



**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
10004		\$56.74
10005		\$144.06
10006		\$64.48
10007		\$330.86
10008		\$153.64
10009		\$457.97
10010		\$255.70
10021		\$108.69
10030		\$678.67
10035		\$384.29
10036		\$312.81
10040		\$126.38
10060		\$139.27
10061		\$232.12
10080		\$267.86
10081		\$365.49
10120		\$165.06
10121		\$285.91
10140		\$183.85
10160		\$141.11
10180		\$282.23
11000		\$64.11
11001		\$29.48
11004		\$586.56
11005		\$788.10
11006		\$720.30
11008		\$277.07
11010		\$476.03
11011		\$533.87

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Code	Modifier	Medicaid Fee
11012		\$690.46
11042		\$140.38
11043		\$249.44
11044		\$331.60
11045		\$42.74
11046		\$77.00
11047		\$127.48
11055		\$77.00
11056		\$89.16
11057		\$97.27
11102		\$107.95
11103		\$53.79
11104		\$134.11
11105		\$64.48
11106		\$166.90
11107		\$76.27
11200		\$101.32
11201		\$19.90
11300		\$107.59
11301		\$130.43
11302		\$147.75
11303		\$163.96
11305		\$113.11
11306		\$131.53
11307		\$148.11
11308		\$156.22
11310		\$124.16
11311		\$147.75
11312		\$168.01
11313		\$195.27
11400		\$139.27
11401		\$169.11
11402		\$186.80

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Code	Modifier	Medicaid Fee
11403		\$214.80
11404		\$243.17
11406		\$343.76
11420		\$137.80
11421		\$173.17
11422		\$194.91
11423		\$223.64
11424		\$258.28
11426		\$355.18
11440		\$155.11
11441		\$188.27
11442		\$210.01
11443		\$247.59
11444		\$307.28
11446		\$416.71
11450		\$460.92
11451		\$564.82
11462		\$453.55
11463		\$565.56
11470		\$488.19
11471		\$583.61
11600		\$214.06
11601		\$247.96
11602		\$266.38
11603		\$302.86
11604		\$336.76
11606		\$481.55
11620		\$214.43
11621		\$249.07
11622		\$274.49
11623		\$320.54
11624		\$363.65
11626		\$436.24

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Code	Modifier	Medicaid Fee
11640		\$220.70
11641		\$256.80
11642		\$290.70
11643		\$341.18
11644		\$419.66
11646		\$541.61
11719		\$15.84
11720		\$36.11
11721		\$49.00
11730		\$124.53
11732		\$35.74
11740		\$63.37
11750		\$174.64
11755		\$132.27
11760		\$200.43
11762		\$313.91
11765		\$180.17
11770		\$373.60
11771		\$670.56
11772		\$823.47
11900		\$62.64
11901		\$76.27
11920		\$216.28
11921		\$236.91
11922		\$66.32
11950		\$88.79
11951		\$117.90
11952		\$156.96
11954		\$173.54
11960		\$1,104.59
11970		\$606.09
11971		\$598.35
11976		\$154.38

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Code	Modifier	Medicaid Fee
11980		\$101.69
11981		\$107.95
11982		\$117.90
11983		\$150.69
12001		\$100.95
12002		\$122.32
12004		\$141.85
12005		\$188.64
12006		\$218.49
12007		\$243.17
12011		\$120.48
12013		\$124.90
12014		\$151.80
12015		\$184.22
12016		\$234.33
12017		\$157.69
12018		\$178.33
12020		\$323.12
12021		\$190.12
12031		\$283.70
12032		\$329.76
12034		\$361.07
12035		\$419.29
12036		\$466.08
12037		\$521.71
12041		\$284.81
12042		\$335.28
12044		\$413.39
12045		\$444.34
12046		\$534.24
12047		\$584.72
12051		\$305.44
12052		\$340.81

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Code	Modifier	Medicaid Fee
12053		\$392.02
12054		\$410.81
12055		\$538.29
12056		\$623.04
12057		\$648.09
13100		\$366.97
13101		\$426.66
13102		\$124.16
13120		\$382.44
13121		\$457.60
13122		\$135.22
13131		\$418.18
13132		\$506.61
13133		\$180.17
13151		\$455.03
13152		\$533.50
13153		\$198.22
13160		\$852.21
14000		\$690.46
14001		\$875.79
14020		\$766.36
14021		\$945.05
14040		\$828.26
14041		\$1,006.95
14060		\$836.36
14061		\$1,086.17
14301		\$1,166.49
14302		\$225.12
14350		\$722.88
15002		\$365.86
15003		\$72.95
15004		\$421.87
15005		\$123.06

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Code	Modifier	Medicaid Fee
15040		\$281.49
15050		\$633.35
15100		\$929.58
15101		\$196.38
15110		\$883.16
15111		\$118.64
15115		\$871.73
15116		\$160.27
15120		\$909.68
15121		\$219.22
15130		\$774.47
15131		\$103.53
15135		\$939.16
15136		\$102.06
15150		\$740.94
15151		\$122.32
15152		\$161.01
15155		\$851.84
15156		\$164.33
15157		\$183.12
15200		\$905.26
15201		\$148.48
15220		\$834.89
15221		\$136.69
15240		\$1,009.16
15241		\$185.69
15260		\$1,089.11
15261		\$219.22
15271		\$165.43
15272		\$26.16
15273		\$324.97
15274		\$84.74
15275		\$172.06

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Code	Modifier	Medicaid Fee
15276		\$35.00
15277		\$363.28
15278		\$100.22
15570		\$973.06
15572		\$951.69
15574		\$928.47
15600		\$365.13
15610		\$401.60
15620		\$486.71
15630		\$505.13
15650		\$589.14
15730		\$1,520.93
15731		\$1,208.86
15733		\$1,097.59
15734		\$1,582.09
15736		\$1,296.55
15738		\$1,339.66
15740		\$1,098.69
15750		\$995.90
15756		\$2,415.51
15757		\$2,402.98
15758		\$2,394.14
15760		\$916.68
15769		\$515.45
15770		\$727.67
15771		\$661.35
15772		\$205.59
15773		\$646.25
15774		\$200.43
15777		\$224.38
15778		\$402.71
15820		\$629.67
15821		\$673.14

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Code	Modifier	Medicaid Fee
15822		\$499.24
15823		\$674.25
15830		\$1,251.60
15832		\$995.16
15840		\$1,079.17
15841		\$1,896.37
15842		\$2,860.58
15845		\$1,141.43
15851		\$60.79
15852		\$46.79
15853		\$12.53
15854		\$15.84
15860		\$110.90
15920		\$674.99
15922		\$859.21
15931		\$746.83
15933		\$928.47
15934		\$1,055.95
15935		\$1,239.44
15936		\$942.11
15937		\$1,048.95
15940		\$755.67
15941		\$1,019.11
15944		\$1,004.74
15945		\$1,095.75
15946		\$1,698.89
15950		\$687.51
15951		\$967.16
15952		\$985.58
15953		\$1,084.69
15956		\$1,238.33
15958		\$1,239.44
16000		\$86.58

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Code	Modifier	Medicaid Fee
16020		\$92.85
16025		\$168.01
16030		\$212.22
16035		\$205.22
16036		\$85.11
17000		\$74.79
17003		\$7.37
17004		\$181.27
17106		\$376.92
17107		\$490.40
17108		\$691.57
17110		\$124.16
17111		\$145.17
17250		\$92.48
17260		\$108.69
17261		\$162.11
17262		\$194.17
17263		\$210.38
17264		\$225.85
17266		\$256.44
17270		\$163.59
17271		\$181.64
17272		\$205.22
17273		\$228.07
17274		\$266.38
17276		\$308.39
17280		\$154.01
17281		\$196.01
17282		\$224.01
17283		\$264.54
17284		\$300.65
17286		\$387.23
17311		\$741.67

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Code	Modifier	Medicaid Fee
17312		\$448.76
17313		\$697.46
17314		\$430.34
17315		\$87.69
19000		\$105.01
19001		\$28.00
19020		\$493.71
19030		\$176.12
19081		\$530.56
19082		\$405.29
19083		\$525.40
19084		\$397.55
19085		\$805.05
19086		\$620.82
19100		\$156.22
19101		\$338.97
19105		\$2,393.40
19110		\$512.87
19112		\$485.97
19120		\$555.24
19125		\$610.88
19126		\$163.22
19281		\$261.23
19282		\$183.85
19283		\$277.81
19284		\$200.80
19285		\$387.60
19286		\$315.39
19287		\$668.35
19288		\$513.24
19294		\$167.64
19296		\$3,796.43
19297		\$95.79

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Code	Modifier	Medicaid Fee
19298		\$938.42
19300		\$620.82
19301		\$692.67
19302		\$950.58
19303		\$1,004.37
19305		\$1,200.02
19306		\$1,281.07
19307		\$1,235.75
19316		\$848.15
19318		\$1,168.33
19325		\$664.30
19328		\$597.24
19330		\$693.78
19340		\$814.26
19342		\$818.68
19350		\$897.52
19355		\$815.36
19357		\$1,250.12
19361		\$1,658.36
19364		\$2,874.58
19367		\$1,883.11
19368		\$2,297.24
19369		\$2,135.12
19370		\$723.25
19371		\$765.62
19380		\$867.68
19396		\$290.33
20100		\$627.46
20101		\$597.61
20102		\$640.35
20103		\$602.03
20150		\$1,071.80
20200		\$229.91

