,085.62
33771		\$2,140.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33774		\$1,791.56
33775		\$1,841.96
33776		\$1,949.29
33777		\$1,873.15
33778		\$2,324.93
33779		\$2,286.86
33780		\$2,331.46
33781		\$2,272.00
33782		\$3,174.12
33783		\$3,428.66
33786		\$2,246.25
33788		\$1,521.07
33800		\$982.62
33802		\$1,089.59
33803		\$1,145.42
33814		\$1,521.07
33820		\$967.03
33822		\$1,018.88
33824		\$1,182.77
33840		\$1,239.70
33845		\$1,335.42
33851		\$1,272.69
33852		\$1,396.34
33853		\$1,823.11
33858		\$3,339.46
33859		\$2,402.89
33863		\$3,095.80
33864		\$3,159.98
33866		\$900.31
33871		\$3,203.85
33875		\$2,705.65
33877		\$3,535.62

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
33880		\$1,748.78
33881		\$1,502.58
33883		\$1,092.85
33884		\$381.81
33886		\$943.10
33889		\$773.04
33891		\$931.13
33894		\$967.03
33895		\$769.78
33897		\$572.17
33900		\$579.06
33901		\$760.72
33902		\$734.61
33903		\$865.87
33904		\$290.44
33910		\$2,579.11
33915		\$1,361.89
33916		\$4,105.62
33917		\$1,456.17
33920		\$1,791.20
33922		\$1,386.91
33924		\$278.83
33925		\$1,695.84
33926		\$2,379.32
33927		\$2,492.45
33935		\$4,852.56
33945		\$4,798.53
33946		\$306.39
33947		\$338.66
33948		\$238.58
33949		\$232.78
33951		\$413.72

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
33952		\$420.97
33953		\$461.94
33954		\$466.65
33955		\$808.22
33956		\$819.09
33957		\$180.21
33958		\$180.21
33959		\$229.16
33962		\$229.16
33963		\$456.50
33964		\$481.88
33965		\$180.21
33966		\$233.51
33967		\$254.90
33968		\$33.36
33969		\$266.50
33970		\$347.36
33971		\$710.32
33973		\$489.86
33974		\$893.06
33975		\$1,278.13
33976		\$1,545.73
33977		\$1,108.08
33978		\$1,305.69
33979		\$1,903.97
33980		\$1,752.76
33981		\$809.30
33982		\$1,902.88
33983		\$2,239.36
33984		\$278.11
33985		\$501.10
33986		\$513.43

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
33987		\$203.41
33988		\$757.82
33989		\$481.88
33990		\$355.70
33991		\$444.17
33992		\$185.28
33993		\$164.62
33995		\$350.63
33997		\$158.81
34001		\$895.24
34051		\$993.86
34101		\$587.03
34111		\$586.31
34151		\$1,363.70
34201		\$1,000.75
34203		\$931.13
34401		\$1,493.87
34421		\$682.03
34451		\$1,401.41
34471		\$1,055.86
34490		\$566.00
34501		\$881.46
34502		\$1,538.84
34510		\$1,000.03
34520		\$969.57
34530		\$924.97
34701		\$1,209.24
34702		\$1,800.63
34703		\$1,341.59
34704		\$2,233.56
34705		\$1,491.70
34706		\$2,218.33

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
34707		\$1,135.27
34708		\$1,768.36
34709		\$312.92
34710		\$781.38
34711		\$285.36
34712		\$646.14
34713		\$119.66
34714		\$263.24
34715		\$289.71
34716		\$364.04
34717		\$429.67
34718		\$1,208.88
34808		\$196.16
34812		\$199.79
34813		\$227.71
34820		\$325.61
34830		\$1,716.87
34831		\$1,880.03
34832		\$1,845.23
34833		\$380.00
34834		\$125.09
35001		\$1,102.28
35002		\$1,113.52
35005		\$976.46
35011		\$994.59
35013		\$1,248.76
35021		\$1,253.84
35022		\$1,431.87
35045		\$956.52
35081		\$1,691.49
35082		\$2,110.64
35091		\$1,733.18

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
35092		\$2,531.25
35102		\$1,838.34
35103		\$2,160.68
35111		\$1,297.35
35112		\$1,592.86
35121		\$1,540.65
35122		\$1,841.24
35131		\$1,352.83
35132		\$1,592.86
35141		\$1,069.28
35142		\$1,291.91
35151		\$1,215.41
35152		\$1,364.07
35180		\$770.51
35182		\$1,781.05
35184		\$944.19
35188		\$1,287.20
35189		\$1,472.84
35190		\$749.84
35201		\$927.87
35206		\$791.17
35207		\$788.64
35211		\$1,386.19
35216		\$2,101.94
35221		\$1,463.42
35226		\$817.64
35231		\$1,275.23
35236		\$993.14
35241		\$1,426.07
35246		\$1,548.99
35251		\$1,720.86
35256		\$995.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
35261		\$961.59
35266		\$856.08
35271		\$1,379.30
35276		\$1,449.64
35281		\$1,594.31
35286		\$911.92
35301		\$1,106.63
35302		\$1,094.30
35303		\$1,198.36
35304		\$1,246.95
35305		\$1,199.81
35306		\$430.03
35311		\$1,535.21
35321		\$884.36
35331		\$1,423.53
35341		\$1,359.72
35351		\$1,257.47
35355		\$1,005.83
35361		\$1,484.81
35363		\$1,582.71
35371		\$799.15
35372		\$956.52
35390		\$154.10
35400		\$143.22
35500		\$308.93
35501		\$1,421.72
35506		\$1,242.24
35508		\$1,298.44
35509		\$1,375.67
35510		\$1,199.45
35511		\$1,093.21
35512		\$1,176.25

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
35515		\$1,298.44
35516		\$1,190.39
35518		\$1,114.24
35521		\$1,200.18
35522		\$1,141.44
35523		\$1,201.99
35525		\$1,109.17
35526		\$1,711.07
35531		\$1,898.16
35533		\$1,469.94
35535		\$1,852.84
35536		\$1,646.89
35537		\$2,028.33
35538		\$2,271.27
35539		\$2,132.04
35540		\$2,374.61
35556		\$1,361.89
35558		\$1,215.77
35560		\$1,661.03
35563		\$1,293.00
35565		\$1,284.66
35566		\$1,621.51
35570		\$1,438.04
35571		\$1,293.36
35572		\$333.58
35583		\$1,408.30
35585		\$1,629.85
35587		\$1,301.70
35600		\$182.02
35601		\$1,368.42
35606		\$1,151.59
35612		\$1,023.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
35616		\$1,075.44
35621		\$1,072.91
35623		\$1,283.21
35626		\$1,563.13
35631		\$1,810.42
35632		\$1,759.65
35633		\$1,932.25
35634		\$1,721.94
35636		\$1,554.79
35637		\$1,616.07
35638		\$1,694.39
35642		\$969.93
35645		\$927.87
35646		\$1,665.38
35647		\$1,515.63
35650		\$997.85
35654		\$1,332.88
35656		\$1,049.70
35661		\$1,061.67
35663		\$1,191.11
35665		\$1,150.50
35666		\$1,264.35
35671		\$1,113.52
35681		\$77.59
35682		\$341.92
35683		\$395.22
35685		\$191.45
35686		\$155.19
35691		\$926.42
35693		\$824.17
35694		\$967.39
35695		\$1,003.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
35697		\$141.77
35700		\$146.85
35701		\$449.25
35702		\$409.37
35703		\$412.63
35800		\$751.65
35820		\$1,992.44
35840		\$1,224.47
35860		\$833.96
35870		\$1,219.39
35875		\$583.41
35876		\$924.24
35879		\$902.49
35881		\$1,010.18
35883		\$1,168.63
35884		\$1,208.15
35901		\$473.91
35903		\$562.02
35905		\$1,637.46
35907		\$1,863.36
36002		\$160.99
36005		\$268.32
36010		\$569.63
36011		\$843.75
36012		\$880.37
36013		\$827.43
36014		\$829.25
36015		\$891.97
36100		\$560.57
36140		\$540.99
36160		\$584.13
36200		\$622.93

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
36215		\$1,096.11
36216		\$1,121.49
36217		\$1,913.03
36218		\$221.91
36221		\$1,040.27
36222		\$1,300.98
36223		\$1,770.89
36224		\$2,188.60
36225		\$1,680.61
36226		\$2,132.04
36227		\$253.09
36228		\$1,372.41
36245		\$1,308.95
36246		\$873.12
36247		\$1,496.05
36248		\$122.19
36251		\$1,355.73
36252		\$1,461.97
36253		\$2,124.42
36254		\$2,079.10
36260		\$672.97
36261		\$426.41
36262		\$327.06
36400		\$29.37
36405		\$25.74
36406		\$19.22
36410		\$18.85
36415		\$3.31
36416		\$7.34
36420		\$47.14
36425		\$40.61
36430		\$45.69

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
36440		\$52.58
36450		\$178.03
36455		\$123.64
36456		\$101.53
36460		\$351.35
36465		\$1,377.85
36466		\$1,452.90
36470		\$122.92
36471		\$212.12
36473		\$1,279.22
36474		\$265.05
36475		\$1,129.47
36476		\$292.97
36478		\$1,030.85
36479		\$315.82
36481		\$1,827.46
36482		\$1,773.80
36483		\$141.41
36500		\$181.66
36510		\$92.10
36511		\$116.75
36512		\$110.95
36513		\$110.23
36514		\$720.47
36516		\$1,925.72
36522		\$1,444.93
36555		\$200.15
36556		\$226.26
36557		\$1,216.13
36558		\$869.86
36560		\$1,293.72
36561		\$1,025.41

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
36563		\$1,150.14
36565		\$866.23
36566		\$4,475.46
36568		\$93.55
36569		\$96.09
36570		\$1,530.50
36571		\$1,320.19
36572		\$395.59
36573		\$405.38
36575		\$154.10
36576		\$360.42
36578		\$450.34
36580		\$199.43
36581		\$819.09
36582		\$917.36
36583		\$1,205.62
36584		\$344.82
36585		\$1,204.16
36589		\$172.23
36590		\$231.33
36591		\$30.10
36592		\$32.63
36593		\$37.35
36595		\$626.56
36596		\$122.92
36597		\$116.75
36598		\$127.63
36600		\$29.37
36620		\$45.69
36625		\$106.60
36640		\$124.01
36660		\$71.07

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
36680		\$60.19
36800		\$124.01
36810		\$217.19
36815		\$132.71
36818		\$681.31
36819		\$719.74
36820		\$717.20
36821		\$651.58
36823		\$1,422.08
36825		\$783.92
36830		\$658.10
36831		\$609.88
36832		\$747.66
36833		\$796.61
36835		\$490.22
36836		\$8,703.27
36837		\$10,356.32
36838		\$1,116.42
36860		\$243.66
36861		\$137.06
36901		\$744.76
36902		\$1,275.60
36903		\$4,496.49
36904		\$1,907.95
36905		\$2,402.17
36906		\$5,719.51
36907		\$620.39
36908		\$1,493.51
36909		\$2,002.23
37140		\$2,331.82
37145		\$2,164.31
37160		\$2,223.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
37180		\$2,137.11
37181		\$2,331.82
37182		\$825.98
37183		\$6,156.80
37184		\$1,794.46
37185		\$494.94
37186		\$1,245.14
37187		\$1,778.87
37188		\$1,525.78
37191		\$2,135.66
37192		\$1,336.51
37193		\$1,576.91
37197		\$1,647.98
37200		\$217.55
37211		\$383.26
37212		\$335.76
37213		\$229.52
37214		\$120.74
37215		\$972.83
37216		\$1,026.13
37217		\$1,057.68
37218		\$819.09
37220		\$2,640.03
37221		\$3,239.39
37222		\$645.05
37223		\$1,335.06
37224		\$3,069.70
37225		\$9,263.11
37226		\$8,580.72
37227		\$11,832.07
37228		\$4,357.62
37229		\$9,421.56

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
37230		\$9,433.89
37231		\$12,476.76
37232		\$860.79
37233		\$1,102.64
37234		\$3,847.45
37235		\$4,182.12
37236		\$2,892.39
37237		\$1,358.99
37238		\$3,651.65
37239		\$1,824.92
37241		\$4,896.43
37242		\$7,491.49
37243		\$9,089.43
37244		\$6,933.83
37246		\$1,910.85
37247		\$616.77
37248		\$1,426.07
37249		\$462.30
37252		\$1,003.65
37253		\$180.93
37500		\$622.57
37565		\$745.12
37600		\$773.04
37605		\$724.82
37606		\$747.30
37607		\$375.28
37609		\$327.06
37615		\$533.37
37616		\$1,133.46
37617		\$1,329.62
37618		\$399.94
37619		\$1,732.46

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
37650		\$454.69
37660		\$1,325.27
37700		\$246.56
37718		\$390.15
37722		\$458.68
37735		\$575.07
37760		\$569.63
37761		\$537.72
37765		\$435.83
37766		\$511.62
37780		\$237.13
37785		\$361.87
37788		\$1,310.04
37790		\$509.08
38100		\$1,166.82
38101		\$1,176.97
38102		\$262.88
38115		\$1,304.24
38120		\$1,079.43
38200		\$134.16
38205		\$88.47
38206		\$86.66
38207		\$46.77
38208		\$29.37
38209		\$12.33
38210		\$81.95
38211		\$74.33
38212		\$48.95
38213		\$12.33
38214		\$42.06
38215		\$48.95
38220		\$169.33

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
38221		\$175.13
38222		\$188.55
38228		\$310.38
38230		\$206.31
38232		\$194.35
38240		\$254.90
38241		\$188.18
38242		\$133.07
38243		\$130.53
38300		\$358.97
38305		\$513.79
38308		\$486.60
38380		\$606.98
38381		\$812.20
38382		\$695.09
38500		\$352.44
38505		\$186.01
38510		\$554.40
38520		\$485.87
38525		\$455.41
38530		\$588.49
38531		\$461.94
38542		\$548.96
38550		\$542.07
38555		\$1,050.43
38562		\$736.78
38564		\$720.47
38570		\$537.00
38571		\$689.65
38572		\$932.95
38573		\$1,220.84
38700		\$846.65

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
38720		\$1,398.15
38724		\$1,515.63
38740		\$721.92
38745		\$904.30
38746		\$210.30
38747		\$266.50
38760		\$862.97
38765		\$1,342.67
38770		\$839.40
38780		\$1,084.87
38790		\$84.85
38792		\$88.11
38794		\$294.42
38900		\$138.15
39000		\$519.59
39010		\$795.16
39200		\$870.22
39220		\$1,143.97
39401		\$307.84
39402		\$400.30
39501		\$867.68
39503		\$5,728.21
39540		\$878.92
39541		\$943.10
39545		\$903.94
39560		\$820.91
39561		\$1,275.23
40490		\$131.26
40510		\$524.31
40520		\$538.09
40525		\$583.41
40527		\$664.99

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
40530		\$595.37
40650		\$515.60
40652		\$554.40
40654		\$628.01
40700		\$1,052.24
40701		\$1,238.97
40702		\$1,042.09
40720		\$1,069.28
40761		\$1,121.13
40800		\$218.28
40801		\$313.28
40804		\$204.14
40805		\$305.30
40806		\$108.05
40808		\$182.75
40810		\$233.87
40812		\$297.32
40814		\$398.12
40816		\$432.57
40818		\$390.51
40819		\$290.07
40820		\$279.92
40830		\$240.40
40831		\$315.82
40840		\$920.62
40842		\$987.70
40843		\$1,267.98
40844		\$1,589.24
40845		\$1,566.39
41000		\$155.91
41005		\$245.84
41006		\$363.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
41007		\$352.44
41008		\$421.33
41009		\$454.69
41010		\$233.51
41015		\$427.86
41016		\$498.56
41017		\$498.56
41018		\$560.93
41019		\$515.60
41100		\$201.60
41105		\$202.33
41108		\$181.30
41110		\$247.29
41112		\$364.04
41113		\$387.97
41114		\$656.65
41115		\$281.01
41116		\$358.97
41120		\$1,120.77
41130		\$1,380.75
41135		\$2,265.47
41140		\$2,285.41
41145		\$2,873.90
41150		\$2,300.28
41153		\$2,499.70
41155		\$3,110.67
41250		\$302.76
41251		\$333.22
41252		\$347.36
41510		\$486.96
41512		\$708.14
41520		\$394.14

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
41530		\$982.26
41800		\$313.64
41805		\$331.77
41806		\$438.74
41822		\$379.63
41823		\$566.73
41825		\$237.86
41826		\$320.53
41827		\$463.75
41828		\$374.92
41830		\$500.74
41872		\$505.45
41874		\$411.90
42000		\$172.96
42100		\$156.64
42104		\$233.87
42106		\$269.04
42107		\$475.36
42120		\$1,060.22
42140		\$335.76
42145		\$728.45
42160		\$242.94
42180		\$272.67
42182		\$351.35
42200		\$968.84
42205		\$1,005.46
42210		\$1,122.94
42215		\$737.87
42220		\$609.15
42225		\$1,037.74
42226		\$962.32
42227		\$895.96

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
42235		\$790.45
42260		\$917.72
42280		\$189.27
42281		\$240.76
42300		\$230.97
42305		\$460.13
42310		\$183.83
42320		\$279.92
42330		\$251.28
42335		\$466.29
42340		\$572.53
42400		\$102.61
42405		\$325.61
42408		\$581.96
42409		\$426.04
42410		\$664.27
42415		\$1,111.70
42420		\$1,242.60
42425		\$882.18
42426		\$1,409.39
42440		\$441.27
42450		\$506.90
42500		\$482.61
42505		\$616.04
42507		\$527.21
42509		\$864.05
42510		\$644.69
42550		\$164.62
42600		\$585.95
42650		\$79.77
42660		\$117.48
42665		\$405.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
42700		\$206.68
42720		\$473.18
42725		\$840.12
42800		\$170.42
42804		\$233.51
42806		\$259.98
42808		\$249.46
42809		\$221.91
42810		\$419.88
42815		\$571.08
42820		\$310.38
42821		\$324.16
42825		\$287.53
42826		\$273.39
42830		\$228.43
42831		\$248.74
42835		\$213.57
42836		\$262.52
42842		\$1,068.56
42844		\$1,451.45
42845		\$2,304.27
42860		\$209.22
42870		\$628.73
42890		\$1,489.16
42892		\$1,954.37
42894		\$2,475.77
42900		\$349.18
42950		\$847.38
42953		\$1,015.98
42955		\$806.76
42960		\$170.42
42961		\$446.35

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
42962		\$548.60
42970		\$437.28
42971		\$480.80
42972		\$536.63
42975		\$101.53
43020		\$583.41
43030		\$552.95
43045		\$1,312.22
43100		\$672.97
43101		\$1,011.27
43107		\$2,971.43
43108		\$4,381.91
43112		\$3,442.08
43113		\$4,293.08
43116		\$4,896.43
43117		\$3,243.74
43118		\$3,578.77
43121		\$2,836.91
43122		\$2,580.56
43123		\$4,448.27
43124		\$3,772.03
43130		\$827.07
43135		\$1,463.78
43180		\$573.26
43191		\$162.44
43192		\$177.31
43193		\$176.58
43194		\$196.16
43195		\$192.90
43196		\$204.50
43197		\$203.05
43198		\$225.53

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
43200		\$282.46
43201		\$278.11
43202		\$382.53
43204		\$139.96
43205		\$146.12
43206		\$324.88
43210		\$438.37
43211		\$242.21
43212		\$192.54
43213		\$1,305.69
43214		\$199.43
43215		\$419.52
43216		\$438.37
43217		\$450.70
43220		\$963.04
43226		\$412.63
43227		\$636.71
43229		\$759.63
43231		\$162.80
43232		\$205.59
43233		\$234.60
43235		\$308.20
43236		\$430.76
43237		\$202.33
43238		\$239.67
43239		\$403.93
43240		\$403.56
43241		\$146.85
43242		\$270.86
43243		\$244.02
43244		\$252.73
43245		\$634.90

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
43246		\$204.86
43247		\$409.73
43248		\$442.72
43249		\$1,155.94
43250		\$480.07
43251		\$529.02
43252		\$362.95
43253		\$270.49
43254		\$278.11
43255		\$670.07
43257		\$240.04
43259		\$233.15
43260		\$332.13
43261		\$348.45
43262		\$367.30
43263		\$368.03
43264		\$374.56
43265		\$445.62
43266		\$223.72
43270		\$781.02
43273		\$122.19
43274		\$475.72
43275		\$387.25
43276		\$495.30
43277		\$389.42
43278		\$445.26
43279		\$1,295.18
43280		\$1,092.12
43281		\$1,547.90
43282		\$1,742.61
43283		\$156.28
43284		\$667.89

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
43285		\$686.38
43286		\$3,169.05
43287		\$3,536.71
43288		\$3,731.79
43291		\$492.40
43300		\$663.18
43305		\$1,147.96
43310		\$1,477.92
43312		\$1,572.19
43313		\$2,932.64
43314		\$3,130.25
43320		\$1,415.19
43325		\$1,376.03
43327		\$830.33
43328		\$1,118.96
43330		\$1,354.28
43331		\$1,342.31
43332		\$1,161.02
43333		\$1,271.61
43334		\$1,237.16
43335		\$1,326.00
43336		\$1,441.66
43337		\$1,535.21
43338		\$112.40
43340		\$1,398.15
43341		\$1,402.50
43351		\$1,328.53
43352		\$1,075.44
43360		\$2,239.36
43361		\$2,721.61
43400		\$1,539.92
43405		\$1,464.14

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
43410		\$1,087.77
43415		\$2,581.29
43420		\$1,067.47
43425		\$1,443.47
43450		\$200.88
43453		\$857.17
43460		\$219.37
43497		\$818.37
43500		\$802.78
43501		\$1,372.04
43502		\$1,543.55
43510		\$969.57
43520		\$708.50
43605		\$853.18
43610		\$994.22
43611		\$1,249.49
43620		\$1,997.51
43621		\$2,291.21
43622		\$2,323.85
43631		\$1,469.58
43632		\$2,053.72
43633		\$1,943.85
43634		\$2,139.29
43635		\$112.04
43640		\$1,210.33
43641		\$1,224.11
43644		\$1,756.39
43645		\$1,867.71
43651		\$674.42
43652		\$783.20
43653		\$596.46
43752		\$40.97

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
43753		\$21.76
43754		\$253.09
43755		\$219.00
43756		\$298.05
43757		\$399.58
43761		\$127.99
43762		\$242.57
43763		\$357.88
43770		\$1,147.60
43771		\$1,299.53
43772		\$965.58
43773		\$1,299.53
43774		\$977.55
43775		\$1,106.63
43800		\$945.27
43810		\$1,031.93
43820		\$1,366.24
43825		\$1,329.98
43830		\$721.56
43831		\$630.91
43832		\$1,064.20
43840		\$1,380.02
43842		\$1,213.23
43843		\$1,303.51
43845		\$1,981.56
43846		\$1,674.45
43847		\$1,830.00
43848		\$1,959.44
43860		\$1,657.04
43865		\$1,726.66
43870		\$725.91
43880		\$1,624.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
43886		\$385.07
43887		\$347.00
43888		\$482.25
44005		\$1,107.72
44010		\$878.20
44015		\$140.69
44020		\$989.15
44021		\$986.61
44025		\$998.58
44050		\$952.53
44055		\$1,505.48
44100		\$109.87
44110		\$872.39
44111		\$999.66
44120		\$1,238.25
44121		\$240.40
44125		\$1,195.83
44126		\$2,487.37
44127		\$2,868.09
44128		\$241.49
44130		\$1,336.87
44139		\$120.38
44140		\$1,363.34
44141		\$1,840.15
44143		\$1,674.45
44144		\$1,787.94
44145		\$1,677.35
44146		\$2,133.12
44147		\$1,954.00
44150		\$1,886.56
44151		\$2,173.37
44155		\$2,108.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
44156		\$2,322.76
44157		\$2,208.18
44158		\$2,262.57
44160		\$1,262.90
44180		\$935.85
44186		\$665.72
44187		\$1,122.22
44188		\$1,242.24
44202		\$1,407.58
44203		\$239.67
44204		\$1,560.23
44205		\$1,357.90
44206		\$1,766.54
44207		\$1,840.51
44208		\$2,006.58
44210		\$1,812.96
44211		\$2,185.34
44212		\$2,077.65
44213		\$187.46
44227		\$1,680.61
44300		\$857.89
44310		\$1,060.94
44312		\$618.22
44314		\$1,033.02
44316		\$1,432.96
44320		\$1,225.19
44322		\$1,035.56
44340		\$652.30
44345		\$1,076.53
44346		\$1,208.52
44360		\$149.02
44361		\$163.89