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Code	Modifier	Medicaid Fee
20205		\$321.65
20206		\$233.22
20220		\$247.59
20225		\$403.81
20240		\$149.59
20245		\$361.07
20250		\$414.50
20251		\$454.29
20500		\$136.69
20501		\$151.43
20520		\$236.54
20525		\$503.66
20526		\$89.16
20527		\$94.69
20550		\$62.64
20551		\$62.27
20552		\$56.74
20553		\$65.21
20555		\$366.97
20560		\$27.63
20561		\$40.53
20600		\$58.21
20604		\$89.90
20605		\$59.32
20606		\$97.27
20610		\$70.00
20611		\$106.85
20612		\$70.74
20615		\$269.70
20650		\$254.22
20660		\$244.65
20661		\$554.51
20662		\$569.61

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Code	Modifier	Medicaid Fee
20663		\$525.77
20664		\$937.68
20665		\$130.80
20670		\$381.34
20680		\$645.51
20690		\$640.35
20692		\$1,217.70
20693		\$490.76
20694		\$470.87
20696		\$1,245.70
20697		\$1,869.84
20700		\$87.32
20701		\$66.69
20702		\$148.85
20703		\$109.06
20704		\$156.59
20705		\$129.32
20802		\$2,894.85
20805		\$3,432.77
20808		\$4,133.55
20816		\$2,167.18
20822		\$1,879.05
20824		\$2,171.97
20827		\$1,929.16
20838		\$2,938.32
20900		\$411.18
20902		\$288.49
20910		\$520.61
20912		\$522.08
20920		\$434.39
20922		\$658.04
20924		\$548.61
20931		\$112.01

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Code	Modifier	Medicaid Fee
20932		\$784.04
20933		\$719.20
20934		\$783.31
20937		\$170.59
20938		\$185.69
20939		\$71.48
20950		\$279.65
20955		\$2,588.67
20956		\$2,782.84
20957		\$2,900.01
20962		\$2,834.79
20969		\$2,876.43
20970		\$3,002.43
20972		\$2,992.49
20973		\$3,158.28
20974		\$92.85
20975		\$186.43
20979		\$60.79
20982		\$3,656.42
20983		\$5,341.67
20985		\$150.32
21010		\$805.41
21011		\$406.76
21012		\$366.23
21013		\$575.51
21014		\$561.51
21015		\$753.10
21016		\$1,069.59
21025		\$875.42
21026		\$599.82
21029		\$840.78
21030		\$502.92
21031		\$417.08

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Code	Modifier	Medicaid Fee
21032		\$409.71
21034		\$1,394.92
21040		\$507.71
21044		\$928.84
21045		\$1,286.23
21046		\$1,071.06
21047		\$1,309.07
21048		\$1,085.06
21049		\$1,241.65
21050		\$938.05
21060		\$849.63
21070		\$658.77
21073		\$445.81
21076		\$960.90
21077		\$2,330.03
21079		\$1,608.99
21080		\$1,830.05
21081		\$1,685.62
21082		\$1,587.99
21083		\$1,505.09
21084		\$1,715.83
21085		\$748.67
21086		\$1,729.10
21087		\$1,729.10
21100		\$680.88
21110		\$929.95
21116		\$226.96
21120		\$715.15
21121		\$695.62
21122		\$803.57
21123		\$913.00
21125		\$2,788.37
21127		\$4,300.46

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Code	Modifier	Medicaid Fee
21141		\$1,440.61
21142		\$1,477.82
21143		\$1,523.14
21145		\$1,671.62
21146		\$1,746.05
21147		\$1,835.58
21150		\$1,747.52
21151		\$1,922.16
21154		\$2,069.91
21155		\$2,293.92
21159		\$2,745.63
21160		\$2,976.27
21172		\$2,164.60
21175		\$2,338.13
21179		\$1,614.88
21180		\$1,802.05
21181		\$796.57
21182		\$2,241.23
21183		\$2,436.14
21184		\$2,618.15
21188		\$1,702.20
21193		\$1,329.71
21194		\$1,536.40
21195		\$1,444.66
21196		\$1,542.67
21198		\$1,089.85
21199		\$1,097.22
21206		\$1,058.90
21208		\$1,769.26
21209		\$857.73
21210		\$1,909.63
21215		\$4,392.57
21230		\$799.89

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Code	Modifier	Medicaid Fee
21235		\$799.89
21240		\$1,138.12
21242		\$1,097.59
21243		\$1,749.73
21244		\$1,082.48
21245		\$1,320.50
21246		\$919.26
21247		\$1,705.52
21248		\$1,072.17
21249		\$1,455.71
21255		\$1,443.19
21256		\$1,327.50
21260		\$1,461.98
21261		\$2,580.94
21263		\$2,389.35
21267		\$1,710.31
21268		\$2,142.86
21270		\$1,103.85
21275		\$903.79
21280		\$640.35
21282		\$436.60
21295		\$217.75
21296		\$442.50
21315		\$167.64
21320		\$235.07
21325		\$483.76
21330		\$579.56
21335		\$771.89
21336		\$690.83
21337		\$453.55
21338		\$730.25
21339		\$823.10
21340		\$811.68

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Code	Modifier	Medicaid Fee
21343		\$1,172.01
21344		\$1,489.61
21345		\$871.00
21346		\$1,088.75
21347		\$1,120.43
21348		\$1,170.54
21355		\$487.45
21356		\$593.19
21360		\$569.98
21365		\$1,164.65
21366		\$1,361.76
21385		\$787.36
21386		\$744.62
21387		\$821.99
21390		\$863.26
21395		\$1,072.90
21400		\$241.33
21401		\$554.87
21406		\$631.51
21407		\$702.99
21408		\$966.05
21421		\$710.36
21422		\$683.83
21423		\$851.84
21431		\$757.89
21432		\$768.57
21433		\$1,842.21
21435		\$1,503.98
21436		\$2,167.91
21440		\$820.15
21445		\$840.42
21450		\$646.25
21451		\$841.15

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Code	Modifier	Medicaid Fee
21452		\$785.89
21453		\$1,176.44
21454		\$541.98
21461		\$1,931.37
21462		\$2,107.49
21465		\$878.37
21470		\$1,255.28
21480		\$151.80
21485		\$1,033.11
21490		\$866.58
21497		\$775.57
21501		\$528.35
21502		\$534.61
21510		\$479.34
21550		\$287.38
21552		\$476.76
21554		\$777.04
21555		\$467.18
21556		\$568.14
21557		\$1,009.16
21558		\$1,409.29
21600		\$614.19
21601		\$1,192.28
21602		\$1,616.72
21603		\$1,746.78
21610		\$1,250.12
21615		\$647.35
21616		\$733.20
21620		\$531.29
21627		\$584.35
21630		\$1,403.40
21685		\$1,052.27
21700		\$365.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
21705		\$542.72
21720		\$565.56
21725		\$588.77
21740		\$1,055.59
21750		\$700.41
21811		\$606.82
21812		\$735.78
21813		\$1,001.79
21820		\$169.85
21825		\$587.30
21920		\$275.59
21925		\$534.61
21930		\$540.50
21931		\$500.34
21932		\$707.04
21933		\$780.73
21935		\$1,071.06
21936		\$1,476.72
22010		\$1,029.06
22015		\$1,008.43
22100		\$995.53
22101		\$942.47
22102		\$817.20
22103		\$137.06
22110		\$1,110.48
22112		\$1,188.23
22114		\$1,188.23
22116		\$143.69
22206		\$2,537.83
22207		\$2,488.09
22208		\$596.88
22210		\$1,868.74
22212		\$1,596.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
22214		\$1,594.62
22216		\$369.92
22220		\$1,706.25
22222		\$1,824.52
22224		\$1,674.94
22226		\$367.71
22310		\$340.07
22315		\$978.58
22318		\$1,704.04
22319		\$1,883.84
22325		\$1,550.04
22326		\$1,572.51
22327		\$1,608.25
22328		\$284.81
22505		\$155.11
22510		\$1,891.21
22511		\$1,891.21
22512		\$764.15
22513		\$5,902.44
22514		\$5,876.65
22515		\$3,011.64
22526		\$2,046.70
22527		\$1,681.20
22532		\$1,863.95
22533		\$1,747.15
22534		\$367.34
22548		\$2,021.27
22551		\$1,760.42
22552		\$401.23
22554		\$1,318.29
22556		\$1,754.89
22558		\$1,591.30
22585		\$329.76

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
22586		\$2,089.07
22590		\$1,653.57
22595		\$1,581.35
22600		\$1,365.08
22610		\$1,347.39
22612		\$1,651.36
22614		\$396.44
22630		\$1,619.30
22632		\$323.12
22633		\$1,879.42
22634		\$490.76
22800		\$1,439.13
22802		\$2,199.60
22804		\$2,523.83
22808		\$1,888.63
22810		\$2,121.12
22812		\$2,325.61
22818		\$2,265.55
22819		\$2,608.20
22830		\$869.15
22836		\$1,839.63
22837		\$2,026.43
22838		\$2,052.96
22840		\$767.10
22842		\$773.73
22843		\$828.63
22844		\$1,005.85
22845		\$735.04
22846		\$764.89
22847		\$829.73
22848		\$366.97
22849		\$1,363.60
22850		\$779.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
22852		\$751.25
22853		\$261.23
22854		\$339.34
22855		\$1,157.28
22856		\$1,688.20
22857		\$1,847.74
22858		\$515.45
22859		\$338.97
22860		\$420.76
22861		\$2,365.03
22862		\$2,371.66
22864		\$2,115.96
22865		\$2,316.76
22867		\$1,112.69
22868		\$245.01
22869		\$467.55
22870		\$124.53
22900		\$603.51
22901		\$705.57
22902		\$505.87
22903		\$468.29
22904		\$1,098.33
22905		\$1,396.76
23000		\$602.40
23020		\$748.31
23030		\$473.45
23031		\$466.08
23035		\$735.78
23040		\$775.57
23044		\$605.35
23065		\$243.17
23066		\$625.25
23071		\$450.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
23073		\$743.88
23075		\$553.40
23076		\$587.30
23077		\$1,190.80
23078		\$1,517.61
23100		\$555.24
23101		\$500.71
23105		\$696.36
23106		\$550.82
23107		\$721.04
23120		\$641.46
23125		\$768.57
23130		\$674.25
23140		\$605.72
23145		\$753.83
23146		\$679.78
23150		\$724.36
23155		\$862.15
23156		\$737.25
23170		\$616.04
23172		\$622.30
23174		\$829.73
23180		\$749.41
23182		\$731.73
23184		\$800.62
23190		\$626.72
23195		\$809.47
23200		\$1,598.67
23210		\$1,870.21
23220		\$2,046.33
23330		\$325.70
23333		\$518.40
23334		\$1,138.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
23335		\$1,349.23
23350		\$172.06
23395		\$1,374.29
23397		\$1,214.38
23400		\$1,043.06
23405		\$665.77
23406		\$801.73
23410		\$883.52
23412		\$917.42
23415		\$759.73
23420		\$1,049.32
23430		\$804.31
23440		\$814.99
23450		\$1,012.85
23455		\$1,040.85
23460		\$1,165.75
23462		\$1,139.59
23465		\$1,194.86
23466		\$1,200.75
23470		\$1,277.02
23472		\$1,534.19
23473		\$1,704.78
23474		\$1,838.53
23480		\$883.16
23485		\$1,020.95
23490		\$925.53
23491		\$1,088.75
23500		\$254.22
23505		\$405.29
23515		\$780.73
23520		\$273.75
23525		\$449.13
23530		\$627.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
23532		\$681.99
23540		\$268.96
23545		\$408.23
23550		\$621.93
23552		\$701.88
23570		\$266.75
23575		\$461.29
23585		\$1,046.01
23600		\$379.50
23605		\$523.92
23615		\$952.05
23616		\$1,316.44
23620		\$308.75
23625		\$428.13
23630		\$845.94
23650		\$375.81
23655		\$450.24
23660		\$637.40
23665		\$487.45
23670		\$941.00
23675		\$613.46
23680		\$1,000.69
23700		\$212.96
23800		\$1,099.80
23802		\$1,372.45
23900		\$1,472.66
23920		\$1,201.86
23921		\$516.56
23930		\$386.13
23931		\$325.70
23935		\$562.24
24000		\$524.66
24006		\$775.57