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
44363		\$197.97
44364		\$211.03
44365		\$188.18
44366		\$247.29
44369		\$253.09
44370		\$275.57
44372		\$246.20
44373		\$196.89
44376		\$292.61
44377		\$307.84
44378		\$395.59
44379		\$421.69
44380		\$212.48
44381		\$1,052.96
44382		\$321.26
44384		\$157.00
44385		\$232.42
44386		\$333.95
44388		\$336.48
44389		\$440.19
44390		\$431.85
44391		\$682.76
44392		\$412.99
44394		\$466.65
44401		\$2,535.60
44402		\$269.41
44403		\$313.28
44404		\$449.98
44405		\$594.65
44406		\$236.77
44407		\$283.55
44408		\$238.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
44500		\$19.58
44602		\$1,418.82
44603		\$1,636.37
44604		\$1,069.64
44605		\$1,306.78
44615		\$1,087.77
44620		\$884.00
44625		\$1,033.38
44626		\$1,609.90
44640		\$1,415.19
44650		\$1,461.60
44660		\$1,369.51
44661		\$1,565.67
44680		\$1,090.67
44700		\$1,030.48
44701		\$168.60
44705		\$119.66
44720		\$271.58
44721		\$380.36
44800		\$798.43
44820		\$867.68
44850		\$766.15
44900		\$799.51
44950		\$654.84
44955		\$84.12
44960		\$891.97
44970		\$618.22
45000		\$448.89
45005		\$334.67
45020		\$592.84
45100		\$319.81
45108		\$389.06

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
45110		\$1,864.81
45111		\$1,116.78
45112		\$1,873.15
45113		\$1,927.90
45114		\$1,833.62
45116		\$1,598.66
45119		\$1,941.67
45120		\$1,621.87
45121		\$1,767.99
45123		\$1,148.33
45126		\$2,816.61
45130		\$1,117.87
45135		\$1,348.48
45136		\$1,849.21
45150		\$439.46
45160		\$1,047.16
45171		\$646.86
45172		\$859.70
45190		\$732.80
45300		\$137.42
45303		\$1,013.44
45305		\$193.62
45307		\$225.53
45308		\$216.83
45309		\$223.36
45315		\$240.04
45317		\$235.32
45320		\$234.96
45321		\$105.15
45327		\$118.57
45330		\$200.51
45331		\$308.56

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
45332		\$297.32
45333		\$352.08
45334		\$527.93
45335		\$313.28
45337		\$117.84
45338		\$320.53
45340		\$490.22
45341		\$128.72
45342		\$175.86
45346		\$2,453.65
45347		\$159.18
45349		\$204.50
45350		\$720.47
45378		\$362.23
45379		\$462.67
45380		\$463.39
45381		\$473.18
45382		\$710.32
45384		\$519.23
45385		\$483.33
45386		\$651.58
45388		\$2,617.91
45389		\$298.41
45390		\$342.29
45391		\$265.78
45392		\$313.28
45393		\$258.16
45395		\$2,005.85
45397		\$2,177.72
45398		\$878.20
45400		\$1,167.18
45402		\$1,550.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
45500		\$589.21
45505		\$632.36
45520		\$175.13
45540		\$1,083.42
45541		\$969.57
45550		\$1,493.15
45560		\$720.83
45562		\$1,192.56
45563		\$1,682.42
45800		\$1,291.91
45805		\$1,490.61
45820		\$1,295.18
45825		\$1,562.40
45900		\$219.37
45905		\$179.12
45910		\$202.69
45915		\$374.92
45990		\$109.14
46020		\$120.74
46030		\$271.58
46040		\$586.67
46045		\$461.58
46050		\$253.81
46060		\$513.07
46070		\$285.36
46080		\$304.94
46083		\$222.63
46200		\$509.08
46220		\$269.04
46221		\$303.13
46230		\$333.58
46250		\$507.99

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
46255		\$551.14
46257		\$442.36
46258		\$501.46
46260		\$504.73
46261		\$558.75
46262		\$607.34
46270		\$566.73
46275		\$600.09
46280		\$506.90
46285		\$599.36
46288		\$588.49
46320		\$228.43
46500		\$335.40
46505		\$334.31
46600		\$126.91
46601		\$159.18
46604		\$693.27
46606		\$300.95
46607		\$220.46
46608		\$309.29
46610		\$293.70
46611		\$238.95
46612		\$352.80
46614		\$180.21
46615		\$189.27
46700		\$685.66
46705		\$593.56
46706		\$186.73
46707		\$524.67
46710		\$1,133.10
46712		\$2,239.72
46715		\$573.98

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
46716		\$1,272.33
46730		\$2,029.42
46735		\$2,328.20
46740		\$2,210.72
46742		\$2,546.11
46744		\$3,571.88
46746		\$3,930.85
46748		\$4,255.73
46750		\$780.30
46751		\$691.10
46753		\$638.52
46754		\$374.92
46760		\$1,157.03
46761		\$948.18
46900		\$258.16
46910		\$283.55
46916		\$281.01
46917		\$477.89
46922		\$336.12
46924		\$597.91
46930		\$232.42
46940		\$285.72
46942		\$272.67
46945		\$361.87
46946		\$403.93
46947		\$405.74
46948		\$466.65
47000		\$320.89
47001		\$102.98
47010		\$1,235.71
47015		\$1,185.67
47100		\$871.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
47120		\$2,365.54
47122		\$3,441.71
47125		\$3,098.34
47130		\$3,322.42
47135		\$5,455.54
47140		\$3,612.49
47141		\$4,312.29
47142		\$4,743.78
47146		\$325.61
47147		\$380.36
47300		\$1,158.48
47350		\$1,388.00
47360		\$1,893.09
47361		\$3,030.90
47362		\$1,470.67
47370		\$1,273.78
47371		\$1,277.41
47380		\$1,468.86
47381		\$1,498.95
47382		\$3,861.23
47383		\$6,247.08
47400		\$2,167.57
47420		\$1,360.80
47425		\$1,386.91
47460		\$1,289.37
47480		\$900.31
47490		\$346.64
47531		\$450.34
47532		\$889.44
47533		\$1,232.08
47534		\$1,350.65
47535		\$938.75

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
47536		\$672.61
47537		\$521.04
47538		\$3,977.99
47539		\$4,466.40
47540		\$4,456.61
47541		\$1,230.27
47542		\$526.12
47543		\$413.35
47544		\$884.36
47550		\$163.17
47552		\$282.10
47553		\$281.73
47554		\$454.33
47555		\$335.76
47556		\$380.00
47562		\$675.87
47563		\$734.25
47564		\$1,140.35
47570		\$790.81
47600		\$1,090.31
47605		\$1,146.88
47610		\$1,266.53
47612		\$1,289.37
47620		\$1,390.90
47700		\$1,081.61
47701		\$1,757.12
47711		\$1,581.62
47712		\$2,013.47
47715		\$1,351.74
47720		\$1,176.97
47721		\$1,375.67
47740		\$1,334.33

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
47741		\$1,496.41
47760		\$2,278.16
47765		\$3,046.85
47780		\$2,497.53
47785		\$3,258.61
47800		\$1,583.80
47801		\$1,137.09
47900		\$1,399.96
48000		\$1,898.89
48001		\$2,320.22
48020		\$1,199.81
48100		\$910.10
48102		\$542.44
48105		\$2,861.57
48120		\$1,130.20
48140		\$1,588.87
48145		\$1,651.24
48146		\$1,909.40
48148		\$1,270.52
48150		\$3,147.65
48152		\$2,907.98
48153		\$3,130.25
48154		\$2,920.67
48155		\$1,848.85
48400		\$105.88
48500		\$1,171.53
48510		\$1,118.59
48520		\$1,116.06
48540		\$1,322.37
48545		\$1,365.88
48547		\$1,808.60
48548		\$1,689.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
48552		\$233.87
48554		\$2,700.22
48556		\$1,321.64
49000		\$786.10
49002		\$1,058.40
49010		\$935.48
49013		\$453.96
49014		\$379.27
49020		\$1,622.59
49040		\$1,022.51
49060		\$1,116.42
49062		\$785.37
49082		\$226.98
49083		\$312.19
49084		\$106.96
49180		\$185.28
49185		\$1,340.86
49186		\$1,355.00
49187		\$1,720.49
49188		\$2,056.62
49189		\$2,390.20
49190		\$2,947.86
49215		\$2,263.66
49250		\$614.59
49255		\$818.01
49320		\$339.02
49321		\$355.34
49322		\$385.43
49323		\$657.38
49324		\$393.77
49325		\$419.52
49326		\$187.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
49327		\$129.44
49400		\$157.73
49402		\$870.94
49405		\$939.47
49406		\$939.84
49407		\$799.51
49411		\$513.79
49412		\$81.58
49418		\$1,041.00
49419		\$425.68
49421		\$226.26
49422		\$221.91
49423		\$622.21
49424		\$192.54
49425		\$798.43
49426		\$686.75
49427		\$39.52
49428		\$439.46
49429		\$465.20
49435		\$116.75
49436		\$571.08
49440		\$880.37
49441		\$1,015.98
49442		\$841.94
49446		\$846.65
49450		\$632.72
49451		\$675.51
49452		\$819.46
49460		\$779.93
49465		\$146.49
49491		\$817.28
49492		\$979.36

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
49495		\$420.97
49496		\$633.08
49500		\$431.85
49501		\$623.29
49505		\$538.45
49507		\$604.44
49520		\$649.76
49521		\$733.52
49525		\$589.57
49540		\$688.56
49550		\$593.92
49553		\$649.04
49555		\$620.76
49557		\$739.32
49591		\$345.55
49592		\$478.98
49593		\$576.88
49594		\$750.20
49595		\$775.94
49596		\$1,029.76
49600		\$752.38
49605		\$4,924.35
49606		\$1,150.86
49610		\$711.04
49611		\$628.73
49613		\$426.04
49614		\$575.43
49615		\$643.60
49616		\$863.69
49617		\$891.61
49618		\$1,247.31
49621		\$751.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
49622		\$926.78
49623		\$199.43
49650		\$447.44
49651		\$583.41
49900		\$849.55
49904		\$1,424.98
49905		\$353.16
50010		\$738.96
50020		\$1,059.49
50040		\$964.85
50045		\$971.74
50060		\$1,183.50
50065		\$1,253.84
50070		\$1,229.91
50075		\$1,510.19
50080		\$727.36
50081		\$1,167.91
50100		\$1,101.55
50120		\$989.15
50125		\$1,023.23
50130		\$1,073.99
50200		\$546.79
50205		\$771.96
50220		\$1,088.14
50225		\$1,251.30
50230		\$1,322.37
50234		\$1,347.75
50236		\$1,518.53
50240		\$1,378.93
50250		\$1,264.35
50280		\$985.88
50290		\$937.66

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
50320		\$1,564.94
50327		\$215.74
50328		\$189.27
50329		\$179.48
50340		\$988.79
50360		\$2,477.95
50365		\$2,967.44
50370		\$1,249.49
50380		\$2,095.41
50382		\$1,058.40
50384		\$906.84
50385		\$1,076.53
50386		\$803.50
50387		\$585.95
50389		\$440.91
50390		\$96.45
50391		\$131.62
50396		\$120.38
50400		\$1,199.81
50405		\$1,446.74
50430		\$673.69
50431		\$343.37
50432		\$962.32
50433		\$1,197.64
50434		\$961.95
50435		\$634.90
50436		\$153.74
50437		\$254.54
50500		\$1,307.14
50520		\$1,179.51
50525		\$1,491.34
50526		\$1,595.40

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
50540		\$1,191.11
50541		\$952.53
50542		\$1,205.62
50543		\$1,546.09
50544		\$1,284.66
50545		\$1,381.83
50546		\$1,247.31
50547		\$1,659.22
50548		\$1,388.72
50551		\$379.63
50553		\$407.55
50555		\$434.02
50557		\$441.27
50561		\$501.10
50562		\$596.10
50570		\$504.00
50572		\$544.61
50574		\$578.70
50575		\$730.62
50576		\$577.24
50580		\$621.84
50590		\$786.10
50592		\$2,981.59
50593		\$3,986.69
50600		\$975.37
50605		\$1,027.95
50606		\$510.53
50610		\$982.62
50620		\$940.20
50630		\$929.32
50650		\$1,079.43
50660		\$1,187.49

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
50684		\$137.06
50686		\$153.01
50688		\$81.58
50690		\$126.54
50693		\$1,054.41
50694		\$1,180.96
50695		\$1,417.37
50700		\$965.22
50705		\$1,938.77
50706		\$886.90
50715		\$1,245.86
50722		\$1,057.68
50725		\$1,145.06
50727		\$539.17
50728		\$733.88
50740		\$1,244.77
50750		\$1,197.64
50760		\$1,166.46
50770		\$1,197.64
50780		\$1,151.59
50782		\$1,117.51
50783		\$1,170.81
50785		\$1,257.10
50800		\$962.32
50810		\$1,431.15
50815		\$1,273.78
50820		\$1,361.17
50825		\$1,705.63
50830		\$1,864.08
50840		\$1,280.67
50845		\$1,307.14
50860		\$985.52

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
50900		\$880.37
50920		\$919.89
50930		\$1,144.34
50940		\$926.06
50945		\$1,007.64
50947		\$1,434.05
50948		\$1,315.84
50951		\$398.49
50953		\$421.33
50955		\$448.89
50957		\$453.24
50961		\$409.37
50970		\$380.36
50972		\$367.30
50974		\$484.78
50976		\$478.26
50980		\$365.49
51020		\$497.11
51040		\$309.29
51045		\$520.68
51050		\$497.11
51060		\$612.78
51065		\$609.88
51080		\$432.21
51100		\$78.68
51101		\$165.34
51102		\$254.18
51500		\$668.62
51520		\$625.83
51525		\$894.15
51530		\$804.59
51535		\$814.38

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
51550		\$1,000.39
51555		\$1,307.14
51565		\$1,337.96
51570		\$1,524.33
51575		\$1,878.58
51580		\$1,962.71
51585		\$2,181.35
51590		\$1,993.16
51595		\$2,256.77
51596		\$2,432.26
51597		\$2,373.16
51600		\$226.62
51605		\$40.25
51610		\$137.78
51700		\$81.95
51701		\$47.50
51702		\$66.72
51703		\$159.54
51705		\$104.43
51710		\$145.40
51715		\$393.41
51720		\$94.64
51721		\$580.51
51725		\$244.39
51725	26	\$78.32
51725	TC	\$166.07
51726		\$323.79
51726	26	\$87.38
51726	TC	\$236.41
51727		\$393.77
51727	26	\$109.50
51727	TC	\$284.27

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
51728		\$391.96
51728	26	\$107.33
51728	TC	\$284.63
51729		\$412.27
51729	26	\$129.44
51729	TC	\$282.82
51736		\$14.50
51736	26	\$8.34
51736	TC	\$6.16
51741		\$15.23
51741	26	\$8.70
51741	TC	\$6.53
51784		\$68.53
51784	26	\$38.07
51784	TC	\$30.46
51785		\$466.65
51785	26	\$91.01
51785	TC	\$375.64
51792		\$295.15
51792	26	\$56.93
51792	TC	\$238.22
51797		\$204.14
51797	26	\$40.97
51797	TC	\$163.17
51798		\$12.33
51800		\$1,080.16
51820		\$1,129.83
51840		\$729.90
51841		\$844.11
51845		\$611.33
51860		\$776.31
51865		\$931.86

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
51880		\$488.77
51900		\$861.52
51920		\$798.79
51925		\$1,124.03
51940		\$1,698.74
51960		\$1,437.67
51980		\$746.94
51990		\$776.31
51992		\$867.68
52000		\$257.44
52001		\$465.20
52005		\$324.88
52007		\$481.52
52010		\$408.64
52204		\$404.65
52214		\$801.69
52224		\$836.50
52234		\$253.09
52235		\$296.96
52240		\$402.84
52250		\$246.20
52260		\$216.83
52265		\$398.12
52270		\$449.25
52275		\$575.43
52276		\$271.94
52277		\$332.13
52281		\$349.18
52282		\$346.27
52283		\$376.73
52284		\$2,903.99
52285		\$372.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
52287		\$414.08
52290		\$250.55
52300		\$287.90
52301		\$298.41
52305		\$285.72
52310		\$341.20
52315		\$499.29
52317		\$944.19
52318		\$485.51
52320		\$253.09
52325		\$328.51
52327		\$265.42
52330		\$643.60
52332		\$428.58
52334		\$188.55
52341		\$292.25
52342		\$317.99
52343		\$353.53
52344		\$379.63
52345		\$405.01
52346		\$457.95
52351		\$311.47
52352		\$363.68
52353		\$402.48
52354		\$428.22
52355		\$479.35
52356		\$426.77
52400		\$497.11
52402		\$271.94
52441		\$1,358.99
52442		\$927.51
52450		\$501.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
52500		\$519.59
52601		\$759.63
52630		\$428.58
52640		\$343.01
52647		\$1,670.82
52648		\$1,721.94
52649		\$862.60
52700		\$465.93
53000		\$157.00
53010		\$316.18
53020		\$100.08
53025		\$71.79
53040		\$413.72
53060		\$199.43
53080		\$444.17
53085		\$679.86
53200		\$167.15
53210		\$810.75
53215		\$964.85
53220		\$476.08
53230		\$638.52
53235		\$665.35
53240		\$448.16
53250		\$418.43
53260		\$219.37
53265		\$242.94
53270		\$225.17
53275		\$274.84
53400		\$836.13
53405		\$911.19
53410		\$1,020.69
53415		\$1,174.07

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
53420		\$876.75
53425		\$974.64
53430		\$1,011.99
53431		\$1,197.64
53440		\$787.19
53442		\$824.53
53444		\$828.88
53445		\$793.71
53446		\$674.78
53447		\$842.66
53448		\$1,325.63
53449		\$643.24
53450		\$431.48
53460		\$482.25
53500		\$779.93
53502		\$511.98
53505		\$511.62
53510		\$663.90
53515		\$830.70
53520		\$588.12
53600		\$93.91
53601		\$91.37
53605		\$65.63
53620		\$181.30
53621		\$174.04
53660		\$81.58
53661		\$80.13
53665		\$39.16
53850		\$1,517.81
53852		\$1,480.46
53854		\$1,789.02
53855		\$699.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
53860		\$2,562.07
53865		\$3,183.19
53866		\$150.11
54000		\$175.86
54001		\$212.84
54015		\$319.08
54050		\$155.91
54055		\$148.66
54056		\$156.28
54057		\$153.38
54060		\$210.67
54065		\$238.95
54100		\$217.55
54105		\$294.79
54110		\$654.84
54111		\$833.96
54112		\$977.18
54115		\$485.87
54120		\$663.90
54125		\$858.62
54130		\$1,241.15
54135		\$1,565.67
54150		\$157.36
54160		\$236.05
54161		\$207.76
54162		\$273.76
54163		\$232.78
54164		\$206.68
54200		\$125.46
54205		\$560.20
54220		\$236.41
54230		\$113.49

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
54231		\$152.29
54235		\$96.09
54240		\$114.22
54240	26	\$66.72
54240	TC	\$47.50
54250		\$127.99
54250	26	\$112.04
54250	TC	\$15.95
54300		\$676.59
54304		\$781.75
54308		\$749.84
54312		\$855.71
54316		\$1,035.92
54318		\$746.21
54322		\$815.83
54324		\$1,009.09
54326		\$982.62
54328		\$976.46
54332		\$1,051.88
54336		\$1,236.07
54340		\$598.64
54344		\$984.80
54348		\$1,052.24
54352		\$1,467.41
54360		\$754.55
54380		\$835.77
54385		\$972.11
54390		\$1,290.46
54400		\$558.75
54401		\$703.43
54405		\$843.75
54406		\$765.79

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
54408		\$828.16
54410		\$903.58
54411		\$1,073.99
54415		\$560.57
54416		\$753.83
54417		\$938.75
54420		\$735.70
54430		\$670.43
54435		\$437.65
54437		\$713.58
54450		\$72.52
54500		\$77.59
54505		\$220.46
54512		\$564.19
54520		\$345.91
54522		\$616.40
54530		\$535.91
54535		\$778.85
54550		\$517.42
54560		\$720.11
54600		\$477.53
54620		\$312.92
54640		\$450.70
54650		\$747.30
54660		\$379.63
54670		\$432.57
54680		\$822.72
54690		\$685.66
54692		\$787.91
54700		\$224.08
54800		\$130.17
54830		\$394.14

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
54840		\$340.47
54860		\$442.36
54861		\$597.91
54865		\$381.45
54900		\$836.86
54901		\$1,102.64
55000		\$127.99
55040		\$357.88
55041		\$539.17
55060		\$401.39
55100		\$246.92
55110		\$409.73
55120		\$376.37
55150		\$519.23
55175		\$385.80
55180		\$722.28
55200		\$408.28
55250		\$358.97
55300		\$192.54
55400		\$525.39
55500		\$412.27
55520		\$474.99
55530		\$372.02
55535		\$453.96
55540		\$571.44
55550		\$453.24
55600		\$445.26
55605		\$552.59
55650		\$752.01
55680		\$367.30
55700		\$256.71
55705		\$277.38

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
55706		\$395.22
55720		\$475.72
55725		\$627.28
55801		\$1,140.71
55810		\$1,356.09
55812		\$1,666.47
55815		\$1,823.11
55821		\$874.93
55831		\$896.32
55840		\$1,216.49
55842		\$1,215.77
55845		\$1,412.65
55860		\$911.55
55862		\$1,138.90
55865		\$1,385.82
55866		\$1,240.42
55867		\$1,089.95
55870		\$188.91
55873		\$6,141.57
55874		\$3,084.56
55875		\$819.82
55876		\$161.72
55880		\$1,021.42
55881		\$9,517.29
55882		\$9,843.26
55920		\$485.15
56405		\$156.64
56420		\$199.79
56440		\$190.72
56441		\$196.16
56442		\$49.67
56501		\$206.68

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
56515		\$295.51
56605		\$102.25
56606		\$39.89
56620		\$623.66
56625		\$706.33
56630		\$1,010.18
56631		\$1,244.77
56632		\$1,508.38
56633		\$1,299.89
56634		\$1,359.35
56637		\$1,589.96
56640		\$1,598.66
56700		\$214.65
56740		\$330.68
56800		\$266.50
56805		\$1,213.95
56810		\$287.17
56820		\$133.07
56821		\$178.03
57000		\$212.84
57010		\$482.25
57020		\$132.35
57022		\$190.72
57023		\$335.03
57061		\$179.85
57065		\$263.24
57100		\$109.87
57105		\$189.64
57106		\$568.91
57107		\$1,523.24
57109		\$1,810.42
57110		\$942.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
57111		\$1,810.42
57120		\$558.75
57130		\$245.47
57135		\$263.97
57150		\$61.64
57155		\$426.04
57156		\$245.84
57160		\$78.68
57170		\$82.31
57180		\$212.48
57200		\$352.80
57210		\$415.53
57220		\$366.58
57230		\$441.64
57240		\$643.60
57250		\$645.41
57260		\$813.29
57265		\$908.65
57267		\$257.44
57268		\$534.82
57270		\$850.28
57280		\$1,006.92
57282		\$726.63
57283		\$730.62
57284		\$870.22
57285		\$724.82
57287		\$783.20
57288		\$780.66
57289		\$831.06
57291		\$577.61
57292		\$864.05
57295		\$528.30

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
57296		\$997.49
57300		\$646.14
57305		\$1,017.43
57307		\$1,136.00
57308		\$700.16
57310		\$523.22
57311		\$588.12
57320		\$593.20
57330		\$806.04
57335		\$1,226.65
57400		\$134.88
57410		\$110.59
57415		\$186.01
57420		\$141.05
57421		\$188.55
57423		\$967.39
57425		\$1,014.17
57426		\$915.18
57452		\$134.52
57454		\$178.03
57455		\$171.51
57456		\$161.72
57460		\$334.31
57461		\$371.66
57465		\$57.29
57500		\$164.25
57505		\$166.43
57510		\$178.03
57511		\$213.20
57513		\$220.09
57520		\$376.37
57522		\$322.71