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
24065		\$280.38
24066		\$681.99
24071		\$435.13
24073		\$740.57
24075		\$569.61
24076		\$591.72
24077		\$1,083.59
24079		\$1,397.87
24100		\$462.03
24101		\$552.29
24102		\$671.67
24105		\$400.50
24110		\$644.77
24115		\$797.31
24116		\$924.05
24120		\$584.35
24125		\$678.30
24126		\$707.78
24130		\$562.61
24134		\$808.73
24136		\$687.88
24138		\$751.25
24140		\$761.94
24145		\$646.98
24147		\$687.14
24149		\$1,272.97
24150		\$1,638.83
24152		\$1,429.92
24155		\$915.58
24160		\$1,339.29
24164		\$783.68
24200		\$241.70
24201		\$668.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
24220		\$203.75
24300		\$493.71
24301		\$810.57
24305		\$634.09
24310		\$515.08
24320		\$841.89
24330		\$777.04
24331		\$847.42
24332		\$672.04
24340		\$659.88
24341		\$816.47
24342		\$835.99
24343		\$781.47
24344		\$1,189.33
24345		\$773.73
24346		\$1,189.33
24357		\$457.60
24358		\$582.14
24359		\$721.04
24360		\$970.48
24361		\$1,080.64
24362		\$1,135.17
24363		\$1,542.67
24365		\$695.99
24366		\$739.46
24370		\$1,636.62
24371		\$1,872.42
24400		\$893.10
24410		\$1,134.06
24420		\$1,142.17
24430		\$1,132.22
24435		\$1,162.43
24470		\$730.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
24495		\$990.00
24498		\$928.47
24500		\$411.18
24505		\$562.24
24515		\$949.84
24516		\$922.95
24530		\$433.29
24535		\$689.72
24538		\$854.79
24545		\$999.58
24546		\$1,114.17
24560		\$377.65
24565		\$603.88
24566		\$786.62
24575		\$798.05
24576		\$400.13
24577		\$620.82
24579		\$904.16
24582		\$890.16
24586		\$1,160.59
24587		\$1,163.54
24600		\$422.60
24605		\$525.03
24615		\$772.25
24620		\$646.62
24635		\$738.36
24640		\$113.85
24650		\$302.49
24655		\$504.40
24665		\$718.83
24666		\$794.36
24670		\$333.07
24675		\$513.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
24685		\$712.57
24800		\$899.74
24802		\$1,075.11
24900		\$826.42
24920		\$791.78
24925		\$621.56
24930		\$833.78
24931		\$997.74
24935		\$1,306.50
25000		\$385.76
25001		\$389.07
25020		\$798.05
25023		\$1,406.71
25024		\$838.94
25025		\$1,310.55
25028		\$746.46
25031		\$407.13
25035		\$642.56
25040		\$609.40
25065		\$276.33
25066		\$409.71
25071		\$457.24
25073		\$582.14
25075		\$557.08
25076		\$566.66
25077		\$904.53
25078		\$1,236.12
25085		\$493.71
25100		\$386.86
25101		\$449.13
25105		\$536.45
25107		\$680.88
25109		\$588.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
25110		\$383.18
25111		\$362.55
25112		\$432.55
25115		\$826.42
25116		\$664.30
25118		\$424.81
25119		\$550.82
25120		\$551.19
25125		\$649.93
25126		\$654.35
25130		\$499.61
25135		\$614.19
25136		\$546.03
25145		\$570.72
25150		\$620.82
25151		\$639.25
25170		\$1,558.51
25210		\$542.72
25215		\$677.56
25230		\$478.24
25240		\$474.92
25246		\$207.06
25248		\$456.13
25250		\$583.98
25251		\$778.52
25259		\$470.13
25260		\$695.99
25263		\$692.30
25265		\$816.47
25270		\$543.82
25272		\$610.88
25274		\$726.94
25275		\$733.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
25280		\$619.72
25290		\$481.19
25295		\$578.45
25300		\$751.25
25301		\$701.51
25310		\$778.52
25312		\$779.99
25315		\$830.47
25316		\$984.85
25320		\$1,079.90
25332		\$915.21
25335		\$1,014.69
25337		\$968.27
25350		\$734.30
25355		\$827.15
25360		\$714.41
25365		\$985.58
25370		\$1,088.38
25375		\$1,024.27
25390		\$833.42
25391		\$1,068.11
25392		\$1,086.54
25393		\$1,205.54
25394		\$847.79
25400		\$867.31
25405		\$1,115.64
25415		\$1,038.64
25420		\$1,245.70
25425		\$1,033.85
25426		\$1,198.91
25430		\$794.73
25431		\$851.10
25440		\$833.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
25441		\$1,008.06
25442		\$878.73
25443		\$849.26
25444		\$897.52
25445		\$782.57
25446		\$1,256.76
25447		\$870.63
25448		\$960.16
25449		\$1,111.22
25450		\$673.14
25455		\$792.15
25490		\$778.52
25491		\$799.52
25492		\$975.63
25500		\$325.33
25505		\$567.03
25515		\$730.99
25520		\$641.09
25525		\$857.73
25526		\$1,031.64
25530		\$303.96
25535		\$552.29
25545		\$684.20
25560		\$331.23
25565		\$578.09
25574		\$736.88
25575		\$978.58
25600		\$387.23
25605		\$599.82
25606		\$732.83
25607		\$809.10
25608		\$900.47
25609		\$1,140.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
25622		\$351.13
25624		\$553.03
25628		\$784.04
25630		\$347.81
25635		\$524.29
25645		\$623.40
25650		\$373.23
25651		\$540.87
25652		\$683.09
25660		\$500.34
25670		\$660.62
25671		\$589.14
25675		\$513.61
25676		\$688.25
25680		\$586.93
25685		\$795.47
25690		\$544.56
25695		\$688.99
25800		\$793.99
25805		\$914.10
25810		\$941.37
25820		\$708.15
25825		\$863.63
25830		\$1,108.64
25900		\$781.83
25905		\$758.99
25907		\$668.72
25909		\$742.78
25915		\$1,243.49
25920		\$789.94
25922		\$701.15
25924		\$771.15
25927		\$929.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
25929		\$652.51
25931		\$860.68
26010		\$364.76
26011		\$509.92
26020		\$610.14
26025		\$459.08
26030		\$539.03
26034		\$606.82
26035		\$932.53
26037		\$612.72
26040		\$352.60
26045		\$520.61
26055		\$638.14
26060		\$281.86
26070		\$357.76
26075		\$375.44
26080		\$442.50
26100		\$376.55
26105		\$378.76
26110		\$361.44
26111		\$455.03
26113		\$599.09
26115		\$596.51
26116		\$576.24
26117		\$809.10
26118		\$1,133.33
26121		\$656.20
26123		\$914.84
26125		\$281.86
26130		\$515.82
26135		\$607.93
26140		\$558.93
26145		\$567.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
26160		\$666.14
26170		\$450.60
26180		\$498.50
26185		\$614.56
26200		\$495.92
26205		\$658.41
26210		\$495.19
26215		\$618.25
26230		\$548.61
26235		\$540.87
26236		\$486.71
26250		\$1,142.17
26260		\$858.84
26262		\$686.41
26320		\$386.86
26340		\$404.55
26341		\$128.22
26350		\$811.68
26352		\$900.47
26356		\$869.52
26357		\$967.16
26358		\$1,063.69
26370		\$849.63
26372		\$985.58
26373		\$949.48
26390		\$944.32
26392		\$1,075.48
26410		\$653.62
26412		\$774.47
26415		\$916.68
26416		\$991.11
26418		\$680.88
26420		\$801.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
26426		\$554.14
26428		\$861.42
26432		\$594.30
26433		\$620.82
26434		\$753.46
26437		\$725.09
26440		\$706.30
26442		\$1,075.11
26445		\$658.04
26449		\$768.57
26450		\$508.08
26455		\$504.40
26460		\$494.45
26471		\$718.83
26474		\$707.04
26476		\$698.57
26477		\$684.20
26478		\$716.99
26479		\$732.83
26480		\$779.25
26483		\$942.11
26485		\$906.00
26489		\$1,036.80
26490		\$906.37
26492		\$1,000.32
26494		\$909.68
26496		\$976.37
26497		\$975.27
26498		\$1,263.39
26499		\$940.63
26500		\$745.73
26502		\$816.84
26508		\$735.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
26510		\$697.46
26516		\$807.26
26517		\$935.11
26518		\$946.16
26520		\$738.73
26525		\$743.88
26530		\$595.77
26531		\$693.04
26535		\$487.08
26536		\$814.26
26540		\$760.10
26541		\$906.37
26542		\$784.41
26545		\$795.83
26546		\$1,132.59
26548		\$867.31
26550		\$1,756.36
26551		\$3,476.25
26553		\$3,452.67
26554		\$4,016.02
26555		\$1,479.66
26556		\$3,594.15
26560		\$689.35
26561		\$1,055.95
26562		\$1,477.82
26565		\$774.47
26567		\$781.10
26568		\$1,001.06
26580		\$1,648.04
26587		\$1,123.38
26590		\$1,527.93
26591		\$534.98
26593		\$701.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
26596		\$883.52
26600		\$344.49
26605		\$373.60
26607		\$554.14
26608		\$532.03
26615		\$632.98
26641		\$471.97
26645		\$485.61
26650		\$534.98
26665		\$690.46
26670		\$397.55
26675		\$518.03
26676		\$564.82
26685		\$637.04
26686		\$676.83
26700		\$383.18
26705		\$491.13
26706		\$497.77
26715		\$630.04
26720		\$231.01
26725		\$386.50
26727		\$525.03
26735		\$652.88
26740		\$267.49
26742		\$419.66
26746		\$808.36
26750		\$215.91
26755		\$364.39
26756		\$470.50
26765		\$555.61
26770		\$327.54
26775		\$446.18
26776		\$498.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
26785		\$604.61
26820		\$896.79
26841		\$838.21
26842		\$899.37
26843		\$844.84
26844		\$928.84
26850		\$797.31
26852		\$904.53
26860		\$667.99
26861		\$106.48
26862		\$831.94
26863		\$237.28
26910		\$826.05
26951		\$767.46
26952		\$743.88
26990		\$733.20
26991		\$754.20
26992		\$1,076.59
27000		\$428.87
27001		\$584.35
27003		\$651.77
27005		\$780.36
27006		\$777.78
27025		\$1,008.06
27027		\$944.69
27030		\$1,001.43
27033		\$1,041.59
27035		\$1,240.91
27036		\$1,093.17
27040		\$365.13
27041		\$760.10
27043		\$499.24
27045		\$781.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27047		\$528.71
27048		\$656.93
27049		\$1,513.93
27050		\$447.66
27052		\$632.25
27054		\$745.73
27057		\$1,075.11
27059		\$1,908.90
27060		\$510.29
27062		\$494.82
27065		\$571.82
27066		\$883.52
27067		\$1,110.48
27070		\$941.00
27071		\$1,039.01
27075		\$2,196.65
27076		\$2,647.62
27077		\$2,949.38
27078		\$2,166.44
27080		\$544.93
27086		\$336.76
27087		\$658.41
27090		\$890.16
27091		\$1,688.57
27093		\$243.91
27095		\$327.18
27096		\$178.69
27097		\$739.83
27098		\$754.20
27100		\$896.05
27105		\$937.68
27110		\$1,041.59
27111		\$971.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27120		\$1,382.76
27122		\$1,177.54
27125		\$1,207.75
27130		\$1,363.24
27132		\$1,769.26
27134		\$2,007.27
27137		\$1,551.14
27138		\$1,610.83
27140		\$962.74
27146		\$1,363.60
27147		\$1,553.35
27151		\$1,676.78
27156		\$1,804.26
27158		\$1,486.66
27161		\$1,301.71
27165		\$1,458.29
27170		\$1,245.70
27175		\$719.20
27176		\$991.11
27177		\$1,193.38
27178		\$991.11
27179		\$1,048.95
27181		\$1,198.54
27185		\$777.04
27187		\$1,067.74
27197		\$143.32
27198		\$336.39
27200		\$213.33
27202		\$570.72
27215		\$651.77
27216		\$963.48
27217		\$905.63
27218		\$1,240.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27220		\$455.03
27222		\$1,051.17
27226		\$1,123.38
27227		\$1,749.73
27228		\$1,983.69
27230		\$534.61
27232		\$776.31
27235		\$971.95
27236		\$1,272.60
27238		\$513.98
27240		\$1,023.16
27244		\$1,308.71
27245		\$1,307.23
27246		\$429.97
27248		\$798.41
27250		\$184.22
27252		\$799.52
27253		\$1,005.48
27254		\$1,353.29
27256		\$341.55
27257		\$385.39
27258		\$1,187.49
27259		\$1,639.94
27265		\$459.82
27266		\$630.40
27267		\$481.92
27268		\$593.56
27269		\$1,317.92
27275		\$200.80
27278		\$13,431.92
27279		\$856.26
27280		\$1,424.03
27282		\$926.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27284		\$1,694.83
27286		\$1,740.15
27290		\$1,722.83
27295		\$1,325.65
27301		\$726.20
27303		\$694.88
27305		\$527.98
27306		\$380.97
27307		\$453.92
27310		\$792.15
27323		\$296.23
27324		\$446.92
27325		\$615.30
27326		\$571.45
27327		\$535.71
27328		\$666.88
27329		\$1,100.54
27330		\$464.61
27331		\$522.82
27332		\$702.62
27333		\$642.93
27334		\$744.99
27335		\$827.52
27337		\$449.87
27339		\$803.94
27340		\$413.76
27345		\$534.61
27347		\$576.61
27350		\$710.72
27355		\$662.83
27356		\$800.62
27357		\$880.58
27358		\$284.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27360		\$970.48
27364		\$1,649.51
27365		\$2,167.18
27369		\$187.91
27372		\$635.56
27380		\$675.72
27381		\$885.37
27385		\$660.62
27386		\$924.05
27390		\$494.45
27391		\$631.14
27392		\$772.62
27393		\$548.24
27394		\$711.09
27395		\$949.84
27396		\$672.41
27397		\$986.69
27400		\$754.57
27403		\$700.41
27405		\$732.83
27407		\$861.42
27409		\$1,037.90
27412		\$1,751.20
27415		\$1,465.29
27416		\$1,050.80
27418		\$882.42
27420		\$807.26
27422		\$803.94
27424		\$809.84
27425		\$499.61
27427		\$766.36
27428		\$1,201.49
27429		\$1,354.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27430		\$801.36
27435		\$873.21
27437		\$716.62
27438		\$905.63
27440		\$860.31
27441		\$887.58
27442		\$937.32
27443		\$879.47
27445		\$1,335.60
27446		\$1,222.86
27447		\$1,361.76
27448		\$891.63
27450		\$1,078.06
27454		\$1,378.34
27455		\$1,030.16
27457		\$1,021.69
27465		\$1,328.60
27466		\$1,264.86
27468		\$1,426.98
27470		\$1,260.07
27472		\$1,347.76
27475		\$719.20
27477		\$792.52
27479		\$985.58
27485		\$728.04
27486		\$1,492.93
27487		\$1,854.37
27488		\$1,281.44
27495		\$1,206.65
27496		\$601.30
27497		\$630.40
27498		\$714.78
27499		\$760.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27500		\$573.66
27501		\$551.19
27502		\$806.89
27503		\$862.15
27506		\$1,427.34
27507		\$1,031.64
27508		\$580.30
27509		\$733.94
27510		\$732.09
27511		\$1,057.43
27513		\$1,306.13
27514		\$1,027.58
27516		\$576.61
27517		\$751.25
27519		\$948.74
27520		\$369.55
27524		\$813.52
27530		\$350.02
27532		\$681.99
27535		\$955.00
27536		\$1,268.55
27538		\$539.03
27540		\$878.37
27550		\$566.66
27552		\$691.93
27556		\$932.90
27557		\$1,108.27
27558		\$1,257.86
27560		\$417.81
27562		\$540.87
27566		\$958.69
27570		\$169.11
27580		\$1,569.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27590		\$806.15
27591		\$1,032.74
27592		\$702.25
27594		\$535.35
27596		\$742.04
27598		\$726.57
27600		\$427.02
27601		\$472.34
27602		\$494.45
27603		\$562.24
27604		\$498.13
27605		\$355.55
27606		\$293.28
27607		\$644.77
27610		\$698.20
27612		\$625.98
27613		\$273.75
27614		\$630.77
27615		\$1,071.80
27616		\$1,319.02
27618		\$521.71
27619		\$504.40
27620		\$491.13
27625		\$620.09
27626		\$664.67
27630		\$587.30
27632		\$439.55
27634		\$717.36
27635		\$626.35
27637		\$810.94
27638		\$805.05
27640		\$890.89
27641		\$710.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27645		\$1,870.21
27646		\$1,629.25
27647		\$1,075.85
27648		\$223.28
27650		\$717.36
27652		\$724.36
27654		\$780.36
27656		\$567.77
27658		\$406.39
27659		\$515.45
27664		\$391.29
27665		\$455.76
27675		\$541.61
27676		\$661.72
27680		\$463.13
27681		\$554.51
27685		\$711.83
27686		\$577.35
27687		\$497.03
27690		\$697.46
27691		\$806.52
27692		\$107.22
27695		\$530.92
27696		\$597.24
27698		\$691.57
27700		\$768.94
27702		\$1,030.90
27703		\$1,190.80
27704		\$613.09
27705		\$801.73
27707		\$445.45
27709		\$1,219.54
27712		\$1,180.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27715		\$1,146.22
27720		\$939.90
27722		\$963.11
27724		\$1,330.81
27725		\$1,302.07
27726		\$1,026.11
27727		\$1,113.06
27730		\$639.98
27732		\$498.13
27734		\$713.67
27740		\$766.36
27742		\$840.05
27745		\$791.41
27750		\$393.13
27752		\$590.98
27756		\$641.46
27758		\$964.21
27759		\$1,067.74
27760		\$378.76
27762		\$538.29
27766		\$659.14
27767		\$330.86
27768		\$497.77
27769		\$784.04
27780		\$351.49
27781		\$490.03
27784		\$768.57
27786		\$354.07
27788		\$475.29
27792		\$698.20
27808		\$381.34
27810		\$528.35
27814		\$823.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
27816		\$375.07
27818		\$548.24
27822		\$940.26
27823		\$1,057.06
27824		\$355.55
27825		\$603.88
27826		\$920.37
27827		\$1,203.70
27828		\$1,417.03
27829		\$763.41
27830		\$438.08
27831		\$454.29
27832		\$821.63
27840		\$428.13
27842		\$539.03
27846		\$781.83
27848		\$857.00
27860		\$178.69
27870		\$1,081.01
27871		\$743.88
27880		\$926.63
27881		\$863.26
27882		\$612.35
27884		\$608.30
27886		\$679.04
27888		\$587.66
27889		\$668.72
27892		\$579.93
27893		\$668.35
27894		\$868.42
28001		\$184.59
28002		\$264.17
28003		\$403.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28005		\$623.40
28008		\$464.24
28010		\$258.65
28011		\$348.55
28020		\$577.35
28022		\$527.61
28024		\$503.66
28035		\$577.72
28039		\$510.29
28041		\$490.03
28043		\$413.02
28045		\$523.56
28046		\$765.25
28047		\$1,110.85
28050		\$451.71
28052		\$422.23
28054		\$397.92
28055		\$425.92
28060		\$559.66
28062		\$633.72
28070		\$553.40
28072		\$531.29
28080		\$585.45
28086		\$561.14
28088		\$502.19
28090		\$504.40
28092		\$457.97
28100		\$665.04
28102		\$665.04
28103		\$424.81
28104		\$572.56
28106		\$467.18
28107		\$551.93

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28108		\$472.34
28110		\$502.55
28111		\$512.50
28112		\$522.45
28113		\$636.67
28114		\$1,157.28
28116		\$740.57
28118		\$657.30
28119		\$569.61
28120		\$723.99
28122		\$642.56
28124		\$519.13
28126		\$421.50
28130		\$682.72
28140		\$609.03
28150		\$452.82
28153		\$436.97
28160		\$442.50
28171		\$1,180.12
28173		\$786.26
28175		\$513.24
28190		\$258.28
28192		\$497.03
28193		\$563.72
28200		\$535.71
28202		\$652.88
28208		\$522.45
28210		\$635.19
28220		\$485.24
28222		\$581.03
28225		\$448.76
28226		\$666.51
28230		\$469.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28232		\$408.23
28234		\$446.55
28238		\$719.94
28240		\$478.61
28250		\$637.40
28260		\$778.89
28261		\$1,166.86
28262		\$1,482.61
28264		\$964.95
28270		\$528.35
28272		\$414.50
28280		\$539.40
28285		\$587.66
28286		\$476.40
28288		\$653.25
28289		\$744.62
28291		\$738.73
28292		\$758.99
28295		\$1,116.38
28296		\$955.37
28297		\$1,092.80
28298		\$897.52
28299		\$1,090.96
28300		\$704.83
28302		\$774.10
28304		\$894.21
28305		\$728.41
28306		\$656.56
28307		\$846.31
28308		\$618.61
28309		\$976.00
28310		\$596.51
28312		\$607.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28313		\$576.24
28315		\$519.13
28320		\$667.25
28322		\$847.05
28340		\$616.04
28341		\$715.51
28344		\$455.03
28345		\$557.82
28360		\$1,181.59
28400		\$279.65
28405		\$504.03
28406		\$645.51
28415		\$1,207.38
28420		\$1,389.03
28430		\$270.80
28435		\$415.60
28436		\$545.66
28445		\$1,124.48
28446		\$1,309.07
28450		\$238.75
28455		\$286.65
28456		\$411.55
28465		\$701.88
28470		\$245.75
28475		\$292.17
28476		\$433.29
28485		\$616.04
28490		\$161.38
28495		\$204.49
28496		\$550.45
28505		\$704.09
28510		\$137.43
28515		\$185.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28525		\$609.03
28530		\$134.11
28531		\$359.97
28540		\$221.43
28545		\$349.65
28546		\$639.98
28555		\$911.89
28570		\$268.59
28575		\$425.55
28576		\$431.08
28585		\$981.90
28600		\$247.59
28605		\$386.50
28606		\$437.34
28615		\$899.37
28630		\$169.85
28635		\$189.01
28636		\$385.76
28645		\$705.57
28660		\$139.27
28665		\$166.90
28666		\$190.85
28675		\$623.04
28705		\$1,308.34
28715		\$1,015.79
28725		\$842.26
28730		\$785.52
28735		\$842.63
28737		\$744.25
28740		\$889.42
28750		\$839.31
28755		\$549.35
28760		\$831.57