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
57530		\$396.67
57531		\$1,841.60
57540		\$826.34
57545		\$869.86
57550		\$455.78
57555		\$649.04
57556		\$616.77
57558		\$168.97
57700		\$380.00
57720		\$354.25
57800		\$83.03
58100		\$107.33
58110		\$52.58
58120		\$316.54
58140		\$960.50
58145		\$597.91
58146		\$1,199.45
58150		\$1,059.13
58152		\$1,285.39
58180		\$1,000.75
58200		\$1,403.95
58210		\$1,895.99
58240		\$3,038.15
58260		\$876.38
58262		\$967.39
58263		\$1,036.29
58267		\$1,114.24
58270		\$932.58
58275		\$1,033.75
58280		\$1,103.73
58285		\$1,486.62
58290		\$1,195.83

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
58291		\$1,291.19
58292		\$1,360.08
58294		\$1,263.63
58300		\$118.20
58301		\$117.12
58340		\$260.70
58346		\$531.20
58353		\$991.69
58356		\$1,789.75
58400		\$489.14
58410		\$851.00
58520		\$833.60
58540		\$956.15
58541		\$764.70
58542		\$866.59
58543		\$878.92
58544		\$943.46
58545		\$938.75
58546		\$1,155.58
58548		\$1,962.71
58550		\$919.89
58552		\$1,021.42
58553		\$1,162.10
58554		\$1,355.37
58555		\$385.43
58558		\$1,421.72
58559		\$292.25
58560		\$321.98
58561		\$368.03
58562		\$457.95
58563		\$2,258.94
58570		\$844.11

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
58571		\$949.99
58572		\$1,055.86
58573		\$1,269.79
58575		\$2,013.83
58580		\$3,362.31
58600		\$389.42
58605		\$354.61
58611		\$77.23
58615		\$266.50
58660		\$709.23
58661		\$678.77
58662		\$743.31
58670		\$390.15
58671		\$390.15
58672		\$759.27
58673		\$824.17
58674		\$846.65
58700		\$834.68
58720		\$794.80
58740		\$938.02
58760		\$856.08
58770		\$898.50
58800		\$384.35
58805		\$451.43
58820		\$359.33
58822		\$747.30
58825		\$741.50
58900		\$460.49
58920		\$746.21
58925		\$798.79
58940		\$581.96
58943		\$1,255.65

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
58950		\$1,204.16
58951		\$1,504.39
58952		\$1,719.41
58953		\$2,084.17
58954		\$2,253.87
58956		\$1,419.91
58958		\$1,719.41
58960		\$1,045.35
59000		\$122.56
59001		\$178.03
59012		\$200.51
59015		\$161.35
59020		\$74.69
59020	26	\$36.62
59020	TC	\$38.07
59025		\$51.13
59025	26	\$29.01
59025	TC	\$22.12
59030		\$111.32
59050		\$49.31
59051		\$41.70
59070		\$408.28
59072		\$517.78
59074		\$391.60
59076		\$517.78
59100		\$869.13
59120		\$829.97
59121		\$829.97
59130		\$960.87
59136		\$911.92
59140		\$428.58
59150		\$804.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
59151		\$787.19
59160		\$285.36
59200		\$110.59
59300		\$239.31
59320		\$152.29
59325		\$240.40
59350		\$276.66
59400		\$2,468.16
59409		\$802.05
59410		\$1,088.50
59412		\$102.98
59414		\$89.92
59425		\$578.70
59426		\$1,058.04
59430		\$274.12
59510		\$2,724.51
59514		\$903.58
59515		\$1,343.04
59525		\$477.53
59610		\$2,566.42
59612		\$900.31
59614		\$1,164.64
59618		\$2,750.98
59620		\$932.58
59622		\$1,391.99
59812		\$376.01
59820		\$459.04
59821		\$450.34
59830		\$476.08
59840		\$259.62
59841		\$439.82
59850		\$399.94

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
59851		\$440.91
59852		\$605.16
59855		\$433.66
59856		\$505.81
59857		\$587.40
59866		\$238.22
59870		\$556.58
59871		\$134.16
60000		\$200.15
60100		\$116.39
60200		\$696.90
60210		\$733.52
60212		\$1,045.35
60220		\$735.33
60225		\$975.01
60240		\$947.09
60252		\$1,360.80
60254		\$1,717.59
60260		\$1,124.39
60270		\$1,400.33
60271		\$1,088.50
60280		\$482.97
60281		\$631.27
60300		\$114.58
60500		\$998.94
60502		\$1,336.51
60505		\$1,446.74
60512		\$244.39
60520		\$1,070.73
60521		\$1,131.28
60522		\$1,366.61
60540		\$1,106.27

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
60545		\$1,277.41
60600		\$1,371.68
60605		\$1,612.80
60650		\$1,215.41
60660		\$2,662.51
60661		\$422.06
61000		\$113.49
61001		\$108.05
61020		\$107.69
61026		\$112.04
61050		\$83.76
61055		\$120.38
61070		\$58.01
61105		\$478.62
61107		\$305.30
61108		\$924.61
61120		\$765.07
61140		\$1,285.75
61150		\$1,357.18
61151		\$1,004.38
61154		\$1,294.45
61156		\$1,245.86
61210		\$357.88
61215		\$534.10
61250		\$881.10
61253		\$1,004.38
61304		\$1,645.44
61305		\$2,006.22
61312		\$2,065.32
61313		\$1,990.26
61314		\$1,830.72
61315		\$2,068.94

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
61316		\$85.21
61320		\$1,892.36
61321		\$2,122.61
61322		\$2,380.77
61323		\$2,381.14
61330		\$1,799.18
61333		\$2,011.65
61340		\$1,447.83
61343		\$2,191.50
61345		\$2,042.84
61450		\$1,917.74
61458		\$2,011.65
61460		\$2,104.84
61500		\$1,328.17
61501		\$1,161.74
61510		\$2,209.27
61512		\$2,544.66
61514		\$1,917.74
61516		\$1,878.58
61517		\$84.85
61518		\$2,766.21
61519		\$2,926.11
61520		\$3,716.56
61521		\$3,155.27
61522		\$2,184.61
61524		\$2,083.45
61526		\$3,378.62
61530		\$3,046.85
61531		\$1,242.24
61533		\$1,533.76
61534		\$1,660.30
61535		\$1,023.23

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
61536		\$2,564.61
61537		\$2,439.15
61538		\$2,640.03
61539		\$2,352.85
61540		\$2,172.65
61541		\$2,147.63
61543		\$2,170.83
61544		\$1,897.08
61545		\$3,171.58
61546		\$2,302.09
61548		\$1,583.07
61550		\$1,217.94
61552		\$1,499.31
61556		\$1,714.33
61557		\$1,698.74
61558		\$1,889.10
61559		\$2,401.80
61563		\$1,982.28
61564		\$2,401.44
61566		\$2,235.01
61567		\$2,545.39
61570		\$1,876.05
61571		\$1,993.16
61575		\$2,493.18
61576		\$4,184.30
61580		\$2,580.92
61581		\$2,853.95
61582		\$3,069.70
61583		\$2,946.05
61584		\$2,906.53
61585		\$3,293.78
61586		\$2,583.46

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
61590		\$3,129.89
61591		\$3,165.78
61592		\$3,190.44
61595		\$2,465.26
61596		\$2,549.74
61597		\$2,976.87
61598		\$2,872.45
61600		\$2,203.10
61601		\$2,463.08
61605		\$2,266.92
61606		\$2,936.99
61607		\$3,042.14
61608		\$3,281.45
61611		\$455.41
61613		\$3,283.26
61615		\$2,836.19
61616		\$3,366.29
61618		\$1,308.23
61619		\$1,463.05
61623		\$571.81
61624		\$1,150.50
61626		\$906.11
61630		\$1,368.06
61635		\$1,485.90
61640		\$478.26
61641		\$168.24
61642		\$336.12
61645		\$839.40
61650		\$575.79
61651		\$245.47
61680		\$2,267.28
61682		\$4,112.87

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
61684		\$2,825.67
61686		\$4,434.49
61690		\$2,179.90
61692		\$3,608.51
61697		\$4,176.69
61698		\$4,565.38
61700		\$3,385.15
61702		\$3,975.45
61703		\$1,370.23
61705		\$2,587.81
61708		\$2,533.06
61710		\$2,138.20
61711		\$2,593.98
61715		\$1,190.39
61720		\$1,281.40
61735		\$1,603.74
61736		\$1,192.92
61737		\$1,427.88
61750		\$1,414.10
61751		\$1,402.50
61760		\$1,583.07
61770		\$1,623.68
61781		\$229.88
61782		\$177.67
61783		\$227.71
61790		\$897.05
61791		\$1,138.54
61796		\$1,029.03
61797		\$213.93
61798		\$1,385.46
61799		\$295.51
61800		\$148.30

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
61850		\$998.21
61860		\$1,566.76
61863		\$1,517.44
61864		\$275.57
61867		\$2,274.90
61868		\$486.23
61880		\$604.08
61885		\$545.70
61886		\$908.29
61888		\$405.01
61889		\$1,323.09
61891		\$628.37
61892		\$873.12
62000		\$1,047.89
62005		\$1,282.48
62010		\$1,546.81
62100		\$1,594.31
62115		\$1,702.73
62117		\$1,962.34
62120		\$2,112.46
62121		\$1,605.19
62140		\$1,041.00
62141		\$1,158.48
62142		\$909.38
62143		\$1,058.04
62145		\$1,427.52
62146		\$1,260.73
62147		\$1,429.70
62148		\$122.56
62160		\$183.47
62161		\$1,534.49
62162		\$1,893.45

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
62164		\$2,101.58
62165		\$1,547.54
62180		\$1,605.55
62190		\$946.36
62192		\$1,009.09
62194		\$509.80
62200		\$1,384.37
62201		\$1,232.81
62220		\$985.52
62223		\$1,052.96
62225		\$554.04
62230		\$854.63
62252		\$88.83
62252	26	\$44.60
62252	TC	\$44.24
62256		\$629.46
62258		\$1,126.93
62263		\$695.45
62264		\$469.92
62267		\$281.01
62268		\$326.69
62269		\$269.77
62270		\$154.46
62272		\$193.62
62273		\$178.76
62280		\$352.80
62281		\$257.44
62282		\$334.31
62284		\$200.15
62287		\$639.25
62290		\$368.03
62291		\$331.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
62292		\$616.04
62294		\$965.58
62302		\$271.22
62303		\$276.29
62304		\$269.77
62305		\$294.06
62320		\$174.04
62321		\$282.82
62322		\$144.31
62323		\$278.11
62324		\$146.12
62325		\$268.32
62326		\$146.49
62327		\$293.34
62328		\$237.86
62329		\$278.83
62350		\$415.53
62351		\$934.40
62355		\$288.99
62360		\$324.16
62361		\$448.16
62362		\$400.30
62365		\$310.74
62367		\$33.72
62368		\$46.77
62369		\$98.99
62370		\$98.62
63001		\$1,245.14
63003		\$1,250.58
63005		\$1,221.21
63011		\$1,122.94
63012		\$1,216.49

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
63015		\$1,498.23
63016		\$1,541.74
63017		\$1,283.57
63020		\$1,125.48
63030		\$941.65
63035		\$232.06
63040		\$1,405.40
63042		\$1,326.00
63045		\$1,308.95
63046		\$1,254.56
63047		\$1,132.37
63048		\$208.85
63050		\$1,499.68
63051		\$1,721.58
63052		\$255.99
63053		\$227.71
63055		\$1,638.19
63056		\$1,510.92
63057		\$317.63
63064		\$1,790.47
63066		\$200.15
63075		\$1,376.76
63076		\$241.12
63077		\$1,509.83
63078		\$201.24
63081		\$1,783.22
63082		\$263.24
63085		\$1,958.72
63086		\$189.27
63087		\$2,438.06
63088		\$255.63
63090		\$1,979.02

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
63091		\$175.49
63101		\$2,343.06
63102		\$2,312.24
63103		\$290.80
63170		\$1,604.10
63172		\$1,421.72
63173		\$1,733.55
63185		\$1,245.50
63190		\$1,286.47
63191		\$1,394.89
63197		\$1,719.04
63200		\$1,545.36
63250		\$2,942.06
63251		\$3,009.87
63252		\$3,009.51
63265		\$1,683.87
63266		\$1,729.56
63267		\$1,394.89
63268		\$1,476.47
63270		\$2,077.65
63271		\$2,074.38
63272		\$1,890.91
63273		\$1,873.51
63275		\$1,812.23
63276		\$1,800.26
63277		\$1,580.53
63278		\$1,605.55
63280		\$2,122.25
63281		\$2,105.57
63282		\$1,987.72
63283		\$1,911.22
63285		\$2,605.22

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
63286		\$2,567.51
63287		\$2,729.59
63290		\$2,775.27
63295		\$321.62
63300		\$1,832.53
63301		\$2,206.73
63302		\$2,180.98
63303		\$2,308.62
63304		\$2,346.33
63305		\$2,493.90
63306		\$2,451.12
63307		\$2,398.54
63308		\$316.18
63600		\$1,103.73
63610		\$571.81
63620		\$1,134.55
63621		\$245.84
63650		\$2,461.99
63655		\$861.15
63661		\$729.90
63662		\$873.48
63663		\$964.49
63664		\$908.65
63685		\$353.16
63688		\$311.83
63700		\$1,330.35
63702		\$1,449.64
63704		\$1,686.77
63706		\$1,866.62
63707		\$961.23
63709		\$1,139.62
63710		\$1,113.52

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
63740		\$1,005.46
63741		\$699.08
63744		\$700.16
63746		\$628.73
64400		\$120.38
64405		\$78.32
64408		\$87.02
64415		\$143.59
64416		\$80.13
64417		\$172.23
64418		\$91.74
64420		\$104.79
64421		\$35.53
64425		\$118.57
64430		\$104.79
64435		\$85.57
64445		\$170.06
64446		\$78.32
64447		\$124.37
64448		\$74.69
64449		\$65.99
64450		\$80.50
64451		\$245.47
64454		\$238.95
64455		\$53.30
64461		\$142.86
64462		\$75.78
64463		\$244.75
64466		\$131.98
64467		\$245.84
64468		\$152.29
64469		\$376.73

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
64473		\$124.73
64474		\$242.94
64479		\$285.72
64480		\$144.67
64483		\$265.05
64484		\$119.29
64486		\$119.29
64487		\$229.52
64488		\$147.21
64489		\$373.11
64490		\$206.68
64491		\$103.70
64492		\$104.06
64493		\$190.72
64494		\$97.17
64495		\$97.17
64505		\$151.93
64510		\$157.36
64517		\$208.49
64520		\$248.74
64530		\$246.20
64553		\$4,163.27
64555		\$2,297.38
64561		\$784.65
64566		\$125.46
64568		\$627.28
64569		\$784.65
64570		\$753.10
64575		\$330.32
64580		\$326.69
64581		\$682.03
64582		\$875.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
64583		\$903.58
64584		\$763.25
64585		\$258.89
64590		\$468.47
64595		\$386.88
64600		\$507.26
64605		\$948.90
64610		\$803.50
64611		\$138.51
64612		\$145.76
64615		\$157.36
64616		\$142.86
64617		\$171.87
64620		\$223.36
64624		\$418.79
64625		\$509.08
64628		\$432.93
64629		\$203.41
64630		\$270.86
64632		\$97.17
64633		\$471.37
64634		\$275.93
64635		\$475.36
64636		\$259.25
64640		\$266.87
64642		\$160.63
64643		\$97.54
64644		\$187.46
64645		\$125.82
64646		\$167.88
64647		\$191.09
64650		\$94.64

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
64653		\$110.59
64680		\$366.22
64681		\$485.15
64702		\$548.24
64704		\$347.00
64708		\$542.80
64712		\$624.74
64713		\$833.23
64714		\$798.79
64716		\$540.99
64718		\$641.79
64719		\$434.75
64721		\$475.36
64722		\$391.24
64726		\$287.90
64727		\$187.10
64732		\$472.09
64734		\$532.65
64736		\$352.80
64738		\$477.89
64740		\$488.77
64742		\$528.30
64744		\$523.22
64746		\$442.36
64755		\$936.94
64760		\$537.72
64763		\$531.92
64766		\$655.20
64771		\$607.70
64772		\$587.40
64774		\$451.43
64776		\$430.03

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
64778		\$182.75
64782		\$482.97
64783		\$217.92
64784		\$757.45
64786		\$1,023.59
64787		\$238.58
64788		\$432.21
64790		\$878.92
64792		\$1,108.08
64795		\$197.25
64802		\$866.96
64804		\$1,207.43
64809		\$1,102.28
64818		\$811.84
64820		\$807.13
64821		\$736.42
64822		\$736.42
64823		\$831.42
64831		\$733.16
64832		\$339.02
64834		\$783.92
64835		\$853.18
64836		\$853.18
64837		\$368.03
64840		\$1,002.56
64856		\$1,043.90
64857		\$1,092.49
64858		\$1,216.86
64859		\$249.83
64861		\$1,533.40
64862		\$1,418.46
64864		\$896.69

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
64865		\$1,140.71
64866		\$1,296.63
64868		\$1,046.08
64872		\$117.12
64874		\$175.49
64876		\$198.34
64885		\$1,124.39
64886		\$1,343.40
64890		\$1,118.59
64891		\$1,188.94
64892		\$1,089.22
64893		\$1,160.29
64895		\$1,367.33
64896		\$1,475.02
64897		\$1,308.23
64898		\$1,416.64
64901		\$600.45
64902		\$695.09
64905		\$1,039.91
64907		\$1,341.95
64910		\$801.33
64911		\$1,067.47
64912		\$936.94
64913		\$176.22
65091		\$796.25
65093		\$789.72
65101		\$911.19
65103		\$940.20
65105		\$1,021.78
65110		\$1,406.13
65112		\$1,609.18
65114		\$1,678.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
65125		\$489.14
65130		\$914.45
65135		\$925.33
65140		\$993.50
65150		\$752.38
65155		\$1,032.66
65175		\$835.41
65205		\$30.46
65210		\$40.97
65220		\$64.54
65222		\$72.88
65235		\$778.12
65260		\$1,040.27
65265		\$1,170.44
65270		\$305.66
65272		\$566.00
65273		\$401.75
65275		\$629.46
65280		\$708.87
65285		\$1,167.18
65286		\$745.85
65290		\$518.51
65400		\$740.41
65410		\$153.01
65420		\$578.70
65426		\$716.84
65430		\$122.56
65435		\$88.11
65436		\$412.99
65450		\$353.16
65600		\$468.83
65710		\$1,207.79

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
65730		\$1,326.00
65750		\$1,333.25
65755		\$1,328.90
65756		\$1,246.23
65770		\$1,485.54
65772		\$487.32
65775		\$610.60
65778		\$1,182.77
65779		\$1,254.56
65780		\$629.10
65781		\$1,401.05
65782		\$1,210.69
65785		\$2,297.01
65800		\$126.91
65810		\$493.12
65815		\$687.11
65820		\$877.47
65850		\$892.34
65855		\$260.70
65860		\$327.78
65865		\$508.72
65870		\$631.27
65875		\$674.42
65880		\$707.78
65900		\$1,050.79
65920		\$840.12
65930		\$680.58
66020		\$211.75
66030		\$191.09
66130		\$751.65
66150		\$932.95
66155		\$932.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
66160		\$1,046.80
66170		\$1,160.29
66172		\$1,267.98
66174		\$663.18
66175		\$768.69
66179		\$1,145.42
66180		\$1,206.34
66183		\$1,091.76
66184		\$841.94
66185		\$903.21
66225		\$989.87
66250		\$803.50
66500		\$422.42
66505		\$459.04
66600		\$963.77
66605		\$1,153.04
66625		\$455.78
66630		\$601.54
66635		\$606.98
66680		\$554.04
66682		\$759.99
66683		\$824.89
66700		\$483.33
66710		\$472.09
66711		\$539.90
66720		\$501.46
66740		\$469.19
66761		\$319.44
66762		\$509.44
66770		\$564.92
66820		\$502.55
66821		\$357.51

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
66825		\$887.62
66830		\$751.29
66840		\$733.52
66850		\$833.96
66852		\$886.90
66920		\$791.90
66930		\$906.48
66940		\$830.70
66982		\$787.91
66984		\$575.43
66985		\$815.10
66986		\$953.98
66989		\$903.21
66990		\$92.10
66991		\$723.01
67005		\$507.26
67010		\$579.06
67015		\$642.87
67025		\$789.72
67027		\$895.24
67028		\$120.38
67030		\$594.65
67031		\$414.08
67036		\$947.45
67039		\$1,012.72
67040		\$1,092.12
67041		\$1,203.44
67042		\$1,203.44
67043		\$1,268.71
67101		\$357.88
67105		\$315.82
67107		\$1,183.50

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
67108		\$1,252.03
67110		\$947.09
67113		\$1,399.96
67115		\$530.11
67120		\$715.03
67121		\$954.70
67141		\$288.62
67145		\$259.62
67208		\$639.61
67210		\$547.51
67218		\$1,463.78
67220		\$563.83
67221		\$288.26
67225		\$30.46
67227		\$314.37
67228		\$360.42
67229		\$1,220.48
67250		\$965.22
67255		\$732.07
67311		\$483.33
67312		\$701.61
67314		\$483.33
67316		\$752.01
67318		\$727.72
67320		\$182.38
67331		\$164.25
67332		\$212.48
67334		\$161.72
67335		\$195.07
67340		\$304.94
67343		\$714.30
67345		\$255.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
67346		\$202.69
67400		\$1,105.90
67405		\$968.12
67412		\$1,055.14
67413		\$1,028.31
67414		\$1,539.56
67415		\$107.33
67420		\$1,838.34
67430		\$1,477.92
67440		\$1,433.32
67445		\$1,620.42
67450		\$1,484.81
67500		\$81.95
67505		\$91.37
67515		\$54.39
67516		\$127.63
67550		\$1,156.30
67560		\$1,181.68
67570		\$1,355.73
67700		\$305.66
67710		\$261.43
67715		\$279.92
67800		\$138.15
67801		\$174.41
67805		\$217.92
67808		\$390.87
67810		\$197.61
67820		\$19.94
67825		\$144.31
67830		\$289.71
67835		\$468.10
67840		\$300.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
67850		\$231.70
67875		\$195.07
67880		\$500.74
67882		\$610.97
67900		\$695.09
67901		\$850.28
67902		\$767.61
67903		\$644.69
67904		\$790.09
67906		\$533.73
67908		\$580.15
67909		\$586.67
67911		\$591.75
67912		\$962.32
67914		\$524.67
67915		\$340.47
67916		\$652.66
67917		\$667.17
67921		\$513.79
67922		\$330.68
67923		\$653.39
67924		\$695.09
67930		\$397.04
67935		\$639.61
67938		\$291.52
67950		\$625.11
67961		\$629.82
67966		\$828.52
67971		\$758.18
67973		\$974.28
67974		\$972.83
67975		\$718.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
68020		\$129.81
68040		\$66.72
68100		\$192.90
68110		\$253.81
68115		\$356.79
68130		\$592.11
68135		\$168.24
68200		\$44.24
68320		\$795.89
68325		\$694.36
68326		\$682.03
68328		\$744.40
68330		\$667.17
68335		\$683.85
68340		\$645.41
68360		\$581.23
68362		\$693.27
68371		\$438.01
68400		\$319.44
68420		\$355.70
68440		\$112.40
68500		\$1,129.83
68505		\$1,124.76
68510		\$481.52
68520		\$785.73
68525		\$268.68
68530		\$464.84
68540		\$1,045.35
68550		\$1,300.98
68700		\$638.16
68705		\$280.28
68720		\$860.79

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
68745		\$866.59
68750		\$914.82
68760		\$235.32
68761		\$156.64
68770		\$663.54
68801		\$104.06
68810		\$172.59
68811		\$143.22
68815		\$402.48
68816		\$914.45
68840		\$142.86
68841		\$40.61
68850		\$62.00
69000		\$199.79
69005		\$234.60
69020		\$250.19
69100		\$102.61
69105		\$155.55
69110		\$504.73
69120		\$414.44
69140		\$965.58
69145		\$443.09
69150		\$1,063.48
69155		\$1,716.51
69200		\$85.93
69205		\$101.53
69209		\$17.40
69210		\$50.76
69220		\$83.40
69222		\$233.15
69300		\$696.54
69310		\$1,190.39