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
28800		\$571.82
28805		\$756.78
28810		\$454.29
28820		\$317.97
28825		\$311.70
28890		\$337.86
29000		\$399.76
29010		\$313.18
29015		\$334.55
29035		\$296.23
29040		\$336.39
29044		\$330.12
29046		\$360.34
29049		\$112.01
29055		\$254.96
29058		\$137.43
29065		\$108.32
29075		\$98.37
29085		\$107.95
29086		\$88.06
29105		\$91.74
29125		\$75.16
29126		\$88.43
29130		\$46.42
29131		\$60.79
29200		\$34.63
29240		\$32.42
29260		\$31.69
29280		\$32.05
29305		\$281.49
29325		\$310.23
29345		\$149.96
29355		\$156.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
29358		\$181.27
29365		\$138.17
29405		\$89.90
29425		\$84.37
29435		\$137.80
29440		\$47.90
29445		\$140.01
29450		\$158.80
29505		\$102.06
29515		\$81.06
29520		\$37.58
29530		\$32.05
29540		\$30.95
29550		\$21.37
29580		\$68.53
29581		\$96.16
29584		\$86.22
29700		\$72.21
29705		\$70.37
29710		\$135.59
29720		\$97.27
29730		\$70.74
29740		\$108.69
29750		\$117.16
29800		\$577.72
29804		\$648.83
29805		\$512.87
29806		\$1,134.06
29807		\$1,107.91
29819		\$635.93
29820		\$580.66
29821		\$644.41
29822		\$589.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
29823		\$641.83
29824		\$733.94
29825		\$636.30
29826		\$179.43
29827		\$1,142.54
29828		\$982.27
29830		\$499.61
29834		\$539.40
29835		\$555.24
29836		\$637.40
29837		\$565.93
29838		\$646.25
29840		\$498.13
29843		\$531.66
29844		\$547.14
29845		\$638.51
29846		\$570.72
29847		\$590.98
29848		\$562.61
29850		\$677.93
29851		\$998.11
29855		\$842.26
29856		\$1,064.06
29860		\$712.94
29861		\$749.04
29862		\$875.05
29863		\$879.10
29866		\$1,131.49
29867		\$1,368.03
29868		\$1,772.57
29870		\$606.82
29871		\$560.77
29873		\$588.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
29874		\$581.40
29875		\$540.14
29876		\$706.67
29877		\$673.14
29879		\$715.88
29880		\$609.77
29881		\$588.40
29882		\$743.52
29883		\$902.68
29884		\$671.67
29885		\$818.31
29886		\$691.20
29887		\$814.99
29888		\$1,041.95
29889		\$1,312.76
29891		\$732.09
29892		\$698.93
29893		\$724.36
29894		\$548.61
29895		\$500.34
29897		\$534.24
29898		\$607.56
29899		\$1,070.69
29900		\$554.51
29901		\$592.09
29902		\$626.72
29904		\$694.14
29905		\$563.35
29906		\$722.15
29907		\$944.69
29914		\$1,065.90
29915		\$1,085.80
29916		\$1,087.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
30000		\$287.38
30020		\$288.12
30100		\$151.06
30110		\$268.23
30115		\$505.13
30117		\$1,047.11
30118		\$761.20
30120		\$553.77
30124		\$330.86
30125		\$702.25
30130		\$452.45
30140		\$319.81
30150		\$855.52
30160		\$873.94
30200		\$118.64
30210		\$164.33
30220		\$324.23
30300		\$225.49
30310		\$224.01
30320		\$529.08
30400		\$1,321.23
30410		\$1,517.61
30420		\$1,550.04
30435		\$1,438.03
30460		\$887.58
30465		\$1,100.54
30468		\$2,621.10
30469		\$2,549.99
30520		\$726.57
30540		\$796.57
30545		\$1,076.22
30560		\$342.65
30580		\$667.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
30600		\$570.72
30620		\$724.36
30630		\$719.94
30801		\$237.65
30802		\$301.75
30901		\$168.75
30903		\$261.23
30905		\$375.44
30906		\$407.87
30915		\$648.09
30920		\$934.37
30930		\$128.95
31000		\$201.54
31002		\$203.01
31020		\$463.50
31030		\$702.25
31032		\$645.51
31040		\$863.63
31050		\$559.29
31051		\$747.20
31070		\$515.82
31075		\$890.89
31080		\$1,170.91
31081		\$1,253.81
31084		\$1,296.55
31085		\$1,335.97
31086		\$1,263.39
31087		\$1,203.33
31090		\$1,191.54
31200		\$681.25
31201		\$839.68
31205		\$1,019.11
31225		\$1,924.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
31230		\$2,142.49
31231		\$206.70
31233		\$293.28
31235		\$334.55
31237		\$286.28
31238		\$277.81
31239		\$655.83
31240		\$169.48
31241		\$467.92
31242		\$2,623.68
31243		\$2,547.41
31253		\$526.50
31254		\$472.71
31255		\$341.18
31256		\$191.59
31257		\$469.76
31259		\$497.03
31267		\$280.38
31276		\$399.02
31287		\$213.33
31288		\$247.59
31290		\$1,215.86
31291		\$1,292.86
31292		\$1,053.38
31293		\$1,140.70
31294		\$1,302.44
31295		\$1,726.52
31296		\$1,754.15
31297		\$1,711.41
31298		\$3,243.03
31300		\$1,342.97
31360		\$2,193.70
31365		\$2,704.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
31367		\$2,323.40
31368		\$2,565.46
31370		\$2,182.28
31375		\$2,075.80
31380		\$2,047.43
31382		\$2,239.39
31390		\$2,976.27
31395		\$3,121.07
31400		\$1,098.33
31420		\$895.68
31500		\$147.38
31502		\$36.48
31505		\$96.16
31510		\$232.49
31511		\$225.85
31512		\$233.59
31513		\$140.01
31515		\$232.12
31520		\$166.54
31525		\$268.96
31526		\$167.27
31527		\$207.06
31528		\$153.64
31529		\$170.96
31530		\$210.38
31531		\$223.28
31535		\$201.17
31536		\$222.54
31540		\$255.33
31541		\$278.17
31545		\$381.34
31546		\$576.98
31551		\$1,659.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
31552		\$1,602.72
31553		\$1,802.42
31554		\$1,803.16
31560		\$329.39
31561		\$359.23
31570		\$367.71
31571		\$263.44
31572		\$555.98
31573		\$309.12
31574		\$983.74
31575		\$138.53
31576		\$289.96
31577		\$291.81
31578		\$328.65
31579		\$212.59
31580		\$1,382.39
31584		\$1,514.30
31587		\$1,304.65
31590		\$1,012.11
31591		\$1,191.54
31592		\$1,859.53
31600		\$316.12
31601		\$474.55
31603		\$331.60
31605		\$341.18
31610		\$1,023.16
31611		\$579.93
31612		\$99.85
31613		\$454.29
31614		\$765.25
31615		\$184.22
31622		\$271.91
31623		\$297.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
31624		\$277.44
31625		\$375.44
31626		\$833.42
31627		\$1,110.48
31628		\$399.39
31629		\$483.76
31630		\$207.06
31631		\$236.54
31632		\$69.27
31633		\$86.58
31634		\$1,539.72
31635		\$316.86
31636		\$227.33
31637		\$79.22
31638		\$257.91
31640		\$258.28
31641		\$264.54
31643		\$178.33
31645		\$297.70
31646		\$149.96
31647		\$215.54
31648		\$206.70
31649		\$72.58
31651		\$79.22
31652		\$1,307.97
31653		\$1,355.13
31654		\$129.32
31660		\$198.59
31661		\$210.01
31717		\$305.81
31720		\$56.37
31725		\$83.27
31730		\$1,116.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
31750		\$1,452.77
31755		\$1,865.42
31760		\$1,405.61
31766		\$1,799.84
31770		\$1,348.13
31775		\$1,421.08
31780		\$1,278.86
31781		\$1,527.93
31785		\$1,142.91
31786		\$1,464.56
31800		\$760.10
31805		\$842.63
31820		\$477.50
31825		\$662.09
31830		\$534.98
32035		\$761.94
32036		\$813.15
32096		\$823.84
32097		\$823.47
32098		\$776.31
32100		\$836.36
32110		\$1,519.45
32120		\$901.21
32124		\$950.95
32140		\$1,016.16
32141		\$1,547.09
32150		\$1,047.48
32151		\$1,030.53
32160		\$830.10
32200		\$1,173.86
32215		\$827.89
32220		\$1,641.04
32225		\$1,022.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
32310		\$943.95
32320		\$1,642.51
32400		\$184.22
32408		\$897.52
32440		\$1,599.78
32442		\$3,070.96
32445		\$3,564.31
32480		\$1,507.30
32482		\$1,613.78
32484		\$1,458.66
32486		\$2,358.77
32488		\$2,418.08
32491		\$1,504.35
32501		\$242.43
32503		\$1,820.84
32504		\$2,069.91
32505		\$955.00
32506		\$155.85
32507		\$155.85
32540		\$1,755.26
32550		\$809.47
32551		\$160.27
32552		\$194.91
32553		\$541.24
32554		\$249.44
32555		\$334.91
32556		\$780.73
32557		\$699.30
32560		\$266.38
32561		\$102.06
32562		\$91.74
32601		\$313.18
32604		\$483.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
32606		\$467.18
32607		\$312.81
32608		\$383.18
32609		\$261.23
32650		\$691.20
32651		\$1,120.06
32652		\$1,691.15
32653		\$1,087.64
32654		\$1,225.44
32655		\$980.06
32656		\$827.52
32658		\$736.15
32659		\$756.78
32661		\$819.42
32662		\$917.05
32663		\$1,420.34
32664		\$868.79
32665		\$1,252.70
32666		\$893.10
32667		\$155.85
32668		\$156.22
32669		\$1,364.34
32670		\$1,623.36
32671		\$1,792.10
32672		\$1,537.51
32673		\$1,237.23
32674		\$214.43
32701		\$212.96
32800		\$977.11
32810		\$926.63
32815		\$2,835.16
32820		\$1,438.77
32851		\$3,308.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
32852		\$3,572.41
32853		\$4,625.05
32854		\$4,885.91
32900		\$1,510.24
32905		\$1,358.45
32906		\$1,670.15
32940		\$1,257.86
32960		\$136.69
32994		\$5,059.08
32997		\$354.07
32998		\$3,229.03
33016		\$236.54
33017		\$249.07
33018		\$291.44
33019		\$217.75
33020		\$847.05
33025		\$788.83
33030		\$2,026.06
33031		\$2,497.67
33050		\$1,031.64
33120		\$2,110.80
33130		\$1,390.13
33140		\$1,574.72
33141		\$131.90
33202		\$788.10
33203		\$826.05
33206		\$467.92
33207		\$490.76
33208		\$529.82
33210		\$163.59
33211		\$169.85
33212		\$333.81
33213		\$347.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33214		\$492.24
33215		\$319.44
33216		\$383.55
33217		\$381.34
33218		\$402.34
33220		\$392.39
33221		\$367.34
33222		\$356.65
33223		\$421.13
33224		\$518.03
33225		\$466.08
33226		\$495.19
33227		\$349.28
33228		\$365.13
33229		\$383.18
33230		\$383.18
33231		\$411.55
33233		\$243.17
33234		\$497.40
33235		\$654.35
33236		\$809.84
33237		\$866.58
33238		\$975.27
33240		\$368.81
33241		\$223.64
33243		\$1,401.92
33244		\$883.16
33249		\$932.16
33250		\$1,479.29
33251		\$1,649.88
33254		\$1,383.87
33255		\$1,649.88
33256		\$1,950.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33257		\$599.09
33258		\$665.41
33259		\$869.52
33261		\$1,634.41
33262		\$382.81
33263		\$397.55
33264		\$414.13
33265		\$1,387.18
33266		\$1,865.79
33267		\$1,062.96
33268		\$129.69
33269		\$848.15
33270		\$573.66
33271		\$466.08
33272		\$358.86
33273		\$412.29
33274		\$488.55
33275		\$514.71
33285		\$4,326.98
33286		\$135.22
33289		\$337.86
33300		\$2,468.19
33305		\$4,106.65
33310		\$1,193.75
33315		\$1,931.00
33320		\$1,089.48
33321		\$1,211.07
33322		\$1,410.40
33330		\$1,447.61
33335		\$1,889.74
33340		\$786.62
33361		\$1,215.86
33362		\$1,326.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33363		\$1,373.18
33364		\$1,369.13
33365		\$1,430.66
33366		\$1,578.41
33367		\$609.77
33368		\$738.36
33369		\$974.53
33370		\$134.48
33390		\$1,948.69
33391		\$2,308.29
33404		\$1,772.94
33405		\$2,293.92
33406		\$2,903.32
33410		\$2,569.15
33411		\$3,376.03
33412		\$3,160.50
33413		\$3,242.66
33414		\$2,162.75
33415		\$2,050.01
33416		\$2,047.80
33417		\$1,695.57
33418		\$1,819.74
33419		\$425.18
33420		\$1,473.77
33422		\$1,689.31
33425		\$2,750.79
33426		\$2,408.51
33427		\$2,465.25
33430		\$2,831.11
33440		\$3,417.30
33460		\$2,413.66
33463		\$3,103.02
33464		\$2,465.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33465		\$2,777.68
33468		\$2,464.14
33474		\$2,201.44
33475		\$2,346.61
33476		\$1,551.88
33477		\$1,334.50
33478		\$1,601.99
33496		\$1,688.94
33500		\$1,583.56
33501		\$1,137.75
33502		\$1,307.60
33503		\$1,360.66
33504		\$1,495.87
33505		\$2,065.49
33506		\$2,063.64
33507		\$1,735.36
33508		\$16.21
33509		\$173.17
33510		\$1,956.43
33511		\$2,148.39
33512		\$2,443.51
33513		\$2,496.56
33514		\$2,630.31
33516		\$2,722.05
33517		\$186.80
33518		\$410.44
33519		\$541.98
33521		\$650.67
33522		\$730.62
33523		\$824.57
33530		\$523.56
33533		\$1,895.27
33534		\$2,225.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33535		\$2,471.88
33536		\$2,661.26
33542		\$2,653.52
33545		\$3,085.33
33548		\$2,975.17
33572		\$229.54
33600		\$1,746.05
33602		\$1,696.31
33606		\$1,804.26
33608		\$1,827.84
33610		\$1,803.16
33611		\$1,965.27
33612		\$2,017.22
33615		\$2,020.54
33617		\$2,185.97
33619		\$2,779.53
33620		\$1,662.41
33621		\$946.16
33622		\$3,439.77
33641		\$1,655.78
33645		\$1,748.26
33647		\$1,832.63
33660		\$1,772.21
33665		\$1,928.43
33670		\$1,977.80
33675		\$1,985.53
33676		\$2,037.48
33677		\$2,115.59
33681		\$1,874.26
33684		\$1,903.37
33688		\$1,891.21
33690		\$1,230.96
33692		\$1,964.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33694		\$1,965.27
33697		\$2,069.54
33702		\$1,572.51
33710		\$2,065.85
33720		\$1,573.62
33724		\$1,554.83
33726		\$2,046.33
33730		\$2,028.27
33732		\$1,676.04
33735		\$1,326.02
33736		\$1,436.19
33741		\$754.20
33745		\$1,078.06
33746		\$431.08
33750		\$1,281.81
33755		\$1,347.02
33762		\$1,302.07
33764		\$1,347.02
33766		\$1,351.45
33767		\$1,440.98
33768		\$414.13
33770		\$2,126.28
33771		\$2,181.55
33774		\$1,828.95
33775		\$1,880.16
33776		\$1,989.22
33777		\$1,910.00
33778		\$2,370.19
33779		\$2,330.40
33780		\$2,376.82
33781		\$2,314.92
33782		\$3,235.66
33783		\$3,495.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33786		\$2,289.13
33788		\$1,551.51
33800		\$1,003.27
33802		\$1,113.06
33803		\$1,168.33
33814		\$1,552.98
33820		\$987.79
33822		\$1,040.48
33824		\$1,207.75
33840		\$1,266.70
33845		\$1,364.71
33851		\$1,300.23
33852		\$1,425.87
33853		\$1,859.90
33858		\$3,408.09
33859		\$2,453.09
33863		\$3,159.39
33864		\$3,227.92
33866		\$918.53
33871		\$3,266.61
33875		\$2,756.68
33877		\$3,604.10
33880		\$1,779.21
33881		\$1,528.67
33883		\$1,108.27
33884		\$389.07
33886		\$958.32
33889		\$790.31
33891		\$949.11
33894		\$984.85
33895		\$783.31
33897		\$582.51
33900		\$594.67

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33901		\$781.47
33902		\$754.20
33903		\$889.05
33904		\$298.07
33910		\$2,634.73
33915		\$1,392.34
33916		\$4,192.87
33917		\$1,486.66
33920		\$1,827.47
33922		\$1,415.55
33924		\$284.44
33925		\$1,729.84
33926		\$2,426.19
33927		\$2,538.20
33935		\$4,957.76
33945		\$4,897.70
33946		\$312.81
33947		\$345.97
33948		\$244.65
33949		\$238.75
33951		\$422.97
33952		\$428.87
33953		\$471.97
33954		\$477.13
33955		\$824.94
33956		\$834.15
33957		\$184.59
33958		\$184.59
33959		\$233.96
33962		\$233.96
33963		\$466.08
33964		\$491.50
33965		\$184.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
33966		\$238.01
33967		\$260.12
33968		\$34.27
33969		\$271.54
33970		\$353.70
33971		\$722.88
33973		\$500.34
33974		\$914.47
33975		\$1,305.76
33976		\$1,576.93
33977		\$1,131.85
33978		\$1,334.87
33979		\$1,939.85
33980		\$1,786.58
33981		\$826.05
33982		\$1,942.06
33983		\$2,284.71
33984		\$283.70
33985		\$511.40
33986		\$525.77
33987		\$207.06
33988		\$774.10
33989		\$491.50
33990		\$361.81
33991		\$453.18
33992		\$188.64
33993		\$168.01
33995		\$355.55
33997		\$162.11
34001		\$913.00
34051		\$1,016.53
34101		\$599.82
34111		\$598.35