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
69320		\$1,657.77
69420		\$205.59
69421		\$162.08
69424		\$137.42
69433		\$217.55
69436		\$170.42
69440		\$738.96
69450		\$586.67
69501		\$754.55
69502		\$1,001.11
69505		\$1,307.87
69511		\$1,337.60
69530		\$1,774.52
69535		\$2,803.92
69540		\$228.07
69550		\$1,132.73
69552		\$1,678.80
69554		\$2,664.32
69601		\$1,078.71
69602		\$1,155.94
69603		\$1,365.52
69604		\$1,180.23
69610		\$408.28
69620		\$796.25
69631		\$948.90
69632		\$1,150.14
69633		\$1,119.32
69635		\$1,355.73
69636		\$1,497.50
69637		\$1,491.34
69641		\$1,106.99
69642		\$1,419.18

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
69643		\$1,296.99
69644		\$1,598.66
69645		\$1,568.93
69646		\$1,666.47
69650		\$854.63
69660		\$980.08
69661		\$1,275.96
69662		\$1,223.38
69666		\$860.07
69667		\$862.24
69670		\$1,002.56
69676		\$888.71
69700		\$708.14
69705		\$2,913.06
69706		\$3,006.24
69711		\$890.52
69714		\$523.94
69716		\$654.48
69717		\$592.47
69719		\$679.13
69720		\$1,248.76
69725		\$1,965.61
69726		\$505.45
69727		\$562.74
69728		\$633.81
69729		\$708.50
69730		\$732.43
69740		\$1,225.56
69745		\$1,307.14
69801		\$244.02
69805		\$1,086.32
69806		\$975.01

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
69905		\$976.46
69910		\$1,046.80
69915		\$1,579.45
69930		\$1,279.95
69950		\$1,829.27
69955		\$2,066.41
69960		\$1,976.12
69970		\$2,232.47
69990		\$211.75
70010		\$60.55
70015		\$179.48
70015	26	\$59.46
70015	TC	\$120.02
70030		\$35.17
70030	26	\$8.70
70030	TC	\$26.47
70100		\$42.06
70100	26	\$9.06
70100	TC	\$33.00
70110		\$47.14
70110	26	\$12.33
70110	TC	\$34.81
70120		\$41.34
70120	26	\$9.06
70120	TC	\$32.27
70130		\$67.08
70130	26	\$17.04
70130	TC	\$50.04
70134		\$67.08
70134	26	\$18.13
70134	TC	\$48.95
70140		\$34.45

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
70140	26	\$9.79
70140	TC	\$24.66
70150		\$51.13
70150	26	\$13.05
70150	TC	\$38.07
70160		\$40.61
70160	26	\$8.34
70160	TC	\$32.27
70170	26	\$15.23
70190		\$40.61
70190	26	\$11.24
70190	TC	\$29.37
70200		\$51.85
70200	26	\$14.14
70200	TC	\$37.71
70210		\$34.81
70210	26	\$8.70
70210	TC	\$26.11
70220		\$40.61
70220	26	\$10.88
70220	TC	\$29.73
70240		\$35.53
70240	26	\$9.43
70240	TC	\$26.11
70250		\$38.80
70250	26	\$9.06
70250	TC	\$29.73
70260		\$48.22
70260	26	\$14.14
70260	TC	\$34.08
70300		\$13.78
70300	26	\$5.08

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
70300	TC	\$8.70
70310		\$43.87
70310	26	\$8.34
70310	TC	\$35.53
70320		\$57.65
70320	26	\$11.24
70320	TC	\$46.41
70328		\$37.35
70328	26	\$9.06
70328	TC	\$28.28
70330		\$57.29
70330	26	\$11.97
70330	TC	\$45.32
70332		\$89.20
70332	26	\$26.83
70332	TC	\$62.37
70336		\$293.70
70336	26	\$73.61
70336	TC	\$220.09
70350		\$17.77
70350	26	\$8.70
70350	TC	\$9.06
70355		\$19.58
70355	26	\$10.15
70355	TC	\$9.43
70360		\$33.72
70360	26	\$9.06
70360	TC	\$24.66
70370		\$111.68
70370	26	\$15.95
70370	TC	\$95.72
70371		\$118.20

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
70371	26	\$43.87
70371	TC	\$74.33
70380		\$40.61
70380	26	\$8.34
70380	TC	\$32.27
70390		\$125.46
70390	26	\$18.85
70390	TC	\$106.60
70450		\$117.48
70450	26	\$42.42
70450	TC	\$75.06
70460		\$164.25
70460	26	\$56.56
70460	TC	\$107.69
70470		\$192.17
70470	26	\$63.82
70470	TC	\$128.36
70480		\$175.86
70480	26	\$64.54
70480	TC	\$111.32
70481		\$200.15
70481	26	\$56.56
70481	TC	\$143.59
70482		\$233.87
70482	26	\$63.45
70482	TC	\$170.42
70486		\$142.14
70486	26	\$42.79
70486	TC	\$99.35
70487		\$168.24
70487	26	\$56.20
70487	TC	\$112.04

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
70488		\$204.14
70488	26	\$63.45
70488	TC	\$140.69
70490		\$165.70
70490	26	\$63.82
70490	TC	\$101.89
70491		\$204.14
70491	26	\$69.25
70491	TC	\$134.88
70492		\$244.75
70492	26	\$80.50
70492	TC	\$164.25
70496		\$280.65
70496	26	\$87.02
70496	TC	\$193.62
70498		\$280.65
70498	26	\$87.02
70498	TC	\$193.62
70540		\$251.64
70540	26	\$67.44
70540	TC	\$184.20
70542		\$298.41
70542	26	\$80.86
70542	TC	\$217.55
70543		\$376.37
70543	26	\$106.96
70543	TC	\$269.41
70544		\$239.67
70544	26	\$59.83
70544	TC	\$179.85
70545		\$252.73
70545	26	\$59.83

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
70545	TC	\$192.90
70546		\$366.94
70546	26	\$73.97
70546	TC	\$292.97
70547		\$240.04
70547	26	\$59.83
70547	TC	\$180.21
70548		\$273.39
70548	26	\$75.06
70548	TC	\$198.34
70549		\$384.35
70549	26	\$89.92
70549	TC	\$294.42
70551		\$217.55
70551	26	\$73.97
70551	TC	\$143.59
70552		\$300.23
70552	26	\$88.83
70552	TC	\$211.39
70553		\$353.53
70553	26	\$114.22
70553	TC	\$239.31
70554		\$422.42
70554	26	\$105.88
70554	TC	\$316.54
70555	26	\$124.73
70557	26	\$160.99
70558	26	\$177.31
70559	26	\$164.25
71045		\$27.56
71045	26	\$8.70
71045	TC	\$18.85

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
71046		\$36.26
71046	26	\$10.88
71046	TC	\$25.38
71047		\$45.69
71047	26	\$13.78
71047	TC	\$31.91
71048		\$49.31
71048	26	\$15.23
71048	TC	\$34.08
71100		\$39.52
71100	26	\$10.88
71100	TC	\$28.64
71101		\$45.69
71101	26	\$13.42
71101	TC	\$32.27
71110		\$47.50
71110	26	\$14.50
71110	TC	\$33.00
71111		\$56.93
71111	26	\$16.32
71111	TC	\$40.61
71120		\$36.26
71120	26	\$9.79
71120	TC	\$26.47
71130		\$44.60
71130	26	\$10.88
71130	TC	\$33.72
71250		\$147.21
71250	26	\$54.03
71250	TC	\$93.19
71260		\$184.92
71260	26	\$58.38

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
71260	TC	\$126.54
71270		\$217.55
71270	26	\$62.37
71270	TC	\$155.19
71271		\$151.93
71271	26	\$54.03
71271	TC	\$97.90
71275		\$284.27
71275	26	\$90.65
71275	TC	\$193.62
71550		\$331.05
71550	26	\$72.88
71550	TC	\$258.16
71551		\$415.89
71551	26	\$86.30
71551	TC	\$329.60
71552		\$517.78
71552	26	\$112.77
71552	TC	\$405.01
71555		\$371.29
71555	26	\$89.56
71555	TC	\$281.73
72020		\$26.11
72020	26	\$7.98
72020	TC	\$18.13
72040		\$42.79
72040	26	\$11.24
72040	TC	\$31.55
72050		\$58.01
72050	26	\$13.42
72050	TC	\$44.60
72052		\$67.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
72052	26	\$15.23
72052	TC	\$52.58
72070		\$35.53
72070	26	\$10.15
72070	TC	\$25.38
72072		\$42.79
72072	26	\$11.24
72072	TC	\$31.55
72074		\$48.22
72074	26	\$12.33
72074	TC	\$35.90
72080		\$37.35
72080	26	\$10.52
72080	TC	\$26.83
72081		\$46.05
72081	26	\$13.05
72081	TC	\$33.00
72082		\$76.14
72082	26	\$15.95
72082	TC	\$60.19
72083		\$85.93
72083	26	\$18.13
72083	TC	\$67.80
72084		\$106.60
72084	26	\$21.03
72084	TC	\$85.57
72100		\$43.15
72100	26	\$11.24
72100	TC	\$31.91
72110		\$56.20
72110	26	\$13.05
72110	TC	\$43.15

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
72114		\$66.35
72114	26	\$15.23
72114	TC	\$51.13
72120		\$43.87
72120	26	\$11.24
72120	TC	\$32.63
72125		\$143.95
72125	26	\$49.67
72125	TC	\$94.27
72126		\$186.73
72126	26	\$60.92
72126	TC	\$125.82
72127		\$219.00
72127	26	\$63.45
72127	TC	\$155.55
72128		\$143.59
72128	26	\$49.67
72128	TC	\$93.91
72129		\$188.18
72129	26	\$61.28
72129	TC	\$126.91
72130		\$220.46
72130	26	\$63.82
72130	TC	\$156.64
72131		\$142.86
72131	26	\$49.67
72131	TC	\$93.19
72132		\$187.10
72132	26	\$60.92
72132	TC	\$126.18
72133		\$219.37
72133	26	\$63.45

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
72133	TC	\$155.91
72141		\$211.39
72141	26	\$73.97
72141	TC	\$137.42
72142		\$306.03
72142	26	\$89.56
72142	TC	\$216.47
72146		\$211.03
72146	26	\$73.97
72146	TC	\$137.06
72147		\$303.13
72147	26	\$88.83
72147	TC	\$214.29
72148		\$212.12
72148	26	\$74.33
72148	TC	\$137.78
72149		\$300.59
72149	26	\$89.20
72149	TC	\$211.39
72156		\$355.34
72156	26	\$114.58
72156	TC	\$240.76
72157		\$356.06
72157	26	\$114.58
72157	TC	\$241.49
72158		\$354.61
72158	26	\$114.58
72158	TC	\$240.04
72159		\$384.35
72159	26	\$90.29
72159	TC	\$294.06
72170		\$30.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
72170	26	\$8.70
72170	TC	\$21.39
72190		\$45.69
72190	26	\$12.69
72190	TC	\$33.00
72191		\$282.82
72191	26	\$89.20
72191	TC	\$193.62
72192		\$147.21
72192	26	\$54.39
72192	TC	\$92.82
72193		\$251.64
72193	26	\$58.01
72193	TC	\$193.62
72194		\$254.18
72194	26	\$60.55
72194	TC	\$193.62
72195		\$254.54
72195	26	\$73.24
72195	TC	\$181.30
72196		\$298.05
72196	26	\$85.93
72196	TC	\$212.12
72197		\$374.19
72197	26	\$109.50
72197	TC	\$264.69
72198		\$376.01
72198	26	\$89.20
72198	TC	\$286.81
72200		\$35.90
72200	26	\$8.34
72200	TC	\$27.56

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
72202		\$42.42
72202	26	\$11.24
72202	TC	\$31.18
72220		\$35.17
72220	26	\$8.70
72220	TC	\$26.47
72240		\$120.74
72240	26	\$45.69
72240	TC	\$75.06
72255		\$116.03
72255	26	\$45.32
72255	TC	\$70.71
72265		\$117.84
72265	26	\$42.06
72265	TC	\$75.78
72270		\$164.62
72270	26	\$68.53
72270	TC	\$96.09
72285		\$142.86
72285	26	\$59.10
72285	TC	\$83.76
72295		\$120.38
72295	26	\$41.70
72295	TC	\$78.68
73000		\$35.17
73000	26	\$8.34
73000	TC	\$26.83
73010		\$25.74
73010	26	\$9.06
73010	TC	\$16.68
73020		\$23.21
73020	26	\$7.61

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73020	TC	\$15.59
73030		\$37.71
73030	26	\$9.43
73030	TC	\$28.28
73040		\$142.50
73040	26	\$27.92
73040	TC	\$114.58
73050		\$31.18
73050	26	\$9.43
73050	TC	\$21.76
73060		\$34.45
73060	26	\$7.98
73060	TC	\$26.47
73070		\$31.55
73070	26	\$8.34
73070	TC	\$23.21
73080		\$35.53
73080	26	\$8.70
73080	TC	\$26.83
73085		\$108.05
73085	26	\$26.83
73085	TC	\$81.22
73090		\$31.55
73090	26	\$7.98
73090	TC	\$23.57
73092		\$34.08
73092	26	\$7.98
73092	TC	\$26.11
73100		\$36.62
73100	26	\$8.34
73100	TC	\$28.28
73110		\$44.60

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73110	26	\$8.70
73110	TC	\$35.90
73115		\$146.12
73115	26	\$28.28
73115	TC	\$117.84
73120		\$34.08
73120	26	\$8.34
73120	TC	\$25.74
73130		\$40.25
73130	26	\$8.70
73130	TC	\$31.55
73140		\$41.34
73140	26	\$6.89
73140	TC	\$34.45
73200		\$165.70
73200	26	\$49.67
73200	TC	\$116.03
73201		\$222.63
73201	26	\$58.01
73201	TC	\$164.62
73202		\$254.18
73202	26	\$60.55
73202	TC	\$193.62
73206		\$282.82
73206	26	\$89.20
73206	TC	\$193.62
73218		\$325.97
73218	26	\$67.80
73218	TC	\$258.16
73219		\$369.12
73219	26	\$81.22
73219	TC	\$287.90

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73220		\$456.14
73220	26	\$107.33
73220	TC	\$348.81
73221		\$225.53
73221	26	\$68.17
73221	TC	\$157.36
73222		\$348.81
73222	26	\$81.58
73222	TC	\$267.23
73223		\$430.76
73223	26	\$107.69
73223	TC	\$323.07
73225		\$380.72
73225	26	\$86.66
73225	TC	\$294.06
73501		\$35.53
73501	26	\$9.43
73501	TC	\$26.11
73502		\$51.49
73502	26	\$11.24
73502	TC	\$40.25
73503		\$64.90
73503	26	\$13.78
73503	TC	\$51.13
73521		\$44.60
73521	26	\$11.24
73521	TC	\$33.36
73522		\$58.38
73522	26	\$14.87
73522	TC	\$43.51
73523		\$67.08
73523	26	\$15.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73523	TC	\$51.13
73525		\$139.23
73525	26	\$29.37
73525	TC	\$109.87
73551		\$31.55
73551	26	\$8.34
73551	TC	\$23.21
73552		\$38.43
73552	26	\$9.06
73552	TC	\$29.37
73560		\$36.98
73560	26	\$8.34
73560	TC	\$28.64
73562		\$44.24
73562	26	\$9.43
73562	TC	\$34.81
73564		\$51.13
73564	26	\$11.60
73564	TC	\$39.52
73565		\$43.15
73565	26	\$8.34
73565	TC	\$34.81
73580		\$119.29
73580	26	\$31.91
73580	TC	\$87.38
73590		\$34.08
73590	26	\$7.98
73590	TC	\$26.11
73592		\$34.08
73592	26	\$7.98
73592	TC	\$26.11
73600		\$34.81

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73600	26	\$7.98
73600	TC	\$26.83
73610		\$39.52
73610	26	\$8.70
73610	TC	\$30.82
73615		\$138.51
73615	26	\$28.64
73615	TC	\$109.87
73620		\$30.82
73620	26	\$7.61
73620	TC	\$23.21
73630		\$36.98
73630	26	\$8.34
73630	TC	\$28.64
73650		\$30.82
73650	26	\$7.98
73650	TC	\$22.84
73660		\$31.55
73660	26	\$6.53
73660	TC	\$25.02
73700		\$143.22
73700	26	\$49.67
73700	TC	\$93.55
73701		\$184.56
73701	26	\$58.01
73701	TC	\$126.54
73702		\$216.47
73702	26	\$60.55
73702	TC	\$155.91
73706		\$287.53
73706	26	\$93.91
73706	TC	\$193.62

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
73718		\$248.37
73718	26	\$67.44
73718	TC	\$180.93
73719		\$292.61
73719	26	\$80.86
73719	TC	\$211.75
73720		\$374.56
73720	26	\$106.96
73720	TC	\$267.59
73721		\$225.17
73721	26	\$68.17
73721	TC	\$157.00
73722		\$349.18
73722	26	\$81.22
73722	TC	\$267.95
73723		\$428.95
73723	26	\$107.33
73723	TC	\$321.62
73725		\$373.11
73725	26	\$89.56
73725	TC	\$283.55
74018		\$32.63
74018	26	\$9.06
74018	TC	\$23.57
74019		\$39.52
74019	26	\$11.24
74019	TC	\$28.28
74021		\$46.41
74021	26	\$13.42
74021	TC	\$33.00
74022		\$54.03
74022	26	\$15.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
74022	TC	\$38.07
74150		\$151.20
74150	26	\$59.46
74150	TC	\$91.74
74160		\$257.44
74160	26	\$63.82
74160	TC	\$193.62
74170		\$263.60
74170	26	\$69.98
74170	TC	\$193.62
74174		\$421.69
74174	26	\$109.14
74174	TC	\$312.55
74175		\$283.91
74175	26	\$90.29
74175	TC	\$193.62
74176		\$202.33
74176	26	\$87.02
74176	TC	\$115.30
74177		\$336.85
74177	26	\$91.01
74177	TC	\$245.84
74178		\$377.82
74178	26	\$100.08
74178	TC	\$277.74
74181		\$217.19
74181	26	\$72.88
74181	TC	\$144.31
74182		\$336.12
74182	26	\$85.93
74182	TC	\$250.19
74183		\$375.64

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
74183	26	\$109.50
74183	TC	\$266.14
74185		\$374.56
74185	26	\$89.20
74185	TC	\$285.36
74190	26	\$23.21
74210		\$102.25
74210	26	\$29.01
74210	TC	\$73.24
74220		\$105.15
74220	26	\$29.73
74220	TC	\$75.42
74221		\$118.57
74221	26	\$34.81
74221	TC	\$83.76
74230		\$134.88
74230	26	\$26.47
74230	TC	\$108.41
74235	26	\$59.46
74240		\$132.71
74240	26	\$40.25
74240	TC	\$92.46
74246		\$150.11
74246	26	\$44.60
74246	TC	\$105.51
74248		\$88.83
74248	26	\$34.81
74248	TC	\$54.03
74250		\$131.62
74250	26	\$40.25
74250	TC	\$91.37
74251		\$252.36

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
74251	26	\$58.38
74251	TC	\$193.99
74261		\$236.05
74261	26	\$119.66
74261	TC	\$116.39
74262		\$318.72
74262	26	\$124.73
74262	TC	\$193.99
74263		\$731.71
74263	26	\$115.30
74263	TC	\$616.40
74270		\$165.70
74270	26	\$51.49
74270	TC	\$114.22
74280		\$237.50
74280	26	\$63.09
74280	TC	\$174.41
74283		\$275.21
74283	26	\$105.15
74283	TC	\$170.06
74290		\$92.10
74290	26	\$15.95
74290	TC	\$76.14
74300	26	\$13.78
74301	26	\$10.52
74328	26	\$24.29
74329	26	\$24.66
74330	26	\$28.64
74340	26	\$26.83
74355	26	\$38.07
74360	26	\$28.28
74363	26	\$43.51

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
74400		\$146.12
74400	26	\$24.66
74400	TC	\$121.47
74410		\$153.38
74410	26	\$24.29
74410	TC	\$129.08
74415		\$163.53
74415	26	\$24.29
74415	TC	\$139.23
74420		\$84.48
74420	26	\$25.74
74420	TC	\$58.74
74425		\$147.21
74425	26	\$25.02
74425	TC	\$122.19
74430		\$44.60
74430	26	\$15.95
74430	TC	\$28.64
74440		\$105.51
74440	26	\$18.49
74440	TC	\$87.02
74445	26	\$56.56
74450	26	\$16.68
74455		\$112.77
74455	26	\$16.32
74455	TC	\$96.45
74470	26	\$26.11
74485		\$129.08
74485	26	\$40.97
74485	TC	\$88.11
74712		\$408.28
74712	26	\$150.11

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
74712	TC	\$258.16
74713		\$220.09
74713	26	\$92.46
74713	TC	\$127.63
74740		\$101.53
74740	26	\$19.22
74740	TC	\$82.31
74742	26	\$30.82
74775	26	\$31.18
75557		\$308.93
75557	26	\$116.39
75557	TC	\$192.54
75559		\$416.62
75559	26	\$145.40
75559	TC	\$271.22
75561		\$403.93
75561	26	\$128.72
75561	TC	\$275.21
75563		\$471.37
75563	26	\$147.57
75563	TC	\$323.79
75565		\$50.76
75565	26	\$12.69
75565	TC	\$38.07
75571		\$110.59
75571	26	\$29.01
75571	TC	\$81.58
75572		\$252.00
75572	26	\$86.66
75572	TC	\$165.34
75573		\$319.81
75573	26	\$126.54

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
75573	TC	\$193.26
75574		\$312.55
75574	26	\$119.29
75574	TC	\$193.26
75580		\$981.90
75580	26	\$37.35
75580	TC	\$944.55
75600		\$196.89
75600	26	\$23.93
75600	TC	\$172.96
75605		\$129.08
75605	26	\$55.11
75605	TC	\$73.97
75625		\$133.43
75625	26	\$68.17
75625	TC	\$65.27
75630		\$166.43
75630	26	\$96.45
75630	TC	\$69.98
75635		\$311.83
75635	26	\$117.84
75635	TC	\$193.99
75705		\$263.97
75705	26	\$116.75
75705	TC	\$147.21
75710		\$158.81
75710	26	\$84.12
75710	TC	\$74.69
75716		\$172.96
75716	26	\$95.00
75716	TC	\$77.96
75726		\$181.66

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
75726	26	\$97.54
75726	TC	\$84.12
75731		\$165.34
75731	26	\$56.93
75731	TC	\$108.41
75733		\$186.01
75733	26	\$64.54
75733	TC	\$121.47
75736		\$153.74
75736	26	\$53.66
75736	TC	\$100.08
75741		\$139.23
75741	26	\$62.73
75741	TC	\$76.51
75743		\$157.73
75743	26	\$79.77
75743	TC	\$77.96
75746		\$145.04
75746	26	\$55.11
75746	TC	\$89.92
75756		\$176.94
75756	26	\$56.20
75756	TC	\$120.74
75774		\$103.34
75774	26	\$47.86
75774	TC	\$55.48
75801	26	\$43.51
75803	26	\$58.74
75805	26	\$40.61
75807	26	\$54.75
75809		\$88.11
75809	26	\$23.57

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
75809	TC	\$64.54
75810	26	\$49.67
75820		\$115.67
75820	26	\$51.13
75820	TC	\$64.54
75822		\$142.50
75822	26	\$71.07
75822	TC	\$71.43
75825		\$121.47
75825	26	\$54.39
75825	TC	\$67.08
75827		\$126.54
75827	26	\$54.75
75827	TC	\$71.79
75831		\$127.99
75831	26	\$53.66
75831	TC	\$74.33
75833		\$157.36
75833	26	\$71.43
75833	TC	\$85.93
75840		\$138.15
75840	26	\$56.93
75840	TC	\$81.22
75842		\$170.78
75842	26	\$74.69
75842	TC	\$96.09
75860		\$134.52
75860	26	\$55.48
75860	TC	\$79.04
75870		\$165.70
75870	26	\$59.46
75870	TC	\$106.24

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
75872		\$138.15
75872	26	\$56.93
75872	TC	\$81.22
75880		\$116.03
75880	26	\$35.17
75880	TC	\$80.86
75885		\$146.12
75885	26	\$67.80
75885	TC	\$78.32
75887		\$147.21
75887	26	\$68.17
75887	TC	\$79.04
75889		\$132.35
75889	26	\$54.03
75889	TC	\$78.32
75891		\$133.43
75891	26	\$54.39
75891	TC	\$79.04
75893		\$113.13
75893	26	\$26.47
75893	TC	\$86.66
75894	26	\$71.79
75898	26	\$91.37
75901		\$246.56
75901	26	\$23.57
75901	TC	\$222.99
75902		\$94.64
75902	26	\$18.49
75902	TC	\$76.14
75956	26	\$330.68
75957	26	\$283.91
75958	26	\$186.73

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
75959	26	\$165.34
75970	26	\$39.16
75984		\$102.61
75984	26	\$39.52
75984	TC	\$63.09
75989		\$119.66
75989	26	\$57.65
75989	TC	\$62.00
76000		\$45.69
76000	26	\$15.23
76000	TC	\$30.46
76010		\$31.55
76010	26	\$8.70
76010	TC	\$22.84
76014		\$11.97
76015		\$56.93
76016		\$79.04
76016	26	\$30.10
76016	TC	\$48.95
76017		\$244.39
76017	26	\$38.07
76017	TC	\$206.31
76018		\$124.37
76018	26	\$37.35
76018	TC	\$87.02
76019		\$162.08
76019	26	\$29.01
76019	TC	\$133.07
76080		\$64.18
76080	26	\$25.74
76080	TC	\$38.43
76098		\$46.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76098	26	\$15.95
76098	TC	\$30.10
76100		\$96.45
76100	26	\$29.01
76100	TC	\$67.44
76120		\$127.63
76120	26	\$19.94
76120	TC	\$107.69
76125	26	\$13.78
76145		\$971.38
76376		\$26.83
76376	26	\$9.79
76376	TC	\$17.04
76377		\$83.76
76377	26	\$39.89
76377	TC	\$43.87
76380		\$143.22
76380	26	\$47.50
76380	TC	\$95.72
76391		\$223.36
76391	26	\$55.11
76391	TC	\$168.24
76506		\$121.83
76506	26	\$32.27
76506	TC	\$89.56
76510		\$74.33
76510	26	\$41.34
76510	TC	\$33.00
76511		\$61.64
76511	26	\$37.71
76511	TC	\$23.93
76512		\$51.85

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76512	26	\$32.27
76512	TC	\$19.58
76513		\$81.22
76513	26	\$34.08
76513	TC	\$47.14
76514		\$11.97
76514	26	\$7.98
76514	TC	\$3.99
76516		\$50.40
76516	26	\$23.57
76516	TC	\$26.83
76519		\$73.61
76519	26	\$31.91
76519	TC	\$41.70
76529		\$92.82
76529	26	\$34.08
76529	TC	\$58.74
76536		\$119.29
76536	26	\$27.92
76536	TC	\$91.37
76604		\$61.28
76604	26	\$28.28
76604	TC	\$33.00
76641		\$110.95
76641	26	\$36.62
76641	TC	\$74.33
76642		\$91.74
76642	26	\$34.08
76642	TC	\$57.65
76700		\$125.46
76700	26	\$40.25
76700	TC	\$85.21

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76705		\$93.91
76705	26	\$29.01
76705	TC	\$64.90
76706		\$115.30
76706	26	\$27.19
76706	TC	\$88.11
76770		\$117.12
76770	26	\$36.98
76770	TC	\$80.13
76775		\$64.18
76775	26	\$28.64
76775	TC	\$35.53
76776		\$159.18
76776	26	\$37.71
76776	TC	\$121.47
76800		\$179.12
76800	26	\$63.09
76800	TC	\$116.03
76801		\$126.91
76801	26	\$49.67
76801	TC	\$77.23
76802		\$64.90
76802	26	\$42.06
76802	TC	\$22.84
76805		\$146.49
76805	26	\$50.04
76805	TC	\$96.45
76810		\$94.64
76810	26	\$49.67
76810	TC	\$44.96
76811		\$191.81
76811	26	\$96.09

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76811	TC	\$95.72
76812		\$207.40
76812	26	\$90.29
76812	TC	\$117.12
76813		\$125.09
76813	26	\$59.46
76813	TC	\$65.63
76814		\$80.50
76814	26	\$50.04
76814	TC	\$30.46
76815		\$87.38
76815	26	\$32.27
76815	TC	\$55.11
76816		\$119.29
76816	26	\$43.15
76816	TC	\$76.14
76817		\$100.08
76817	26	\$37.71
76817	TC	\$62.37
76818		\$128.36
76818	26	\$53.30
76818	TC	\$75.06
76819		\$92.46
76819	26	\$38.80
76819	TC	\$53.66
76820		\$48.22
76820	26	\$25.02
76820	TC	\$23.21
76821		\$96.45
76821	26	\$35.53
76821	TC	\$60.92
76825		\$283.55

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76825	26	\$84.12
76825	TC	\$199.43
76826		\$169.69
76826	26	\$41.70
76826	TC	\$127.99
76827		\$75.78
76827	26	\$29.37
76827	TC	\$46.41
76828		\$52.58
76828	26	\$27.92
76828	TC	\$24.66
76830		\$129.08
76830	26	\$34.81
76830	TC	\$94.27
76831		\$126.18
76831	26	\$36.62
76831	TC	\$89.56
76856		\$113.85
76856	26	\$34.08
76856	TC	\$79.77
76857		\$53.30
76857	26	\$24.66
76857	TC	\$28.64
76870		\$108.05
76870	26	\$31.55
76870	TC	\$76.51
76872		\$150.48
76872	26	\$34.45
76872	TC	\$116.03
76873		\$189.64
76873	26	\$80.86
76873	TC	\$108.78

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76881		\$57.65
76881	26	\$45.69
76881	TC	\$11.97
76882		\$68.17
76882	26	\$34.45
76882	TC	\$33.72
76883		\$76.51
76883	26	\$60.92
76883	TC	\$15.59
76885		\$132.71
76885	26	\$36.98
76885	TC	\$95.72
76886		\$107.69
76886	26	\$30.82
76886	TC	\$76.87
76932	26	\$36.98
76936		\$278.83
76936	26	\$96.09
76936	TC	\$182.75
76937		\$40.97
76937	26	\$14.14
76937	TC	\$26.83
76940	26	\$102.61
76941	26	\$68.17
76942		\$62.37
76942	26	\$31.55
76942	TC	\$30.82
76945	26	\$34.08
76946		\$35.90
76946	26	\$19.22
76946	TC	\$16.68
76948		\$87.38

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
76948	26	\$33.72
76948	TC	\$53.66
76965		\$101.53
76965	26	\$71.43
76965	TC	\$30.10
76975	26	\$43.15
76977		\$7.61
76977	26	\$2.54
76977	TC	\$5.08
76978		\$239.31
76978	26	\$81.22
76978	TC	\$158.09
76979		\$154.46
76979	26	\$42.42
76979	TC	\$112.04
76981		\$112.77
76981	26	\$29.73
76981	TC	\$83.03
76982		\$100.80
76982	26	\$29.73
76982	TC	\$71.07
76983		\$66.35
76983	26	\$26.11
76983	TC	\$40.25
76984	26	\$31.55
76987	26	\$97.17
76988	26	\$61.64
76989	26	\$36.26
76998	26	\$47.14
77001		\$106.60
77001	26	\$18.49
77001	TC	\$88.11

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77002		\$125.46
77002	26	\$27.92
77002	TC	\$97.54
77003		\$113.85
77003	26	\$30.10
77003	TC	\$83.76
77011		\$239.31
77011	26	\$64.54
77011	TC	\$174.77
77012		\$149.39
77012	26	\$72.52
77012	TC	\$76.87
77013	26	\$190.36
77014		\$129.44
77014	26	\$47.50
77014	TC	\$81.95
77021		\$461.22
77021	26	\$74.69
77021	TC	\$386.52
77022	26	\$208.49
77046		\$236.41
77046	26	\$72.52
77046	TC	\$163.89
77047		\$242.94
77047	26	\$79.77
77047	TC	\$163.17
77048		\$373.11
77048	26	\$104.79
77048	TC	\$268.32
77049		\$380.72
77049	26	\$114.94
77049	TC	\$265.78

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77053		\$58.38
77053	26	\$18.13
77053	TC	\$40.25
77054		\$75.06
77054	26	\$22.48
77054	TC	\$52.58
77063		\$56.20
77063	26	\$30.10
77063	TC	\$26.11
77065		\$135.61
77065	26	\$40.61
77065	TC	\$95.00
77066		\$171.51
77066	26	\$50.04
77066	TC	\$121.47
77067		\$138.51
77067	26	\$38.07
77067	TC	\$100.44
77071		\$58.74
77072		\$27.92
77072	26	\$9.43
77072	TC	\$18.49
77073		\$48.95
77073	26	\$13.78
77073	TC	\$35.17
77074		\$70.71
77074	26	\$22.12
77074	TC	\$48.59
77075		\$107.69
77075	26	\$27.92
77075	TC	\$79.77
77076		\$115.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77076	26	\$35.17
77076	TC	\$80.50
77077		\$50.76
77077	26	\$17.40
77077	TC	\$33.36
77078		\$108.05
77078	26	\$12.33
77078	TC	\$95.72
77080		\$42.06
77080	26	\$9.79
77080	TC	\$32.27
77081		\$34.08
77081	26	\$9.79
77081	TC	\$24.29
77084		\$338.30
77084	26	\$80.13
77084	TC	\$258.16
77085		\$57.65
77085	26	\$15.23
77085	TC	\$42.42
77086		\$36.26
77086	26	\$8.34
77086	TC	\$27.92
77089		\$43.51
77092		\$10.52
77261		\$75.06
77262		\$114.94
77263		\$177.31
77280		\$292.25
77280	26	\$39.89
77280	TC	\$252.36
77285		\$478.62

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77285	26	\$60.55
77285	TC	\$418.07
77290		\$485.15
77290	26	\$87.38
77290	TC	\$397.76
77293		\$442.36
77293	26	\$112.04
77293	TC	\$330.32
77295		\$518.51
77295	26	\$239.67
77295	TC	\$278.83
77300		\$71.07
77300	26	\$34.45
77300	TC	\$36.62
77301		\$1,995.34
77301	26	\$447.07
77301	TC	\$1,548.26
77306		\$159.90
77306	26	\$78.32
77306	TC	\$81.58
77307		\$309.65
77307	26	\$162.08
77307	TC	\$147.57
77316		\$266.14
77316	26	\$78.32
77316	TC	\$187.82
77317		\$349.90
77317	26	\$102.61
77317	TC	\$247.29
77318		\$496.02
77318	26	\$161.72
77318	TC	\$334.31

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77321		\$101.89
77321	26	\$53.30
77321	TC	\$48.59
77331		\$69.98
77331	26	\$48.95
77331	TC	\$21.03
77332		\$42.42
77332	26	\$25.38
77332	TC	\$17.04
77333		\$148.30
77333	26	\$41.70
77333	TC	\$106.60
77334		\$135.61
77334	26	\$64.18
77334	TC	\$71.43
77336		\$95.36
77338		\$505.09
77338	26	\$240.04
77338	TC	\$265.05
77370		\$154.83
77372		\$1,033.02
77373		\$1,077.98
77401		\$45.32
77417		\$16.32
77427		\$201.96
77431		\$114.22
77432		\$448.53
77435		\$678.05
77469		\$337.57
77470		\$152.65
77470	26	\$113.85
77470	TC	\$38.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77600		\$590.66
77600	26	\$75.78
77600	TC	\$514.88
77605		\$1,020.69
77605	26	\$102.25
77605	TC	\$918.44
77610		\$742.59
77610	26	\$73.61
77610	TC	\$668.98
77615		\$1,165.00
77615	26	\$103.34
77615	TC	\$1,061.67
77620		\$686.02
77620	26	\$83.40
77620	TC	\$602.63
77750		\$423.14
77750	26	\$279.56
77750	TC	\$143.59
77761		\$454.69
77761	26	\$215.38
77761	TC	\$239.31
77762		\$596.82
77762	26	\$322.34
77762	TC	\$274.48
77763		\$842.66
77763	26	\$484.42
77763	TC	\$358.24
77767		\$270.49
77767	26	\$58.74
77767	TC	\$211.75
77768		\$396.31
77768	26	\$78.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
77768	TC	\$317.99
77770		\$376.37
77770	26	\$109.14
77770	TC	\$267.23
77771		\$654.11
77771	26	\$212.48
77771	TC	\$441.64
77772		\$976.46
77772	26	\$300.23
77772	TC	\$676.23
77778		\$992.41
77778	26	\$490.22
77778	TC	\$502.19
77789		\$143.95
77789	26	\$64.18
77789	TC	\$79.77
77790		\$19.22
78012		\$87.38
78012	26	\$9.06
78012	TC	\$78.32
78013		\$185.28
78013	26	\$18.13
78013	TC	\$167.15
78014		\$235.68
78014	26	\$24.29
78014	TC	\$211.39
78015		\$229.52
78015	26	\$33.72
78015	TC	\$195.80
78016		\$273.76
78016	26	\$34.81
78016	TC	\$238.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78018		\$307.48
78018	26	\$40.61
78018	TC	\$266.87
78020		\$84.12
78020	26	\$27.56
78020	TC	\$56.56
78070		\$291.52
78070	26	\$39.52
78070	TC	\$252.00
78071		\$346.64
78071	26	\$58.74
78071	TC	\$287.90
78072		\$430.03
78072	26	\$77.23
78072	TC	\$352.80
78075		\$439.46
78075	26	\$36.98
78075	TC	\$402.48
78102		\$173.32
78102	26	\$26.11
78102	TC	\$147.21
78103		\$185.28
78103	26	\$31.91
78103	TC	\$153.38
78104		\$248.37
78104	26	\$38.43
78104	TC	\$209.94
78110		\$74.33
78110	26	\$8.34
78110	TC	\$65.99
78111		\$78.68
78111	26	\$9.43

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78111	TC	\$69.25
78120		\$76.14
78120	26	\$10.15
78120	TC	\$65.99
78121		\$83.03
78121	26	\$13.78
78121	TC	\$69.25
78122		\$105.51
78122	26	\$21.39
78122	TC	\$84.12
78130		\$133.80
78130	26	\$26.11
78130	TC	\$107.69
78140		\$117.84
78140	26	\$25.74
78140	TC	\$92.10
78185		\$167.52
78185	26	\$17.04
78185	TC	\$150.48
78191		\$133.80
78191	26	\$26.11
78191	TC	\$107.69
78195		\$349.90
78195	26	\$58.38
78195	TC	\$291.52
78201		\$191.09
78201	26	\$21.03
78201	TC	\$170.06
78202		\$210.30
78202	26	\$24.66
78202	TC	\$185.65
78215		\$196.89

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78215	26	\$23.93
78215	TC	\$172.96
78216		\$137.78
78216	26	\$27.19
78216	TC	\$110.59
78226		\$321.26
78226	26	\$36.62
78226	TC	\$284.63
78227		\$431.12
78227	26	\$44.24
78227	TC	\$386.88
78230		\$176.94
78230	26	\$22.48
78230	TC	\$154.46
78231		\$111.68
78231	26	\$21.76
78231	TC	\$89.92
78232		\$109.50
78232	26	\$19.58
78232	TC	\$89.92
78258		\$213.93
78258	26	\$35.17
78258	TC	\$178.76
78261		\$199.79
78261	26	\$29.01
78261	TC	\$170.78
78262		\$244.75
78262	26	\$33.72
78262	TC	\$211.03
78264		\$326.69
78264	26	\$38.80
78264	TC	\$287.90

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78265		\$388.70
78265	26	\$47.86
78265	TC	\$340.84
78266		\$442.36
78266	26	\$51.49
78266	TC	\$390.87
78267		\$11.06
78268		\$94.41
78278		\$344.82
78278	26	\$48.95
78278	TC	\$295.87
78282	26	\$16.32
78290		\$325.24
78290	26	\$33.36
78290	TC	\$291.89
78291		\$261.79
78291	26	\$43.87
78291	TC	\$217.92
78300		\$223.72
78300	26	\$30.46
78300	TC	\$193.26
78305		\$269.77
78305	26	\$40.61
78305	TC	\$229.16
78306		\$291.52
78306	26	\$42.06
78306	TC	\$249.46
78315		\$342.65
78315	26	\$50.40
78315	TC	\$292.25
78350		\$34.45
78350	26	\$11.24

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78350	TC	\$23.21
78351		\$15.59
78414	26	\$22.48
78428		\$187.82
78428	26	\$38.07
78428	TC	\$149.75
78429	26	\$83.03
78430	26	\$79.41
78431	26	\$92.46
78432	26	\$98.99
78433	26	\$108.05
78434	26	\$30.46
78445		\$203.78
78445	26	\$25.38
78445	TC	\$178.39
78451		\$338.66
78451	26	\$67.44
78451	TC	\$271.22
78452		\$468.47
78452	26	\$79.77
78452	TC	\$388.70
78453		\$288.26
78453	26	\$47.86
78453	TC	\$240.40
78454		\$430.40
78454	26	\$66.35
78454	TC	\$364.04
78456		\$312.19
78456	26	\$49.31
78456	TC	\$262.88
78457		\$164.98
78457	26	\$35.90

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78457	TC	\$129.08
78458		\$208.13
78458	26	\$45.32
78458	TC	\$162.80
78459		\$971.88
78459	26	\$76.87
78459	TC	\$902.43
78466		\$180.21
78466	26	\$33.72
78466	TC	\$146.49
78468		\$198.34
78468	26	\$39.52
78468	TC	\$158.81
78469		\$222.27
78469	26	\$45.32
78469	TC	\$176.94
78472		\$227.34
78472	26	\$48.22
78472	TC	\$179.12
78473		\$289.71
78473	26	\$71.79
78473	TC	\$217.92
78481		\$178.76
78481	26	\$48.22
78481	TC	\$130.53
78483		\$240.04
78483	26	\$72.52
78483	TC	\$167.52
78491		\$881.40
78491	26	\$75.78
78491	TC	\$813.10
78492		\$1,461.90

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78492	26	\$88.83
78492	TC	\$1,381.64
78494		\$229.16
78494	26	\$58.38
78494	TC	\$170.78
78496		\$45.32
78496	26	\$24.66
78496	TC	\$20.67
78579		\$186.73
78579	26	\$23.93
78579	TC	\$162.80
78580		\$234.23
78580	26	\$36.26
78580	TC	\$197.97
78582		\$328.14
78582	26	\$52.21
78582	TC	\$275.93
78597		\$198.70
78597	26	\$35.17
78597	TC	\$163.53
78598		\$298.05
78598	26	\$40.61
78598	TC	\$257.44
78600		\$182.02
78600	26	\$21.76
78600	TC	\$160.27
78601		\$216.83
78601	26	\$25.02
78601	TC	\$191.81
78605		\$201.24
78605	26	\$26.83
78605	TC	\$174.41

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78606		\$326.33
78606	26	\$31.55
78606	TC	\$294.79
78608		\$1,555.88
78608	26	\$72.52
78608	TC	\$1,490.36
78609		\$76.14
78609	26	\$76.14
78610		\$175.49
78610	26	\$14.87
78610	TC	\$160.63
78630		\$333.22
78630	26	\$33.36
78630	TC	\$299.86
78635		\$334.31
78635	26	\$30.82
78635	TC	\$303.49
78645		\$319.81
78645	26	\$27.92
78645	TC	\$291.89
78650		\$268.32
78650	26	\$26.11
78650	TC	\$242.21
78660		\$143.59
78660	26	\$22.48
78660	TC	\$121.11
78700		\$171.14
78700	26	\$21.76
78700	TC	\$149.39
78701		\$225.17
78701	26	\$24.29
78701	TC	\$200.88

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78707		\$232.42
78707	26	\$46.41
78707	TC	\$186.01
78708		\$188.55
78708	26	\$58.74
78708	TC	\$129.81
78709		\$365.13
78709	26	\$68.53
78709	TC	\$296.60
78725		\$104.43
78725	26	\$18.13
78725	TC	\$86.30
78730		\$74.33
78730	26	\$7.98
78730	TC	\$66.35
78740		\$227.71
78740	26	\$27.92
78740	TC	\$199.79
78761		\$212.84
78761	26	\$35.53
78761	TC	\$177.31
78800		\$250.91
78800	26	\$31.91
78800	TC	\$219.00
78801		\$269.41
78801	26	\$35.53
78801	TC	\$233.87
78802		\$304.58
78802	26	\$38.80
78802	TC	\$265.78
78803		\$376.01
78803	26	\$52.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78803	TC	\$323.43
78804		\$634.90
78804	26	\$48.95
78804	TC	\$585.95
78808		\$42.79
78811		\$1,420.16
78811	26	\$74.69
78811	TC	\$1,352.83
78812		\$1,575.38
78812	26	\$94.27
78812	TC	\$1,490.36
78813		\$1,577.34
78813	26	\$96.45
78813	TC	\$1,490.36
78814		\$1,586.68
78814	26	\$106.60
78814	TC	\$1,490.36
78815		\$1,597.66
78815	26	\$118.93
78815	TC	\$1,490.36
78816		\$1,598.80
78816	26	\$120.02
78816	TC	\$1,490.36
78830		\$471.01
78830	26	\$70.71
78830	TC	\$400.30
78831		\$704.51
78831	26	\$88.83
78831	TC	\$615.68
78832		\$890.52
78832	26	\$101.16
78832	TC	\$789.36

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
78835		\$96.45
78835	26	\$22.12
78835	TC	\$74.33
79005		\$143.95
79005	26	\$88.47
79005	TC	\$55.48
79101		\$156.64
79101	26	\$98.62
79101	TC	\$58.01
79200		\$140.69
79200	26	\$83.76
79200	TC	\$56.93
79300	26	\$67.44
79403		\$225.17
79403	26	\$116.03
79403	TC	\$109.14
79440		\$126.54
79440	26	\$83.76
79440	TC	\$42.79
79445	26	\$113.85
80047		\$13.73
80048		\$8.46
80051		\$7.01
80053		\$10.56
80055		\$47.81
80061		\$13.39
80069		\$8.68
80074		\$47.63
80076		\$8.17
80081		\$74.86
80143		\$18.64
80145		\$38.57

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
80150		\$15.08
80151		\$18.64
80155		\$38.57
80156		\$14.57
80157		\$13.25
80158		\$18.05
80159		\$20.15
80161		\$18.64
80162		\$13.28
80163		\$13.28
80164		\$13.54
80165		\$13.54
80167		\$18.64
80168		\$16.34
80169		\$13.73
80170		\$16.38
80171		\$21.67
80173		\$15.78
80175		\$13.25
80176		\$14.69
80177		\$13.25
80178		\$6.61
80179		\$18.64
80180		\$18.05
80181		\$18.64
80183		\$13.25
80184		\$15.30
80185		\$13.25
80186		\$13.76
80187		\$27.11
80188		\$16.59
80189		\$27.11

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
80190		\$60.00
80192		\$16.75
80193		\$38.57
80194		\$14.60
80195		\$13.73
80197		\$13.73
80198		\$14.14
80199		\$27.11
80200		\$16.13
80201		\$11.92
80202		\$13.54
80203		\$13.25
80204		\$38.57
80210		\$27.11
80220		\$18.64
80230		\$38.57
80235		\$27.11
80280		\$38.57
80285		\$27.11
80299		\$18.64
80305		\$12.60
80306		\$17.14
80307		\$62.14
80400		\$32.62
80402		\$86.96
80406		\$78.26
80408		\$125.50
80410		\$80.37
80412		\$801.62
80414		\$51.64
80415		\$55.89
80416		\$209.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
80417		\$43.99
80418		\$579.48
80420		\$161.88
80422		\$46.07
80424		\$50.50
80426		\$148.41
80428		\$66.70
80430		\$129.33
80432		\$165.61
80434		\$285.03
80435		\$103.00
80436		\$91.16
80438		\$50.41
80439		\$67.21
80503		\$28.64
80504		\$56.56
80505		\$101.53
80506		\$44.96
81000		\$4.02
81001		\$3.17
81002		\$3.48
81003		\$2.25
81005		\$2.17
81007		\$29.98
81015		\$3.05
81020		\$4.70
81025		\$8.61
81050		\$3.64
81105		\$122.22
81106		\$122.22
81107		\$122.22
81108		\$122.22

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81109		\$122.22
81110		\$122.22
81111		\$122.22
81112		\$122.22
81120		\$193.25
81121		\$295.79
81161		\$279.00
81162		\$1,824.88
81163		\$468.00
81164		\$584.23
81165		\$282.88
81166		\$301.35
81167		\$282.88
81168		\$207.31
81170		\$300.00
81171		\$137.00
81172		\$274.83
81173		\$301.35
81174		\$185.20
81175		\$676.50
81176		\$241.90
81177		\$137.00
81178		\$137.00
81179		\$137.00
81180		\$137.00
81181		\$137.00
81182		\$137.00
81183		\$137.00
81184		\$137.00
81185		\$846.27
81186		\$185.20
81187		\$137.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81188		\$137.00
81189		\$274.83
81190		\$185.20
81191		\$207.31
81192		\$207.31
81193		\$207.31
81194		\$518.28
81195		\$1,263.53
81200		\$47.25
81201		\$780.00
81202		\$280.00
81203		\$200.00
81204		\$137.00
81205		\$94.99
81206		\$163.96
81207		\$144.84
81208		\$214.62
81209		\$39.31
81210		\$175.40
81212		\$440.00
81215		\$375.25
81216		\$185.12
81217		\$375.25
81218		\$241.90
81219		\$121.63
81220		\$556.60
81221		\$97.22
81222		\$435.07
81223		\$499.00
81224		\$168.75
81225		\$291.36
81226		\$450.91

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81
81231		\$174.81
81232		\$174.81
81233		\$175.40
81234		\$137.00
81235		\$324.58
81236		\$282.88
81237		\$175.40
81238		\$600.00
81239		\$274.83
81240		\$65.69
81241		\$73.37
81242		\$36.62
81243		\$57.04
81244		\$44.89
81245		\$165.51
81246		\$83.00
81247		\$174.81
81248		\$375.25
81249		\$600.00
81250		\$58.49
81251		\$47.25
81252		\$101.12
81253		\$61.52
81254		\$35.00
81255		\$51.45
81256		\$65.36
81257		\$102.26
81258		\$375.25

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81259		\$600.00
81260		\$39.31
81261		\$197.99
81262		\$68.55
81263		\$294.52
81264		\$172.73
81265		\$233.07
81266		\$304.81
81267		\$207.46
81268		\$260.79
81269		\$202.40
81270		\$91.66
81271		\$137.00
81272		\$329.51
81273		\$124.87
81274		\$274.83
81275		\$193.25
81276		\$193.25
81277		\$1,160.00
81278		\$207.31
81279		\$185.20
81283		\$73.37
81284		\$137.00
81285		\$274.83
81286		\$274.83
81287		\$124.64
81288		\$192.32
81289		\$185.20
81290		\$39.31
81291		\$65.34
81292		\$675.40
81293		\$331.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00
81300		\$238.00
81301		\$348.56
81302		\$527.87
81303		\$120.00
81304		\$150.00
81305		\$175.40
81306		\$291.36
81307		\$676.50
81308		\$301.35
81309		\$274.83
81310		\$246.52
81311		\$295.79
81312		\$137.00
81313		\$255.05
81314		\$329.51
81315		\$207.31
81316		\$207.31
81317		\$676.50
81318		\$331.00
81319		\$203.50
81320		\$291.36
81321		\$600.00
81322		\$46.60
81323		\$300.00
81324		\$758.36
81325		\$769.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
81326		\$46.60
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$43.65
81333		\$137.00
81334		\$329.51
81335		\$174.81
81336		\$301.35
81337		\$185.20
81338		\$150.33
81339		\$185.20
81340		\$208.92
81341		\$49.59
81342		\$201.50
81343		\$137.00
81344		\$137.00
81345		\$185.20
81346		\$174.81
81347		\$193.25
81348		\$175.40
81349		\$1,197.94
81350		\$234.00
81351		\$641.85
81352		\$329.51
81353		\$308.00
81355		\$88.20
81357		\$193.25
81360		\$193.25
81361		\$174.81

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81362		\$375.25
81363		\$202.40
81364		\$324.58
81370		\$402.12
81371		\$404.52
81372		\$403.59
81373		\$127.43
81374		\$74.33
81375		\$220.74
81376		\$122.22
81377		\$94.74
81378		\$345.57
81379		\$335.38
81380		\$177.25
81381		\$169.90
81382		\$123.68
81383		\$109.13
81400		\$63.96
81401		\$137.00
81402		\$150.33
81403		\$185.20
81404		\$274.83
81405		\$301.35
81406		\$282.88
81407		\$846.27
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56
81413		\$584.90
81414		\$584.90
81415		\$4,780.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81416		\$12,000.00
81417		\$320.00
81419		\$2,448.56
81420		\$759.05
81422		\$759.05
81425		\$5,031.20
81426		\$2,709.95
81427		\$2,337.65
81430		\$1,625.00
81431		\$679.57
81432		\$1,303.95
81434		\$597.91
81435		\$1,303.95
81437		\$1,303.95
81439		\$584.90
81440		\$3,324.00
81442		\$2,143.60
81443		\$2,448.56
81445		\$597.91
81448		\$584.90
81450		\$759.53
81455		\$2,919.60
81460		\$1,287.00
81465		\$936.00
81470		\$914.00
81471		\$914.00
81490		\$840.65
81493		\$1,050.00
81500		\$260.50
81503		\$897.00
81504		\$520.00
81506		\$68.92

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
81507		\$795.00
81508		\$54.30
81509		\$1,487.37
81510		\$55.54
81511		\$153.50
81512		\$69.52
81513		\$142.63
81514		\$262.99
81515		\$262.99
81517		\$176.19
81518		\$3,873.00
81519		\$3,873.00
81520		\$2,510.21
81521		\$3,873.00
81522		\$3,873.00
81523		\$3,873.00
81525		\$3,116.00
81528		\$508.87
81529		\$7,193.00
81535		\$579.46
81536		\$177.56
81538		\$2,871.00
81539		\$760.00
81540		\$3,750.00
81541		\$3,873.00
81542		\$3,873.00
81546		\$3,600.00
81551		\$2,030.00
81552		\$7,776.00
81554		\$5,445.00
81558		\$3,240.00
81560		\$640.73

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
81595		\$3,240.00
81596		\$72.19
82009		\$4.52
82010		\$8.17
82013		\$12.29
82016		\$16.49
82017		\$16.87
82024		\$38.62
82030		\$25.80
82040		\$4.95
82042		\$7.78
82043		\$5.78
82044		\$6.23
82045		\$33.94
82075		\$30.00
82077		\$17.27
82085		\$9.71
82088		\$40.75
82103		\$13.44
82104		\$14.46
82105		\$16.77
82106		\$17.00
82107		\$64.41
82108		\$25.48
82120		\$5.99
82127		\$14.18
82128		\$13.87
82131		\$22.98
82135		\$16.45
82136		\$19.61
82139		\$16.87
82140		\$14.57

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
82143		\$9.35
82150		\$6.48
82154		\$28.83
82157		\$29.28
82160		\$25.55
82163		\$20.52
82164		\$14.60
82172		\$21.09
82175		\$18.97
82180		\$9.89
82190		\$15.90
82232		\$16.18
82239		\$17.12
82240		\$26.58
82247		\$5.02
82248		\$5.02
82252		\$4.56
82261		\$16.87
82270		\$4.38
82271		\$5.32
82272		\$4.23
82274		\$15.92
82286		\$5.16
82300		\$23.64
82306		\$29.60
82308		\$26.79
82310		\$5.16
82330		\$13.68
82331		\$13.34
82340		\$6.03
82355		\$11.58
82360		\$12.87

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
82365		\$12.90
82370		\$12.52
82373		\$18.06
82374		\$4.88
82375		\$12.32
82376		\$14.07
82378		\$18.96
82379		\$16.87
82380		\$9.22
82382		\$27.30
82383		\$29.08
82384		\$25.25
82387		\$18.06
82390		\$10.74
82397		\$14.12
82415		\$12.67
82435		\$4.60
82436		\$5.75
82438		\$5.00
82441		\$6.01
82465		\$4.35
82480		\$7.87
82482		\$9.81
82485		\$20.65
82495		\$20.28
82507		\$27.80
82523		\$18.68
82525		\$12.41
82528		\$22.52
82530		\$16.71
82533		\$16.30
82540		\$4.64

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
82542		\$24.09
82550		\$6.51
82552		\$13.39
82553		\$11.55
82554		\$11.87
82565		\$5.12
82570		\$5.18
82575		\$9.46
82585		\$14.14
82595		\$6.47
82600		\$19.40
82607		\$15.08
82608		\$14.32
82610		\$18.52
82615		\$9.55
82626		\$25.27
82627		\$22.23
82633		\$30.98
82634		\$29.28
82638		\$12.25
82642		\$29.28
82652		\$38.50
82653		\$22.97
82656		\$11.53
82657		\$22.17
82658		\$44.03
82664		\$61.50
82668		\$18.79
82670		\$27.94
82671		\$32.30
82672		\$21.70
82677		\$24.18

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
82679		\$24.95
82681		\$27.94
82693		\$14.90
82696		\$26.24
82705		\$5.10
82710		\$16.80
82715		\$22.97
82725		\$18.77
82726		\$19.75
82728		\$13.63
82731		\$64.41
82735		\$18.54
82746		\$14.70
82747		\$17.65
82757		\$17.34
82759		\$21.48
82760		\$11.20
82775		\$21.07
82776		\$11.74
82777		\$44.25
82784		\$9.30
82785		\$16.46
82787		\$8.02
82800		\$11.00
82803		\$26.07
82805		\$78.77
82810		\$9.77
82820		\$13.34
82930		\$6.71
82938		\$17.69
82941		\$17.63
82943		\$14.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
82945		\$3.93
82946		\$17.77
82947		\$3.93
82948		\$5.04
82950		\$4.75
82951		\$12.87
82952		\$3.92
82955		\$9.70
82960		\$6.05
82962		\$3.28
82963		\$21.48
82965		\$13.15
82977		\$7.20
82978		\$15.45
82979		\$9.44
82985		\$16.76
83001		\$18.58
83002		\$18.52
83003		\$16.67
83006		\$75.60
83009		\$67.36
83010		\$12.58
83012		\$26.89
83013		\$67.36
83014		\$7.86
83015		\$20.94
83018		\$21.96
83020		\$12.87
83020	26	\$18.85
83021		\$18.06
83026		\$4.01
83030		\$10.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
83033		\$8.00
83036		\$9.71
83037		\$9.71
83045		\$6.49
83050		\$8.20
83051		\$7.31
83060		\$8.80
83065		\$9.00
83068		\$9.47
83069		\$3.95
83070		\$4.75
83080		\$16.87
83088		\$29.53
83090		\$17.92
83150		\$22.41
83491		\$17.90
83497		\$12.90
83498		\$27.17
83500		\$22.65
83505		\$24.30
83516		\$11.53
83518		\$9.64
83519		\$18.40
83520		\$17.27
83521		\$17.27
83525		\$11.43
83527		\$12.95
83528		\$19.82
83529		\$17.27
83540		\$6.47
83550		\$8.74
83570		\$8.85

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
83582		\$15.47
83586		\$12.80
83593		\$28.50
83605		\$11.57
83615		\$6.04
83625		\$12.79
83630		\$19.70
83631		\$19.63
83632		\$20.22
83633		\$11.25
83655		\$12.11
83661		\$21.99
83662		\$18.91
83663		\$18.91
83664		\$19.32
83670		\$9.81
83690		\$6.89
83695		\$14.32
83698		\$46.31
83700		\$11.26
83701		\$33.86
83704		\$34.19
83718		\$8.19
83719		\$12.75
83721		\$10.50
83722		\$34.19
83727		\$17.19
83735		\$6.70
83775		\$7.37
83785		\$26.65
83789		\$24.11
83825		\$16.26

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
83835		\$16.94
83857		\$10.74
83861		\$22.48
83864		\$28.50
83872		\$5.86
83873		\$17.20
83874		\$12.92
83876		\$50.86
83880		\$39.26
83883		\$13.60
83885		\$24.51
83915		\$11.15
83916		\$27.39
83918		\$23.60
83919		\$16.45
83921		\$21.21
83930		\$6.61
83935		\$6.82
83937		\$29.85
83945		\$14.45
83950		\$64.41
83951		\$64.41
83970		\$41.28
83986		\$3.58
83987		\$3.58
83992		\$16.80
83993		\$19.63
84030		\$5.50
84035		\$3.98
84060		\$7.64
84066		\$9.66
84075		\$5.18

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
84078		\$8.26
84080		\$14.78
84081		\$16.52
84085		\$9.44
84087		\$10.73
84100		\$4.74
84105		\$5.78
84106		\$5.82
84110		\$8.44
84112		\$98.11
84119		\$13.36
84120		\$14.71
84126		\$39.11
84132		\$4.76
84133		\$4.73
84134		\$14.59
84135		\$21.27
84138		\$21.05
84140		\$20.67
84143		\$22.81
84144		\$20.86
84145		\$27.22
84146		\$19.38
84150		\$41.77
84152		\$18.39
84153		\$18.39
84154		\$18.39
84155		\$3.67
84156		\$3.67
84157		\$4.00
84160		\$5.61
84163		\$15.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
84165		\$10.74
84165	26	\$18.85
84166		\$17.83
84166	26	\$18.85
84181		\$17.03
84181	26	\$18.85
84182		\$29.21
84182	26	\$18.85
84202		\$14.35
84203		\$9.74
84206		\$26.69
84207		\$28.10
84210		\$14.48
84220		\$9.44
84228		\$11.63
84233		\$87.88
84234		\$64.88
84235		\$71.23
84238		\$36.57
84244		\$21.99
84252		\$20.24
84255		\$25.53
84260		\$30.98
84270		\$21.73
84275		\$13.44
84285		\$25.21
84295		\$4.81
84300		\$5.06
84302		\$4.86
84305		\$21.26
84307		\$18.28
84311		\$8.10

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
84315		\$3.28
84375		\$39.00
84376		\$5.50
84377		\$5.50
84378		\$11.53
84379		\$11.53
84392		\$5.49
84402		\$25.47
84403		\$25.81
84410		\$51.28
84425		\$21.23
84430		\$11.63
84431		\$35.11
84432		\$16.06
84436		\$6.87
84437		\$6.47
84439		\$9.02
84442		\$14.78
84443		\$16.80
84445		\$50.86
84446		\$14.18
84449		\$18.00
84450		\$5.18
84460		\$5.30
84466		\$12.76
84478		\$5.74
84479		\$6.47
84480		\$14.18
84481		\$16.94
84482		\$15.76
84484		\$12.47
84485		\$7.20

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
84488		\$7.30
84490		\$9.93
84510		\$10.63
84512		\$10.09
84520		\$3.95
84525		\$5.13
84540		\$5.56
84545		\$7.20
84550		\$4.52
84560		\$5.08
84577		\$16.80
84578		\$4.47
84580		\$9.55
84583		\$6.05
84585		\$15.50
84586		\$35.33
84588		\$33.94
84590		\$11.61
84591		\$17.06
84597		\$13.72
84600		\$17.11
84620		\$12.91
84630		\$11.39
84681		\$20.81
84702		\$15.05
84703		\$7.52
84704		\$15.29
84830		\$12.70
85002		\$4.82
85004		\$6.47
85007		\$3.80
85008		\$3.43

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
85009		\$5.07
85013		\$7.00
85014		\$2.37
85018		\$2.37
85025		\$7.77
85027		\$6.47
85032		\$4.31
85041		\$3.02
85044		\$4.31
85045		\$3.99
85046		\$5.57
85048		\$2.54
85049		\$4.48
85055		\$35.74
85060		\$25.02
85097		\$74.69
85130		\$11.89
85170		\$16.30
85175		\$20.37
85210		\$12.98
85220		\$17.65
85230		\$17.90
85240		\$17.90
85244		\$20.42
85245		\$22.94
85246		\$22.94
85247		\$22.94
85250		\$19.04
85260		\$17.90
85270		\$17.90
85280		\$19.35
85290		\$16.34

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
85291		\$9.11
85292		\$18.93
85293		\$18.93
85300		\$11.85
85301		\$10.81
85302		\$12.01
85303		\$13.84
85305		\$11.61
85306		\$15.32
85307		\$15.32
85335		\$12.87
85337		\$17.27
85345		\$4.69
85347		\$4.28
85348		\$4.49
85360		\$8.41
85362		\$6.89
85366		\$80.46
85370		\$12.43
85378		\$9.72
85379		\$10.18
85380		\$10.18
85384		\$9.72
85385		\$14.46
85390		\$15.48
85390	26	\$38.07
85396		\$20.31
85397		\$30.86
85400		\$7.71
85410		\$7.71
85415		\$17.19
85420		\$6.53

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
85421		\$10.18
85441		\$4.20
85445		\$6.82
85460		\$7.73
85461		\$9.36
85475		\$8.87
85520		\$13.09
85525		\$11.84
85530		\$13.09
85536		\$6.88
85540		\$8.60
85547		\$8.60
85549		\$18.75
85555		\$7.47
85557		\$13.36
85576		\$24.91
85576	26	\$18.85
85597		\$17.98
85598		\$17.98
85610		\$4.29
85611		\$3.94
85612		\$17.49
85613		\$9.58
85635		\$9.85
85651		\$4.27
85652		\$2.70
85660		\$5.51
85670		\$5.77
85675		\$6.85
85705		\$9.63
85730		\$6.01
85732		\$6.47

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
85810		\$11.67
86000		\$6.98
86001		\$7.82
86003		\$5.22
86005		\$7.97
86008		\$17.93
86015		\$12.05
86021		\$15.05
86022		\$18.37
86023		\$12.46
86036		\$12.05
86037		\$12.05
86038		\$12.09
86039		\$11.16
86041		\$18.40
86042		\$18.40
86043		\$12.05
86051		\$11.53
86052		\$12.05
86053		\$37.73
86060		\$7.30
86063		\$5.77
86077		\$56.56
86078		\$56.56
86079		\$56.56
86140		\$5.18
86141		\$12.95
86146		\$25.45
86147		\$25.45
86148		\$16.07
86152		\$250.78
86153	26	\$35.17

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
86155		\$15.99
86156		\$8.07
86157		\$8.06
86160		\$12.00
86161		\$12.00
86162		\$20.32
86171		\$10.01
86200		\$12.95
86215		\$13.25
86225		\$13.74
86226		\$12.11
86231		\$12.09
86235		\$17.93
86255		\$12.05
86255	26	\$18.85
86256		\$12.05
86256	26	\$18.85
86258		\$12.05
86277		\$15.74
86280		\$8.19
86294		\$25.57
86300		\$20.81
86301		\$20.81
86304		\$20.81
86305		\$20.81
86308		\$5.18
86309		\$6.47
86310		\$7.37
86316		\$20.81
86317		\$14.99
86318		\$18.09
86320		\$29.92

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
86320	26	\$18.85
86325		\$23.13
86325	26	\$18.85
86328		\$45.28
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$18.85
86335		\$29.35
86335	26	\$18.85
86336		\$15.59
86337		\$21.41
86340		\$15.08
86341		\$23.57
86343		\$12.46
86344		\$10.39
86352		\$135.86
86353		\$49.03
86355		\$37.73
86356		\$26.78
86357		\$37.73
86359		\$37.73
86360		\$46.98
86361		\$26.78
86362		\$12.05
86363		\$37.73
86364		\$11.53
86366		\$18.40
86367		\$77.78
86376		\$14.55
86381		\$25.45

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
86382		\$16.91
86384		\$13.61
86386		\$21.78
86403		\$11.54
86406		\$10.64
86408		\$42.13
86409		\$79.61
86413		\$51.43
86430		\$6.14
86431		\$5.67
86480		\$61.98
86481		\$100.00
86486		\$6.89
86510		\$8.34
86580		\$11.24
86590		\$12.66
86592		\$4.27
86593		\$4.40
86596		\$12.05
86602		\$10.18
86603		\$12.87
86606		\$15.05
86609		\$12.88
86611		\$10.18
86612		\$12.90
86615		\$13.19
86617		\$15.49
86618		\$17.03
86619		\$13.38
86622		\$8.93
86625		\$13.12
86628		\$12.01

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
86631		\$11.82
86632		\$12.68
86635		\$11.47
86638		\$12.12
86641		\$14.41
86644		\$14.39
86645		\$16.85
86648		\$15.21
86651		\$13.19
86652		\$13.19
86653		\$13.19
86654		\$13.19
86658		\$13.03
86663		\$13.12
86664		\$15.29
86665		\$18.14
86666		\$10.18
86668		\$14.16
86671		\$12.25
86674		\$14.72
86677		\$16.85
86682		\$13.01
86684		\$15.84
86687		\$9.09
86688		\$14.00
86689		\$19.35
86692		\$17.16
86694		\$14.39
86695		\$13.19
86696		\$19.35
86698		\$13.79
86701		\$8.89

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
86702		\$13.52
86703		\$13.71
86704		\$12.05
86705		\$11.77
86706		\$10.74
86707		\$11.57
86708		\$12.39
86709		\$11.26
86710		\$13.55
86711		\$16.89
86713		\$15.30
86717		\$12.25
86720		\$16.20
86723		\$13.19
86727		\$12.87
86732		\$15.00
86735		\$13.05
86738		\$13.24
86741		\$13.19
86744		\$15.99
86747		\$15.03
86750		\$13.19
86753		\$12.39
86756		\$15.89
86757		\$19.35
86759		\$18.23
86762		\$14.39
86765		\$12.88
86768		\$13.19
86769		\$42.13
86771		\$24.48
86774		\$14.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
86777		\$14.39
86778		\$14.41
86780		\$13.24
86784		\$12.56
86787		\$12.88
86788		\$16.85
86789		\$14.39
86790		\$12.88
86793		\$13.19
86794		\$16.85
86800		\$15.91
86803		\$14.27
86804		\$15.49
86805		\$189.51
86806		\$47.59
86807		\$78.65
86808		\$29.68
86812		\$25.81
86813		\$58.00
86816		\$30.17
86817		\$106.14
86821		\$36.56
86825		\$109.49
86826		\$36.53
86828		\$64.19
86829		\$64.19
86830		\$95.52
86831		\$81.88
86832		\$323.75
86833		\$325.80
86834		\$357.56
86835		\$322.96

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
86850		\$9.77
86880		\$5.39
86885		\$5.72
86886		\$5.18
86900		\$2.99
86901		\$2.99
86902		\$6.35
86904		\$16.34
86905		\$3.83
86906		\$7.75
86940		\$8.77
86941		\$12.11
87003		\$16.84
87015		\$6.68
87040		\$10.32
87045		\$9.44
87046		\$9.44
87070		\$8.62
87071		\$9.89
87073		\$9.66
87075		\$9.47
87076		\$8.08
87077		\$8.08
87081		\$6.63
87084		\$27.07
87086		\$8.07
87088		\$8.09
87101		\$7.71
87102		\$8.41
87103		\$20.46
87106		\$10.32
87107		\$10.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
87109		\$15.39
87110		\$19.60
87116		\$10.80
87118		\$14.61
87140		\$5.57
87143		\$12.52
87147		\$5.18
87149		\$20.05
87150		\$35.09
87152		\$7.74
87153		\$115.36
87154		\$218.06
87158		\$7.74
87164		\$10.74
87164	26	\$20.31
87166		\$11.30
87168		\$4.27
87169		\$4.31
87172		\$4.27
87176		\$5.88
87177		\$8.90
87181		\$4.75
87184		\$7.48
87185		\$4.75
87186		\$8.65
87187		\$40.17
87188		\$6.64
87190		\$7.31
87197		\$15.02
87205		\$4.27
87206		\$5.39
87207		\$5.99

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
87207	26	\$18.85
87209		\$17.98
87210		\$5.82
87220		\$4.27
87230		\$19.74
87250		\$19.56
87252		\$26.07
87253		\$20.20
87254		\$19.56
87255		\$33.86
87260		\$14.43
87265		\$11.98
87267		\$13.42
87269		\$13.61
87270		\$11.98
87271		\$13.42
87272		\$11.98
87273		\$11.98
87274		\$11.98
87275		\$12.25
87276		\$16.07
87278		\$15.60
87279		\$16.43
87280		\$13.42
87281		\$11.98
87283		\$60.80
87285		\$12.18
87290		\$13.42
87299		\$16.10
87300		\$11.98
87301		\$11.98
87305		\$11.98

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
87320		\$15.00
87324		\$11.98
87327		\$13.42
87328		\$13.82
87329		\$11.98
87332		\$11.98
87335		\$12.66
87336		\$16.00
87337		\$11.98
87338		\$14.38
87339		\$16.00
87340		\$10.33
87341		\$10.33
87350		\$11.53
87380		\$18.36
87385		\$13.25
87389		\$24.08
87390		\$24.06
87391		\$21.90
87400		\$14.13
87420		\$13.91
87425		\$11.98
87426		\$35.33
87427		\$11.98
87428		\$70.29
87430		\$16.81
87449		\$11.98
87451		\$10.51
87471		\$35.09
87472		\$42.84
87475		\$20.05
87476		\$35.09

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
87480		\$20.05
87481		\$35.09
87482		\$55.74
87483		\$416.78
87485		\$20.05
87486		\$35.09
87487		\$42.84
87490		\$22.75
87491		\$35.09
87492		\$53.47
87493		\$37.27
87495		\$30.03
87496		\$35.09
87497		\$42.84
87498		\$35.09
87500		\$35.09
87501		\$51.31
87502		\$95.80
87503		\$29.22
87505		\$128.29
87506		\$262.99
87507		\$416.78
87510		\$20.05
87511		\$35.09
87512		\$41.76
87513		\$35.09
87516		\$35.09
87517		\$42.84
87520		\$31.22
87521		\$35.09
87522		\$42.84
87523		\$42.84

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
87525		\$29.80
87526		\$39.26
87527		\$41.76
87528		\$20.05
87529		\$35.09
87530		\$42.84
87531		\$58.00
87532		\$35.09
87533		\$41.76
87534		\$21.92
87535		\$35.09
87536		\$85.10
87537		\$21.92
87538		\$35.09
87539		\$58.62
87540		\$20.05
87541		\$35.09
87542		\$41.76
87550		\$20.05
87551		\$48.24
87552		\$42.84
87555		\$26.88
87556		\$41.68
87557		\$42.84
87560		\$27.29
87561		\$35.09
87562		\$42.84
87563		\$35.09
87564		\$76.77
87580		\$20.05
87581		\$35.09
87582		\$302.62

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
87590		\$26.88
87591		\$35.09
87592		\$42.84
87593		\$51.31
87594		\$35.09
87623		\$35.09
87624		\$35.09
87625		\$40.55
87626		\$70.20
87631		\$142.63
87632		\$218.06
87633		\$416.78
87634		\$70.20
87635		\$51.31
87636		\$142.63
87637		\$142.63
87640		\$35.09
87641		\$35.09
87650		\$20.05
87651		\$35.09
87652		\$41.76
87653		\$35.09
87660		\$20.05
87661		\$35.09
87662		\$51.31
87797		\$30.03
87798		\$35.09
87799		\$42.84
87800		\$43.67
87801		\$70.20
87802		\$12.73
87803		\$16.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
87804		\$16.55
87806		\$32.77
87807		\$13.10
87808		\$15.29
87809		\$21.76
87810		\$35.29
87811		\$41.38
87850		\$24.56
87880		\$16.53
87899		\$16.07
87900		\$130.35
87901		\$257.45
87902		\$257.45
87903		\$488.66
87904		\$26.07
87905		\$12.22
87906		\$128.73
87910		\$257.45
87912		\$257.45
88104		\$81.95
88104	26	\$29.01
88104	TC	\$52.94
88106		\$77.23
88106	26	\$19.94
88106	TC	\$57.29
88108		\$74.33
88108	26	\$23.21
88108	TC	\$51.13
88112		\$73.61
88112	26	\$28.64
88112	TC	\$44.96
88120		\$629.82

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88120	26	\$60.55
88120	TC	\$569.27
88121		\$455.41
88121	26	\$50.40
88121	TC	\$405.01
88125		\$30.82
88125	26	\$14.14
88125	TC	\$16.68
88130		\$17.98
88140		\$7.99
88141		\$26.11
88142		\$20.26
88143		\$23.04
88147		\$50.56
88148		\$18.19
88150		\$18.19
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$86.30
88160	26	\$26.83
88160	TC	\$59.46
88161		\$88.11
88161	26	\$26.47
88161	TC	\$61.64
88162		\$139.23
88162	26	\$40.97
88162	TC	\$98.26
88164		\$18.19
88165		\$42.22
88166		\$18.19
88167		\$18.19

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88172		\$60.19
88172	26	\$36.62
88172	TC	\$23.57
88173		\$181.30
88173	26	\$72.88
88173	TC	\$108.41
88174		\$25.37
88175		\$26.61
88177		\$31.91
88177	26	\$22.84
88177	TC	\$9.06
88182		\$180.57
88182	26	\$39.89
88182	TC	\$140.69
88184		\$84.48
88185		\$25.74
88187		\$37.71
88188		\$64.54
88189		\$87.38
88230		\$116.49
88233		\$140.73
88235		\$150.30
88237		\$143.75
88239		\$147.52
88240		\$13.07
88241		\$12.09
88245		\$173.17
88248		\$173.17
88249		\$173.17
88261		\$264.34
88262		\$125.49
88263		\$150.29

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88264		\$144.61
88267		\$188.57
88269		\$173.66
88271		\$21.42
88272		\$40.70
88273		\$34.81
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$68.60
88285		\$26.91
88289		\$34.43
88291		\$35.90
88300		\$17.40
88300	26	\$4.35
88300	TC	\$13.05
88302		\$35.90
88302	26	\$6.89
88302	TC	\$29.01
88304		\$46.41
88304	26	\$11.60
88304	TC	\$34.81
88305		\$77.59
88305	26	\$38.80
88305	TC	\$38.80
88307		\$312.19
88307	26	\$85.57
88307	TC	\$226.62
88309		\$469.19
88309	26	\$150.84
88309	TC	\$318.35
88311		\$21.76

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88311	26	\$12.33
88311	TC	\$9.43
88312		\$122.19
88312	26	\$27.56
88312	TC	\$94.64
88313		\$89.92
88313	26	\$12.33
88313	TC	\$77.59
88314		\$96.09
88314	26	\$21.39
88314	TC	\$74.69
88319		\$148.30
88319	26	\$28.28
88319	TC	\$120.02
88321		\$103.34
88323		\$124.73
88323	26	\$92.46
88323	TC	\$32.27
88325		\$165.70
88329		\$59.10
88331		\$109.50
88331	26	\$64.54
88331	TC	\$44.96
88332		\$58.74
88332	26	\$31.55
88332	TC	\$27.19
88333		\$98.99
88333	26	\$64.18
88333	TC	\$34.81
88334		\$60.19
88334	26	\$39.16
88334	TC	\$21.03

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88341		\$98.62
88341	26	\$29.37
88341	TC	\$69.25
88342		\$114.94
88342	26	\$36.26
88342	TC	\$78.68
88344		\$187.82
88344	26	\$39.89
88344	TC	\$147.94
88346		\$162.80
88346	26	\$37.71
88346	TC	\$125.09
88348		\$525.03
88348	26	\$80.50
88348	TC	\$444.54
88350		\$123.64
88350	26	\$30.10
88350	TC	\$93.55
88355		\$137.06
88355	26	\$80.13
88355	TC	\$56.93
88356		\$254.54
88356	26	\$128.36
88356	TC	\$126.18
88358		\$148.30
88358	26	\$51.49
88358	TC	\$96.81
88360		\$130.53
88360	26	\$43.15
88360	TC	\$87.38
88361		\$129.44
88361	26	\$45.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88361	TC	\$84.12
88362		\$247.65
88362	26	\$115.67
88362	TC	\$131.98
88363		\$24.66
88364		\$144.67
88364	26	\$35.17
88364	TC	\$109.50
88365		\$192.54
88365	26	\$44.96
88365	TC	\$147.57
88366		\$294.79
88366	26	\$64.18
88366	TC	\$230.61
88367		\$121.11
88367	26	\$34.45
88367	TC	\$86.66
88368		\$160.63
88368	26	\$44.24
88368	TC	\$116.39
88369		\$139.23
88369	26	\$34.81
88369	TC	\$104.43
88371		\$22.23
88371	26	\$20.31
88372		\$26.22
88372	26	\$18.85
88373		\$73.61
88373	26	\$26.47
88373	TC	\$47.14
88374		\$312.55
88374	26	\$43.87

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
88374	TC	\$268.68
88375		\$50.04
88377		\$429.31
88377	26	\$66.72
88377	TC	\$362.59
88380		\$134.52
88380	26	\$54.75
88380	TC	\$79.77
88381		\$218.28
88381	26	\$24.66
88381	TC	\$193.62
88387		\$35.53
88387	26	\$27.56
88387	TC	\$7.98
88720		\$5.02
88738		\$5.02
88740		\$9.37
88741		\$9.37
89049		\$307.84
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$18.85
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$21.03
89230		\$3.26
90371		\$143.77
90375		\$288.38
90376		\$479.72

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
90471		\$17.57
90472		\$17.57
90473		\$17.57
90474		\$17.57
90480		\$17.57
90785		\$15.95
90791		\$185.65
90792		\$208.13
90832		\$84.48
90833		\$77.23
90834		\$111.32
90836		\$97.54
90837		\$164.25
90838		\$129.44
90839		\$157.73
90840		\$77.59
90845		\$105.51
90846		\$105.15
90847		\$110.23
90849		\$40.61
90853		\$29.73
90865		\$173.68
90870		\$186.01
90875		\$62.37
90876		\$109.50
90880		\$110.59
90901		\$44.24
90935		\$74.69
90937		\$107.33
90945		\$90.29
90947		\$127.99
90951		\$1,231.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
90954		\$1,056.23
90955		\$549.69
90956		\$367.67
90957		\$809.30
90958		\$527.21
90959		\$344.10
90960		\$373.47
90961		\$310.38
90962		\$214.29
90963		\$639.25
90964		\$547.88
90965		\$526.12
90966		\$310.38
90967		\$18.49
90968		\$18.13
90969		\$17.77
90970		\$10.15
90989		\$597.50
90997		\$92.46
91010		\$238.95
91010	26	\$67.80
91010	TC	\$171.14
91013		\$27.56
91013	26	\$9.79
91013	TC	\$17.77
91020		\$299.14
91020	26	\$76.14
91020	TC	\$222.99
91022		\$187.82
91022	26	\$76.51
91022	TC	\$111.32
91030		\$157.36

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
91030	26	\$48.59
91030	TC	\$108.78
91034		\$206.68
91034	26	\$51.85
91034	TC	\$154.83
91035		\$492.04
91035	26	\$84.48
91035	TC	\$407.55
91037		\$182.38
91037	26	\$51.13
91037	TC	\$131.26
91038		\$436.92
91038	26	\$58.38
91038	TC	\$378.55
91040		\$560.20
91040	26	\$51.13
91040	TC	\$509.08
91065		\$80.13
91065	26	\$10.15
91065	TC	\$69.98
91110		\$792.62
91110	26	\$118.20
91110	TC	\$674.42
91111		\$950.71
91111	26	\$47.50
91111	TC	\$903.21
91112		\$1,748.78
91112	26	\$111.32
91112	TC	\$1,637.46
91113		\$970.29
91113	26	\$127.63
91113	TC	\$842.66

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
91117		\$142.86
91120		\$542.80
91120	26	\$50.40
91120	TC	\$492.40
91122		\$298.05
91122	26	\$91.74
91122	TC	\$206.31
91132		\$475.36
91132	26	\$27.56
91132	TC	\$447.80
91133		\$499.65
91133	26	\$34.81
91133	TC	\$464.84
91200		\$33.00
91200	26	\$10.88
91200	TC	\$22.12
92002		\$91.74
92004		\$160.99
92012		\$96.45
92014		\$135.97
92015		\$20.31
92018		\$147.21
92019		\$76.87
92020		\$29.73
92025		\$39.16
92025	26	\$20.31
92025	TC	\$18.85
92060		\$68.89
92060	26	\$39.16
92060	TC	\$29.73
92065		\$43.15
92071		\$38.80

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92072		\$134.88
92081		\$35.90
92081	26	\$16.68
92081	TC	\$19.22
92082		\$50.76
92082	26	\$21.76
92082	TC	\$29.01
92083		\$68.53
92083	26	\$28.28
92083	TC	\$40.25
92100		\$92.10
92132		\$33.72
92132	26	\$17.04
92132	TC	\$16.68
92133		\$39.16
92133	26	\$22.48
92133	TC	\$16.68
92134		\$43.51
92134	26	\$26.11
92134	TC	\$17.40
92136		\$50.76
92136	26	\$31.91
92136	TC	\$18.85
92137		\$63.45
92137	26	\$37.35
92137	TC	\$26.11
92145		\$13.78
92145	26	\$5.44
92145	TC	\$8.34
92201		\$26.47
92202		\$16.68
92227		\$19.22

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92228		\$31.91
92228	26	\$17.40
92228	TC	\$14.50
92230		\$148.66
92235		\$176.22
92235	26	\$44.60
92235	TC	\$131.62
92240		\$203.05
92240	26	\$48.59
92240	TC	\$154.46
92242		\$304.94
92242	26	\$56.93
92242	TC	\$248.01
92250		\$39.89
92250	26	\$21.76
92250	TC	\$18.13
92260		\$21.03
92265		\$94.27
92265	26	\$48.22
92265	TC	\$46.05
92270		\$127.27
92270	26	\$44.96
92270	TC	\$82.31
92273		\$136.70
92273	26	\$38.43
92273	TC	\$98.26
92274		\$96.81
92274	26	\$34.81
92274	TC	\$62.00
92283		\$58.74
92283	26	\$8.70
92283	TC	\$50.04

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92284		\$40.61
92285		\$25.02
92285	26	\$2.90
92285	TC	\$22.12
92286		\$42.06
92286	26	\$22.48
92286	TC	\$19.58
92287		\$154.83
92287	26	\$31.18
92287	TC	\$123.64
92310		\$107.33
92311		\$112.04
92312		\$133.43
92313		\$106.60
92314		\$93.55
92315		\$88.83
92316		\$109.87
92317		\$93.91
92325		\$44.60
92326		\$42.79
92340		\$37.35
92341		\$42.79
92342		\$45.69
92370		\$32.63
92371		\$13.05
92502		\$101.53
92504		\$31.55
92507		\$82.67
92508		\$26.47
92511		\$126.91
92512		\$69.25
92516		\$78.32

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92517		\$83.40
92518		\$84.12
92519		\$137.78
92520		\$95.00
92521		\$143.59
92522		\$120.02
92523		\$246.20
92524		\$118.20
92526		\$91.74
92537		\$42.79
92537	26	\$32.63
92537	TC	\$10.15
92538		\$23.93
92538	26	\$16.68
92538	TC	\$7.25
92540		\$115.67
92540	26	\$81.95
92540	TC	\$33.72
92541		\$26.83
92541	26	\$22.12
92541	TC	\$4.71
92542		\$30.82
92542	26	\$26.11
92542	TC	\$4.71
92544		\$18.85
92544	26	\$14.87
92544	TC	\$3.99
92545		\$17.77
92545	26	\$13.78
92545	TC	\$3.99
92546		\$143.95
92546	26	\$15.95

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92546	TC	\$127.99
92547		\$11.60
92548		\$50.76
92548	26	\$35.53
92548	TC	\$15.23
92549		\$69.62
92549	26	\$47.50
92549	TC	\$22.12
92550		\$23.57
92551		\$13.78
92552		\$41.34
92553		\$50.04
92555		\$31.55
92556		\$48.95
92557		\$39.16
92558		\$10.15
92562		\$52.58
92563		\$37.71
92565		\$22.84
92567		\$17.77
92568		\$16.32
92570		\$34.45
92571		\$33.72
92572		\$58.01
92575		\$80.13
92576		\$46.41
92577		\$23.93
92579		\$47.50
92582		\$94.27
92583		\$62.00
92584		\$119.66
92587		\$22.84

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92587	26	\$18.85
92587	TC	\$3.99
92588		\$35.53
92588	26	\$30.10
92588	TC	\$5.44
92590		\$128.21
92591		\$128.21
92592		\$28.16
92593		\$28.16
92594		\$28.16
92595		\$28.16
92596		\$83.76
92597		\$77.96
92601		\$170.42
92602		\$107.69
92603		\$160.27
92604		\$96.81
92605		\$96.45
92606		\$83.76
92607		\$134.16
92608		\$52.58
92609		\$111.68
92610		\$92.10
92611		\$98.99
92612		\$215.02
92613		\$38.43
92614		\$161.35
92615		\$34.45
92616		\$246.92
92617		\$43.15
92620		\$95.00
92621		\$23.57

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92622		\$85.57
92623		\$22.12
92625		\$72.16
92626		\$92.82
92627		\$22.12
92640		\$116.75
92650		\$29.01
92651		\$89.20
92652		\$120.38
92653		\$89.20
92920		\$521.04
92924		\$621.48
92928		\$579.78
92933		\$650.13
92937		\$579.78
92941		\$651.21
92943		\$650.85
92950		\$345.19
92953		\$1.09
92960		\$163.89
92961		\$242.94
92970		\$185.65
92971		\$99.35
92972		\$150.84
92973		\$173.68
92974		\$159.18
92975		\$369.84
92977		\$57.65
92978	26	\$94.27
92979	26	\$74.69
92986		\$1,323.09
92987		\$1,363.70

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
92990		\$1,092.49
92997		\$630.91
92998		\$314.37
93000		\$15.23
93005		\$6.89
93010		\$8.70
93015		\$77.59
93016		\$22.48
93017		\$40.61
93018		\$14.87
93024		\$120.38
93024	26	\$57.65
93024	TC	\$62.73
93025		\$135.25
93025	26	\$39.16
93025	TC	\$96.09
93040		\$13.78
93041		\$6.89
93042		\$7.25
93050		\$17.04
93050	26	\$8.34
93050	TC	\$8.70
93224		\$77.96
93225		\$19.94
93226		\$38.80
93227		\$19.58
93228		\$26.47
93229		\$884.00
93242		\$13.05
93244		\$24.29
93245		\$294.79
93246		\$13.05

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93247		\$255.26
93248		\$26.83
93260		\$81.22
93260	26	\$43.15
93260	TC	\$38.07
93261		\$75.06
93261	26	\$37.35
93261	TC	\$37.71
93264		\$54.39
93268		\$189.64
93270		\$9.06
93271		\$155.55
93272		\$25.38
93278		\$34.08
93278	26	\$13.05
93278	TC	\$21.03
93279		\$72.52
93279	26	\$32.63
93279	TC	\$39.89
93280		\$84.85
93280	26	\$38.80
93280	TC	\$46.05
93281		\$89.92
93281	26	\$43.15
93281	TC	\$46.77
93282		\$85.21
93282	26	\$42.79
93282	TC	\$42.42
93283		\$104.79
93283	26	\$58.38
93283	TC	\$46.41
93284		\$113.13

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93284	26	\$63.45
93284	TC	\$49.67
93285		\$64.54
93285	26	\$26.47
93285	TC	\$38.07
93286		\$48.59
93286	26	\$15.23
93286	TC	\$33.36
93287		\$56.20
93287	26	\$22.48
93287	TC	\$33.72
93288		\$60.55
93288	26	\$21.39
93288	TC	\$39.16
93289		\$77.23
93289	26	\$37.71
93289	TC	\$39.52
93290		\$57.29
93290	26	\$21.76
93290	TC	\$35.53
93291		\$52.58
93291	26	\$18.49
93291	TC	\$34.08
93292		\$55.11
93292	26	\$21.76
93292	TC	\$33.36
93293		\$47.50
93293	26	\$14.87
93293	TC	\$32.63
93294		\$30.82
93295		\$38.43
93296		\$23.21

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93297		\$65.27
93297	26	\$26.11
93297	TC	\$39.16
93298		\$109.87
93298	26	\$26.11
93298	TC	\$83.76
93303		\$237.50
93303	26	\$64.54
93303	TC	\$172.96
93304		\$168.24
93304	26	\$37.71
93304	TC	\$130.53
93306		\$212.12
93306	26	\$72.16
93306	TC	\$139.96
93307		\$147.57
93307	26	\$45.69
93307	TC	\$101.89
93308		\$106.60
93308	26	\$26.11
93308	TC	\$80.50
93312		\$254.18
93312	26	\$111.32
93312	TC	\$142.86
93313		\$11.60
93314		\$242.21
93314	26	\$91.37
93314	TC	\$150.84
93315	26	\$132.35
93316		\$26.83
93317	26	\$91.01
93318	26	\$105.51

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93319		\$59.46
93320		\$54.75
93320	26	\$18.49
93320	TC	\$36.26
93321		\$27.19
93321	26	\$7.61
93321	TC	\$19.58
93325		\$25.38
93325	26	\$3.26
93325	TC	\$22.12
93350		\$200.51
93350	26	\$72.52
93350	TC	\$127.99
93351		\$250.55
93351	26	\$86.66
93351	TC	\$163.89
93352		\$37.35
93355		\$232.78
93356		\$39.89
93451		\$916.63
93451	26	\$130.53
93451	TC	\$786.10
93452		\$946.00
93452	26	\$234.96
93452	TC	\$711.04
93453		\$1,206.34
93453	26	\$313.64
93453	TC	\$892.70
93454		\$953.61
93454	26	\$237.13
93454	TC	\$716.48
93455		\$1,061.67

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93455	26	\$276.29
93455	TC	\$785.37
93456		\$1,185.67
93456	26	\$308.93
93456	TC	\$876.75
93457		\$1,291.91
93457	26	\$347.36
93457	TC	\$944.55
93458		\$1,095.75
93458	26	\$292.61
93458	TC	\$803.14
93459		\$1,177.70
93459	26	\$331.77
93459	TC	\$845.92
93460		\$1,306.42
93460	26	\$370.93
93460	TC	\$935.48
93461		\$1,441.30
93461	26	\$410.09
93461	TC	\$1,031.21
93462		\$204.86
93463		\$100.80
93464		\$234.60
93464	26	\$91.74
93464	TC	\$142.86
93503		\$89.92
93505		\$679.50
93505	26	\$226.98
93505	TC	\$452.51
93563		\$51.85
93564		\$54.39
93565		\$26.47

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93566		\$26.11
93567		\$36.98
93568		\$46.05
93569		\$39.16
93571	26	\$71.79
93572	26	\$52.21
93573		\$65.27
93574		\$72.52
93575		\$96.09
93580		\$963.40
93581		\$1,304.60
93582		\$650.85
93583		\$730.62
93584		\$60.92
93585		\$57.29
93586		\$72.52
93587		\$106.96
93588		\$108.05
93590		\$1,102.64
93591		\$908.29
93592		\$398.85
93593	26	\$197.25
93594	26	\$299.50
93595	26	\$272.31
93596	26	\$338.66
93597	26	\$442.00
93598	26	\$69.98
93600	26	\$115.67
93602	26	\$113.85
93603	26	\$113.85
93609	26	\$271.22
93610	26	\$160.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93612	26	\$158.45
93613		\$287.90
93615	26	\$37.71
93616	26	\$60.92
93618	26	\$214.29
93619	26	\$382.90
93620	26	\$613.87
93621	26	\$81.58
93622	26	\$168.60
93623	26	\$68.53
93624	26	\$237.13
93631	26	\$389.79
93640	26	\$175.49
93641	26	\$306.03
93642		\$338.30
93642	26	\$249.83
93642	TC	\$88.47
93644		\$204.50
93644	26	\$149.39
93644	TC	\$55.11
93650		\$575.79
93653		\$825.62
93654		\$994.59
93655		\$302.76
93656		\$936.21
93657		\$303.13
93660		\$174.77
93660	26	\$95.72
93660	TC	\$79.04
93662	26	\$73.61
93668		\$15.95
93701		\$29.37

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93702		\$132.71
93724		\$297.32
93724	26	\$246.92
93724	TC	\$50.40
93740		\$8.34
93750		\$52.94
93770		\$8.34
93784		\$49.67
93786		\$24.66
93788		\$6.16
93790		\$19.22
93793		\$12.33
93797		\$18.49
93798		\$27.56
93880		\$204.86
93880	26	\$39.16
93880	TC	\$165.70
93882		\$134.16
93882	26	\$24.29
93882	TC	\$109.87
93886		\$296.96
93886	26	\$48.22
93886	TC	\$248.74
93888		\$141.77
93888	26	\$26.11
93888	TC	\$115.67
93892		\$178.03
93892	26	\$62.00
93892	TC	\$116.03
93893		\$178.76
93893	26	\$62.37
93893	TC	\$116.39

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93896		\$192.90
93896	26	\$43.15
93896	TC	\$149.75
93897		\$242.94
93897	26	\$39.16
93897	TC	\$203.78
93898		\$254.54
93898	26	\$46.05
93898	TC	\$208.49
93922		\$88.83
93922	26	\$12.33
93922	TC	\$76.51
93923		\$140.32
93923	26	\$22.12
93923	TC	\$118.20
93924		\$172.59
93924	26	\$24.29
93924	TC	\$148.30
93925		\$259.62
93925	26	\$39.16
93925	TC	\$220.46
93926		\$139.23
93926	26	\$23.57
93926	TC	\$115.67
93930		\$213.57
93930	26	\$39.16
93930	TC	\$174.41
93931		\$133.43
93931	26	\$24.29
93931	TC	\$109.14
93970		\$201.96
93970	26	\$34.08

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
93970	TC	\$167.88
93971		\$128.72
93971	26	\$22.12
93971	TC	\$106.60
93975		\$285.36
93975	26	\$57.29
93975	TC	\$228.07
93976		\$155.55
93976	26	\$39.89
93976	TC	\$115.67
93978		\$193.99
93978	26	\$38.80
93978	TC	\$155.19
93979		\$126.91
93979	26	\$24.29
93979	TC	\$102.61
93980		\$126.18
93980	26	\$62.73
93980	TC	\$63.45
93981		\$76.14
93981	26	\$21.76
93981	TC	\$54.39
93985		\$266.50
93985	26	\$38.07
93985	TC	\$228.43
93986		\$139.23
93986	26	\$23.57
93986	TC	\$115.67
93990		\$139.23
93990	26	\$23.57
93990	TC	\$115.67
94002		\$95.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
94003		\$67.08
94004		\$49.67
94010		\$29.37
94010	26	\$8.34
94010	TC	\$21.03
94011		\$88.83
94012		\$145.04
94013		\$19.58
94014		\$60.55
94015		\$34.81
94016		\$25.74
94060		\$42.06
94060	26	\$10.52
94060	TC	\$31.55
94070		\$67.80
94070	26	\$29.01
94070	TC	\$38.80
94150		\$27.19
94150	26	\$3.63
94150	TC	\$23.57
94200		\$15.95
94200	26	\$2.54
94200	TC	\$13.42
94375		\$42.06
94375	26	\$14.87
94375	TC	\$27.19
94450		\$86.30
94450	26	\$20.67
94450	TC	\$65.63
94452		\$54.39
94452	26	\$14.50
94452	TC	\$39.89

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
94453		\$72.16
94453	26	\$19.22
94453	TC	\$52.94
94610		\$59.10
94617		\$96.09
94617	26	\$33.36
94617	TC	\$62.73
94618		\$36.62
94618	26	\$23.21
94618	TC	\$13.42
94619		\$70.34
94619	26	\$22.84
94619	TC	\$47.50
94621		\$166.43
94621	26	\$70.71
94621	TC	\$95.72
94640		\$8.70
94644		\$64.54
94645		\$17.77
94660		\$69.25
94662		\$36.26
94664		\$19.22
94667		\$26.83
94668		\$42.42
94669		\$22.12
94680		\$58.01
94680	26	\$13.05
94680	TC	\$44.96
94681		\$51.85
94681	26	\$10.15
94681	TC	\$41.70
94690		\$52.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
94690	26	\$3.63
94690	TC	\$48.95
94726		\$60.55
94726	26	\$12.69
94726	TC	\$47.86
94727		\$48.22
94727	26	\$12.33
94727	TC	\$35.90
94728		\$47.86
94728	26	\$12.69
94728	TC	\$35.17
94729		\$61.28
94729	26	\$9.06
94729	TC	\$52.21
94760		\$2.90
94761		\$4.35
94762		\$27.56
94780		\$57.65
94781		\$23.21
95004		\$3.99
95012		\$20.67
95017		\$9.43
95018		\$21.76
95024		\$8.70
95027		\$5.44
95028		\$13.78
95044		\$5.44
95052		\$6.89
95056		\$56.56
95060		\$42.79
95065		\$31.55
95070		\$37.71

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95076		\$133.07
95079		\$91.74
95115		\$11.24
95117		\$13.42
95144		\$18.13
95145		\$39.52
95146		\$73.61
95147		\$70.71
95148		\$105.15
95149		\$139.96
95165		\$15.95
95170		\$11.97
95180		\$149.02
95249		\$70.34
95250		\$159.90
95251		\$36.62
95717		\$112.40
95718		\$142.86
95719		\$170.42
95720		\$220.09
95721		\$220.09
95722		\$266.50
95723		\$267.23
95724		\$335.76
95725		\$309.65
95726		\$430.76
95782		\$1,059.49
95782	26	\$130.53
95782	TC	\$928.96
95783		\$1,122.94
95783	26	\$142.14
95783	TC	\$980.81

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95800		\$147.21
95800	26	\$41.70
95800	TC	\$105.51
95801		\$105.15
95801	26	\$43.15
95801	TC	\$62.00
95803		\$146.85
95803	26	\$44.24
95803	TC	\$102.61
95805		\$467.02
95805	26	\$60.19
95805	TC	\$406.83
95806		\$101.89
95806	26	\$46.41
95806	TC	\$55.48
95807		\$443.09
95807	26	\$62.00
95807	TC	\$381.08
95808		\$554.04
95808	26	\$87.38
95808	TC	\$466.65
95810		\$674.42
95810	26	\$124.01
95810	TC	\$550.41
95811		\$704.88
95811	26	\$129.08
95811	TC	\$575.79
95812		\$380.00
95812	26	\$59.83
95812	TC	\$320.17
95813		\$480.07
95813	26	\$89.92

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95813	TC	\$390.15
95816		\$427.86
95816	26	\$59.46
95816	TC	\$368.39
95819		\$493.12
95819	26	\$59.83
95819	TC	\$433.30
95822		\$447.80
95822	26	\$59.46
95822	TC	\$388.33
95824	26	\$40.97
95829		\$1,917.02
95829	26	\$344.46
95829	TC	\$1,572.56
95830		\$745.12
95836		\$110.59
95851		\$23.57
95852		\$19.58
95857		\$68.53
95860		\$121.47
95860	26	\$53.30
95860	TC	\$68.17
95861		\$171.87
95861	26	\$84.85
95861	TC	\$87.02
95863		\$223.72
95863	26	\$103.70
95863	TC	\$120.02
95864		\$249.83
95864	26	\$110.59
95864	TC	\$139.23
95865		\$160.63

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95865	26	\$86.66
95865	TC	\$73.97
95866		\$131.98
95866	26	\$66.35
95866	TC	\$65.63
95867		\$114.94
95867	26	\$43.51
95867	TC	\$71.43
95868		\$149.39
95868	26	\$65.27
95868	TC	\$84.12
95869		\$102.98
95869	26	\$20.67
95869	TC	\$82.31
95870		\$89.92
95870	26	\$20.67
95870	TC	\$69.25
95872		\$201.60
95872	26	\$155.55
95872	TC	\$46.05
95873		\$76.51
95873	26	\$20.67
95873	TC	\$55.84
95874		\$82.67
95874	26	\$20.67
95874	TC	\$62.00
95875		\$131.62
95875	26	\$61.28
95875	TC	\$70.34
95885		\$67.08
95885	26	\$19.58
95885	TC	\$47.50

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95886		\$104.06
95886	26	\$47.50
95886	TC	\$56.56
95887		\$89.56
95887	26	\$38.80
95887	TC	\$50.76
95905		\$36.26
95905	26	\$2.54
95905	TC	\$33.72
95907		\$97.17
95907	26	\$55.48
95907	TC	\$41.70
95908		\$120.38
95908	26	\$69.25
95908	TC	\$51.13
95909		\$144.67
95909	26	\$83.03
95909	TC	\$61.64
95910		\$188.91
95910	26	\$110.59
95910	TC	\$78.32
95911		\$227.71
95911	26	\$138.15
95911	TC	\$89.56
95912		\$265.78
95912	26	\$164.98
95912	TC	\$100.80
95913		\$306.75
95913	26	\$195.07
95913	TC	\$111.68
95919		\$16.68
95919	26	\$10.15

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95919	TC	\$6.53
95921		\$94.64
95921	26	\$46.41
95921	TC	\$48.22
95922		\$102.25
95922	26	\$48.59
95922	TC	\$53.66
95923		\$131.98
95923	26	\$46.77
95923	TC	\$85.21
95924		\$162.44
95924	26	\$91.01
95924	TC	\$71.43
95925		\$190.36
95925	26	\$29.01
95925	TC	\$161.35
95926		\$170.78
95926	26	\$28.64
95926	TC	\$142.14
95927		\$197.25
95927	26	\$28.64
95927	TC	\$168.60
95928		\$260.34
95928	26	\$83.03
95928	TC	\$177.31
95929		\$263.24
95929	26	\$82.67
95929	TC	\$180.57
95930		\$72.88
95930	26	\$19.22
95930	TC	\$53.66
95933		\$88.83

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95933	26	\$32.63
95933	TC	\$56.20
95937		\$112.40
95937	26	\$35.90
95937	TC	\$76.51
95938		\$406.46
95938	26	\$47.50
95938	TC	\$358.97
95939		\$604.08
95939	26	\$124.01
95939	TC	\$480.07
95940		\$33.72
95954		\$424.96
95954	26	\$117.84
95954	TC	\$307.11
95955		\$206.31
95955	26	\$55.84
95955	TC	\$150.48
95957		\$316.90
95957	26	\$106.96
95957	TC	\$209.94
95958		\$756.73
95958	26	\$234.96
95958	TC	\$521.77
95961		\$351.35
95961	26	\$167.15
95961	TC	\$184.20
95962		\$298.05
95962	26	\$179.48
95962	TC	\$118.57
95965	26	\$431.48
95966	26	\$206.31

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
95967	26	\$178.76
95970		\$19.94
95971		\$51.13
95972		\$60.19
95976		\$41.34
95977		\$54.75
95980		\$45.32
95981		\$41.34
95982		\$62.37
95983		\$52.58
95984		\$45.69
95990		\$97.54
95991		\$118.93
95992		\$45.69
96004		\$112.77
96020	26	\$164.98
96105		\$103.34
96110		\$12.69
96112		\$132.35
96113		\$64.18
96116		\$98.62
96121		\$80.86
96125		\$110.23
96127		\$5.08
96130		\$128.36
96131		\$92.46
96132		\$138.15
96133		\$105.15
96136		\$44.96
96137		\$40.97
96138		\$37.35
96139		\$38.43

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
96146		\$2.54
96156		\$106.60
96158		\$72.16
96159		\$24.66
96160		\$3.26
96161		\$3.26
96164		\$11.24
96165		\$5.08
96167		\$76.14
96168		\$27.56
96360		\$35.17
96361		\$13.42
96365		\$67.44
96366		\$22.12
96367		\$30.82
96368		\$21.39
96369		\$153.38
96370		\$17.40
96371		\$65.63
96372		\$15.59
96373		\$20.31
96374		\$39.52
96375		\$16.68
96377		\$19.94
96380		\$24.66
96381		\$17.57
96401		\$77.23
96402		\$38.07
96405		\$89.92
96406		\$139.96
96409		\$107.69
96411		\$58.74

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
96413		\$139.60
96415		\$29.73
96416		\$137.42
96417		\$68.53
96420		\$109.87
96422		\$168.24
96423		\$78.32
96425		\$181.30
96440		\$808.94
96446		\$172.23
96450		\$173.32
96521		\$133.80
96522		\$126.91
96523		\$27.19
96542		\$141.05
96567		\$149.02
96570		\$52.58
96571		\$26.11
96573		\$246.20
96574		\$301.31
96900		\$27.19
96910		\$128.72
96912		\$109.50
96913		\$166.07
96920		\$168.60
96921		\$184.56
96922		\$251.28
96931		\$183.83
96932		\$138.15
96933		\$46.05
96934		\$127.63
96935		\$84.12

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
96936		\$43.51
97010		\$6.89
97022		\$18.49
97032		\$15.59
97035		\$15.23
97110		\$31.91
97112		\$36.62
97113		\$39.89
97116		\$31.91
97129		\$24.29
97130		\$23.21
97140		\$29.37
97150		\$19.58
97161		\$108.41
97162		\$108.41
97163		\$108.41
97164		\$75.42
97165		\$109.50
97166		\$109.50
97167		\$109.50
97168		\$75.78
97530		\$39.89
97542		\$34.45
97597		\$108.78
97598		\$47.86
97605		\$46.77
97606		\$55.48
97607		\$377.82
97608		\$390.51
97760		\$51.85
97761		\$45.32
97763		\$56.93

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
97802		\$39.52
97803		\$34.45
97804		\$18.13
98000		\$55.11
98001		\$90.29
98002		\$143.95
98003		\$191.09
98004		\$42.42
98005		\$74.33
98006		\$109.14
98007		\$144.67
98008		\$52.21
98009		\$86.30
98010		\$133.80
98011		\$174.41
98012		\$38.80
98013		\$67.80
98014		\$98.62
98015		\$143.59
98925		\$33.72
98926		\$48.22
98927		\$63.09
98928		\$76.87
98929		\$90.29
98940		\$46.41
98941		\$64.56
98942		\$84.06
99151		\$65.63
99152		\$54.39
99153		\$12.33
99155		\$85.21
99156		\$77.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
99157		\$62.00
99170		\$177.31
99173		\$3.63
99174		\$6.89
99175		\$32.63
99177		\$5.44
99183		\$109.14
99184		\$224.44
99188		\$29.29
99195		\$102.98
99202		\$77.23
99203		\$118.57
99204		\$177.67
99205		\$234.23
99211		\$25.38
99212		\$60.55
99213		\$97.17
99214		\$137.06
99215		\$192.54
99221		\$85.93
99222		\$136.70
99223		\$181.66
99231		\$51.85
99232		\$82.67
99233		\$124.37
99234		\$102.25
99235		\$167.15
99236		\$218.64
99238		\$85.57
99239		\$120.74
99281		\$11.97
99282		\$43.15

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
99283		\$73.61
99284		\$125.09
99285		\$181.30
99291		\$289.35
99292		\$125.82
99304		\$84.85
99305		\$141.05
99306		\$192.54
99307		\$42.79
99308		\$79.04
99309		\$114.22
99310		\$162.44
99315		\$86.30
99316		\$138.51
99341		\$52.58
99342		\$83.03
99344		\$150.48
99345		\$213.57
99347		\$48.22
99348		\$81.22
99349		\$134.52
99350		\$195.80
99360		\$62.00
99381		\$117.12
99382		\$122.19
99383		\$126.91
99384		\$142.14
99385		\$138.15
99386		\$159.18
99387		\$172.96
99391		\$105.15
99392		\$112.04

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
99393		\$111.68
99394		\$121.83
99395		\$124.73
99396		\$132.35
99397		\$142.50
99401		\$41.34
99402		\$66.72
99406		\$15.59
99407		\$29.01
99408		\$36.26
99409		\$69.98
99417		\$32.63
99418		\$41.70
99421		\$15.95
99422		\$31.18
99423		\$49.67
99447		\$38.07
99448		\$56.56
99451		\$36.98
99452		\$35.90
99459		\$24.66
99447		\$38.07
99448		\$56.56
99451		\$36.98
99452		\$35.90
99429		\$60.34
99460		\$97.54
99461		\$98.26
99462		\$42.79
99463		\$113.85
99464		\$76.14
99465		\$149.02

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
99466		\$243.30
99467		\$122.19
99468		\$938.02
99469		\$405.74
99471		\$812.20
99472		\$414.80
99473		\$15.59
99474		\$18.13
99475		\$583.05
99476		\$350.99
99477		\$355.34
99478		\$139.96
99479		\$127.27
99480		\$122.19
99495		\$221.91
99496		\$300.23
99605		\$74.26
99606		\$26.52
99607		\$26.52
0027U		\$121.91
0047U		\$3,873.00
0077U		\$43.43
0202U		\$416.78
0223U		\$416.78
0224U		\$51.43
0225U		\$416.78
0226U		\$42.28
0240U		\$142.63
0241U		\$142.63
0244U		\$3,500.00
0446T		\$3,368.11
0447T		\$106.96

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
0448T		\$3,352.15
0509T		\$82.31
0509T	26	\$22.12
0509T	TC	\$60.19
A9575		\$0.12
A9576		\$1.47
A9577		\$1.83
A9578		\$1.81
A9579		\$1.50
A9585		\$0.31
A9589		\$1,341.19
G0011		\$28.28
G0012		\$15.59
G0013		\$25.38
G0101		\$41.70
G0103		\$19.31
G0104		\$200.51
G0105		\$362.23
G0108		\$58.38
G0109		\$17.04
G0121		\$362.23
G0123		\$20.26
G0124		\$26.11
G0127		\$26.11
G0128		\$10.52
G0130		\$39.52
G0130	26	\$11.24
G0130	TC	\$28.28
G0141		\$26.11
G0143		\$27.05
G0144		\$43.97
G0145		\$26.49

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
G0147		\$18.19
G0148		\$31.94
G0166		\$110.95
G0168		\$131.62
G0179		\$45.32
G0180		\$57.65
G0181		\$111.68
G0182		\$111.68
G0237		\$12.33
G0238		\$11.24
G0239		\$14.14
G0245		\$69.62
G0246		\$42.06
G0247		\$91.37
G0248		\$108.05
G0249		\$71.43
G0250		\$9.43
G0252	26	\$76.14
G0268		\$55.48
G0270		\$34.45
G0271		\$18.13
G0277		\$197.61
G0278		\$13.42
G0279		\$51.13
G0279	26	\$30.10
G0279	TC	\$21.03
G0281		\$12.69
G0288		\$46.05
G0289		\$87.02
G0296		\$29.73
G0306		\$7.77
G0307		\$6.47

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
G0312		\$41.72
G0313		\$68.53
G0314		\$68.53
G0315		\$41.72
G0316		\$33.72
G0317		\$33.72
G0318		\$33.00
G0328		\$18.05
G0329		\$11.60
G0337		\$73.24
G0341		\$1,704.90
G0342		\$769.06
G0343		\$1,255.29
G0372		\$9.43
G0396		\$36.62
G0397		\$70.34
G0403		\$15.23
G0404		\$6.89
G0405		\$8.70
G0406		\$43.15
G0407		\$75.42
G0408		\$109.87
G0409		\$25.74
G0412		\$757.45
G0413		\$1,108.08
G0414		\$1,046.44
G0415		\$1,415.56
G0416		\$393.05
G0416	26	\$185.28
G0416	TC	\$207.76
G0422		\$137.42
G0423		\$137.42

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
G0425		\$96.45
G0426		\$137.06
G0427		\$194.71
G0429		\$105.88
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98
G0438		\$177.31
G0439		\$139.60
G0455		\$139.96
G0471		\$11.09
G0472		\$46.35
G0475		\$24.08
G0476		\$35.09
G0480		\$114.43
G0481		\$156.59
G0482		\$198.74
G0483		\$246.92
G0499		\$28.27
G0500		\$62.00
G0659		\$62.14
G2082		\$928.23
G2083		\$1,318.38
G2086		\$494.21
G2087		\$455.41
G2088		\$63.09
G2212		\$34.45
G2251		\$14.87
G2252		\$28.28
G6001		\$195.44
G6001	26	\$33.72
G6001	TC	\$161.72

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
G6002		\$81.58
G6002	26	\$21.76
G6002	TC	\$59.83
G6003		\$167.52
G6004		\$137.42
G6005		\$137.78
G6006		\$136.70
G6007		\$250.19
G6008		\$189.27
G6009		\$188.91
G6010		\$187.46
G6011		\$249.10
G6012		\$249.46
G6013		\$250.55
G6014		\$248.74
G6015		\$386.16
G6016		\$385.43
G9143		\$120.72
G9157		\$97.54
H1000		\$93.49
H1001		\$62.34
H1002		\$62.34
H1003		\$62.34
H1004		\$62.34
K1034		\$12.73
M0201		\$17.57
M0220		\$147.49
M0221		\$245.49
M0224		\$441.00
M0240		\$441.00
M0241		\$735.00
M0243		\$441.00

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
M0244		\$735.00
M0245		\$441.00
M0246		\$735.00
M0247		\$441.00
M0248		\$735.00
M0249		\$441.00
M0250		\$441.00
P3000		\$18.19
P3001		\$26.11
P9603		\$0.36
P9604		\$5.20
Q0035		\$18.85
Q0035	26	\$8.34
Q0035	TC	\$10.52
Q0091		\$47.86
Q0092		\$28.28
Q0111		\$18.19
Q0112		\$5.83
Q0138		\$0.33
Q0139		\$0.33
Q0162		\$0.01
Q0167		\$2.69
Q0510		\$67.04
Q0511		\$32.18
Q0512		\$21.45
Q0513		\$44.24
Q0514		\$88.47
Q2043		\$55,512.78
Q2050		\$136.23
Q3014		\$34.66
Q3027		\$57.12
Q4001		\$57.24

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
Q4002		\$216.29
Q4003		\$41.13
Q4004		\$142.27
Q4005		\$15.16
Q4006		\$34.15
Q4007		\$7.57
Q4008		\$17.06
Q4009		\$10.11
Q4010		\$22.77
Q4011		\$5.05
Q4012		\$11.37
Q4013		\$18.39
Q4014		\$31.06
Q4015		\$9.20
Q4016		\$15.54
Q4017		\$10.67
Q4018		\$17.00
Q4019		\$5.30
Q4020		\$8.51
Q4021		\$7.87
Q4022		\$14.23
Q4023		\$3.97
Q4024		\$7.08
Q4025		\$44.21
Q4026		\$137.97
Q4027		\$22.11
Q4028		\$68.97
Q4029		\$33.80
Q4030		\$88.95
Q4031		\$16.89
Q4032		\$44.48
Q4033		\$31.53

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
Q4034		\$78.39
Q4035		\$15.78
Q4036		\$39.20
Q4037		\$19.22
Q4038		\$48.16
Q4039		\$9.63
Q4040		\$24.10
Q4041		\$23.38
Q4042		\$39.90
Q4043		\$11.68
Q4044		\$19.97
Q4045		\$13.57
Q4046		\$21.81
Q4047		\$6.76
Q4048		\$10.94
Q4049		\$2.50
Q4074		\$147.17
Q4081		\$0.81
Q4101		\$30.63
Q4102		\$11.79
Q4103		\$12.36
Q4106		\$44.94
Q4110		\$44.16
Q4111		\$7.14
Q4121		\$46.29
Q4132		\$97.32
Q4133		\$141.66
Q4137		\$104.67
Q4145		\$19.48
Q4151		\$144.44
Q4154		\$148.97
Q4159		\$305.58

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

Code	Modifier	Medicaid Fee
Q4160		\$97.64
Q4163		\$13.08
Q4173		\$402.51
Q4174		\$291.27
Q4186		\$154.67
Q4187		\$244.49
Q4195		\$71.23
Q4196		\$103.75
Q5101		\$0.25
Q5103		\$10.66
Q5104		\$29.91
Q5105		\$0.68
Q5106		\$6.82
Q5107		\$26.60
Q5108		\$147.76
Q5110		\$0.28
Q5111		\$166.05
Q5112		\$32.46
Q5113		\$62.63
Q5114		\$55.78
Q5115		\$33.70
Q5116		\$12.64
Q5117		\$19.34
Q5118		\$20.97
Q5119		\$19.25
Q5120		\$30.05
Q5121		\$21.89
Q5122		\$79.60
Q5123		\$40.37
Q5125		\$0.41
Q9950		\$19.04
Q9956		\$41.79

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
Q9957		\$41.79
Q9958		\$0.07
Q9960		\$0.27
Q9961		\$0.28
Q9963		\$0.22
Q9965		\$1.89
Q9966		\$0.35
Q9967		\$0.14
Q9991		\$1,961.56
Q9992		\$1,961.56
R0070		\$79.66
R0075		\$79.66
S0302		\$141.78
S0390		\$22.56
S2083		\$115.88
S5497		\$7.81
S9326		\$60.68
S9327		\$78.00
S9330		\$60.68
S9331		\$78.00
S9338		\$78.00
S9339		\$60.68
S9364		\$285.93
S9373		\$78.00
S9497		\$104.35
S9500		\$78.25
S9501		\$86.20
S9502		\$86.20
S9503		\$86.20
S9504		\$104.35
T1001		\$17.79
T1002		\$18.59

**ND Medicaid  
Professional Services Fee Schedule  
as of 1/1/2025**

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

<b>Code</b>	<b>Modifier</b>	<b>Medicaid Fee</b>
T1003		\$15.15
T1004		\$11.65
T1013		\$17.28
T1015		\$124.04
T1021		\$19.76
T1025		\$374.34
T1030		\$74.35
T1031		\$60.56
U0001		\$35.92
U0002		\$51.31
V2020		\$27.72
V2025		\$17.35
V2104		\$7.81
V2105		\$5.20
V2111		\$3.06
V2204		\$18.23
V2299		\$19.06
V2304		\$24.79
V2430		\$38.14
V2710		\$80.58
V2715		\$3.46
V2718		\$13.46
V2744		\$8.09
V2745		\$2.17
V2760		\$3.06
V2780		\$2.61
V2784		\$8.65
V5020		\$34.66