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
34151		\$1,389.03
34201		\$1,018.74
34203		\$948.74
34401		\$1,334.13
34421		\$695.99
34451		\$1,428.82
34471		\$1,076.59
34490		\$577.35
34501		\$900.10
34502		\$1,571.04
34510		\$1,020.58
34520		\$989.64
34530		\$943.58
34701		\$1,233.91
34702		\$1,778.84
34703		\$1,365.45
34704		\$2,267.39
34705		\$1,518.35
34706		\$2,261.87
34707		\$1,160.22
34708		\$1,802.42
34709		\$318.70
34710		\$795.83
34711		\$291.07
34712		\$657.30
34713		\$121.95
34714		\$268.23
34715		\$294.75
34716		\$371.76
34717		\$436.97
34718		\$1,229.12
34808		\$199.70
34812		\$203.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
34813		\$231.75
34820		\$332.33
34830		\$1,750.47
34831		\$1,923.27
34832		\$1,881.26
34833		\$387.23
34834		\$127.48
35001		\$1,110.48
35002		\$1,135.54
35005		\$996.27
35011		\$1,011.00
35013		\$1,181.23
35021		\$1,282.55
35022		\$1,463.82
35045		\$972.32
35081		\$1,720.99
35082		\$2,155.75
35091		\$1,767.78
35092		\$2,580.20
35102		\$1,868.37
35103		\$2,148.75
35111		\$1,323.08
35112		\$1,624.46
35121		\$1,571.41
35122		\$1,876.84
35131		\$1,383.87
35132		\$1,624.46
35141		\$1,089.11
35142		\$1,316.07
35151		\$1,233.91
35152		\$1,391.61
35180		\$785.89
35182		\$1,817.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
35184		\$963.11
35188		\$1,316.44
35189		\$1,501.40
35190		\$761.20
35201		\$940.26
35206		\$814.99
35207		\$810.94
35211		\$1,414.82
35216		\$2,117.44
35221		\$1,487.77
35226		\$833.05
35231		\$1,305.39
35236		\$1,027.22
35241		\$1,457.56
35246		\$1,583.56
35251		\$1,743.84
35256		\$1,025.01
35261		\$981.53
35266		\$873.58
35271		\$1,400.45
35276		\$1,482.24
35281		\$1,641.41
35286		\$929.21
35301		\$1,125.96
35302		\$1,111.96
35303		\$1,221.39
35304		\$1,268.18
35305		\$1,216.96
35306		\$438.81
35311		\$1,568.09
35321		\$910.05
35331		\$1,443.56
35341		\$1,371.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
35351		\$1,282.92
35355		\$1,023.90
35361		\$1,513.93
35363		\$1,614.14
35371		\$813.15
35372		\$972.69
35390		\$157.69
35400		\$142.22
35500		\$314.28
35501		\$1,449.08
35506		\$1,267.44
35508		\$1,325.29
35509		\$1,403.03
35510		\$1,222.86
35511		\$1,114.91
35512		\$1,199.65
35515		\$1,325.29
35516		\$1,214.02
35518		\$1,137.01
35521		\$1,223.96
35522		\$1,164.28
35523		\$1,225.81
35525		\$1,095.38
35526		\$1,747.89
35531		\$1,934.69
35533		\$1,498.45
35535		\$1,888.63
35536		\$1,679.36
35537		\$2,067.33
35538		\$2,315.66
35539		\$2,173.07
35540		\$2,420.66
35556		\$1,387.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
35558		\$1,220.65
35560		\$1,693.73
35563		\$1,318.65
35565		\$1,305.02
35566		\$1,649.51
35570		\$1,466.40
35571		\$1,317.18
35572		\$340.07
35583		\$1,434.71
35585		\$1,659.46
35587		\$1,327.13
35600		\$185.69
35601		\$1,401.92
35606		\$1,170.91
35612		\$1,044.16
35616		\$1,097.22
35621		\$1,090.59
35623		\$1,309.44
35626		\$1,605.67
35631		\$1,836.31
35632		\$1,793.94
35633		\$1,963.43
35634		\$1,755.63
35636		\$1,585.41
35637		\$1,648.41
35638		\$1,739.05
35642		\$990.74
35645		\$946.16
35646		\$1,693.73
35647		\$1,528.30
35650		\$1,017.64
35654		\$1,360.66
35656		\$1,067.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
35661		\$1,081.38
35663		\$1,214.75
35665		\$1,169.07
35666		\$1,284.02
35671		\$1,126.70
35681		\$78.48
35682		\$346.70
35683		\$403.44
35685		\$195.64
35686		\$158.43
35691		\$945.05
35693		\$841.52
35694		\$987.06
35695		\$1,023.53
35697		\$144.80
35700		\$149.59
35701		\$459.08
35702		\$418.92
35703		\$423.71
35800		\$769.68
35820		\$2,037.48
35840		\$1,255.65
35860		\$854.05
35870		\$1,243.49
35875		\$592.82
35876		\$941.74
35879		\$921.11
35881		\$1,022.43
35883		\$1,187.12
35884		\$1,231.70
35901		\$483.76
35903		\$569.98
35905		\$1,669.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
35907		\$1,901.53
36002		\$164.69
36005		\$263.07
36010		\$553.03
36011		\$834.15
36012		\$868.79
36013		\$808.73
36014		\$814.99
36015		\$875.79
36100		\$567.77
36140		\$527.61
36160		\$585.82
36200		\$609.77
36215		\$1,087.27
36216		\$1,113.80
36217		\$1,953.48
36218		\$222.17
36221		\$1,019.85
36222		\$1,291.39
36223		\$1,794.68
36224		\$2,188.18
36225		\$1,701.83
36226		\$2,132.91
36227		\$257.17
36228		\$1,399.34
36245		\$1,288.44
36246		\$858.47
36247		\$1,474.14
36248		\$122.69
36251		\$1,331.18
36252		\$1,438.40
36253		\$2,101.59
36254		\$2,024.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
36260		\$688.62
36261		\$437.34
36262		\$335.28
36400		\$29.84
36405		\$25.79
36406		\$19.53
36410		\$19.53
36415		\$3.31
36416		\$7.49
36420		\$47.90
36425		\$40.90
36430		\$47.16
36440		\$52.69
36450		\$179.80
36455		\$126.01
36456		\$103.16
36460		\$357.02
36465		\$1,338.92
36466		\$1,403.76
36470		\$124.53
36471		\$213.33
36473		\$1,236.49
36474		\$263.80
36475		\$1,106.80
36476		\$292.17
36478		\$1,020.22
36479		\$318.33
36481		\$1,812.37
36482		\$1,731.31
36483		\$144.80
36500		\$186.43
36510		\$93.22
36511		\$119.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
36512		\$113.48
36513		\$114.59
36514		\$752.73
36516		\$2,354.71
36522		\$1,444.66
36555		\$200.06
36556		\$225.12
36557		\$1,197.07
36558		\$857.73
36560		\$1,275.55
36561		\$1,008.79
36563		\$1,126.70
36565		\$854.79
36566		\$4,256.98
36568		\$96.53
36569		\$98.37
36570		\$1,502.14
36571		\$1,293.23
36572		\$399.02
36573		\$401.60
36575		\$152.53
36576		\$357.39
36578		\$440.29
36580		\$198.22
36581		\$803.20
36582		\$907.84
36583		\$1,187.49
36584		\$341.91
36585		\$1,412.61
36589		\$175.01
36590		\$234.70
36591		\$30.58
36592		\$32.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
36593		\$37.95
36595		\$620.09
36596		\$123.80
36597		\$117.53
36598		\$127.11
36600		\$29.84
36620		\$46.06
36625		\$109.06
36640		\$125.64
36660		\$72.21
36680		\$61.90
36800		\$126.01
36810		\$205.22
36815		\$135.59
36818		\$693.41
36819		\$731.73
36820		\$733.94
36821		\$663.56
36823		\$1,454.61
36825		\$796.57
36830		\$670.56
36831		\$622.30
36832		\$761.20
36833		\$811.68
36835		\$500.71
36836		\$8,390.16
36837		\$9,960.83
36838		\$1,139.59
36860		\$246.86
36861		\$140.01
36901		\$735.41
36902		\$1,255.28
36903		\$4,361.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
36904		\$1,879.05
36905		\$2,355.08
36906		\$5,560.16
36907		\$612.35
36908		\$1,466.03
36909		\$1,946.11
37140		\$2,383.45
37145		\$2,212.86
37160		\$2,272.18
37180		\$2,184.49
37181		\$2,383.45
37182		\$846.31
37183		\$6,017.03
37184		\$1,769.26
37185		\$491.87
37186		\$1,228.75
37187		\$1,741.99
37188		\$1,498.09
37191		\$2,089.07
37192		\$1,316.44
37193		\$1,558.51
37197		\$1,609.35
37200		\$224.01
37211		\$390.92
37212		\$343.39
37213		\$234.33
37214		\$123.80
37215		\$988.16
37216		\$1,046.74
37217		\$1,083.59
37218		\$837.10
37220		\$2,575.41
37221		\$3,150.92

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
37222		\$637.77
37223		\$1,299.13
37224		\$2,986.59
37225		\$8,955.35
37226		\$8,287.37
37227		\$11,439.76
37228		\$4,231.56
37229		\$9,143.63
37230		\$9,145.84
37231		\$12,020.05
37232		\$841.15
37233		\$1,092.80
37234		\$3,719.42
37235		\$4,123.97
37236		\$2,819.69
37237		\$1,331.18
37238		\$3,552.15
37239		\$1,778.10
37241		\$4,759.17
37242		\$7,339.00
37243		\$8,909.30
37244		\$6,799.97
37246		\$1,863.58
37247		\$630.40
37248		\$1,397.13
37249		\$459.82
37252		\$973.79
37253		\$182.01
37500		\$635.19
37565		\$759.73
37600		\$793.26
37605		\$739.09
37606		\$765.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
37607		\$382.81
37609		\$326.44
37615		\$546.03
37616		\$1,175.70
37617		\$1,354.02
37618		\$406.76
37619		\$1,771.10
37650		\$464.61
37660		\$1,355.50
37700		\$252.38
37718		\$399.02
37722		\$464.61
37735		\$586.56
37760		\$581.03
37761		\$541.98
37765		\$433.66
37766		\$512.87
37780		\$242.07
37785		\$358.49
37788		\$1,340.02
37790		\$520.61
38100		\$1,193.38
38101		\$1,204.81
38102		\$268.96
38115		\$1,333.76
38120		\$1,104.59
38200		\$137.43
38205		\$89.53
38206		\$88.06
38207		\$47.16
38208		\$29.84
38209		\$12.53
38210		\$83.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
38211		\$75.90
38212		\$50.11
38213		\$12.53
38214		\$43.11
38215		\$50.11
38220		\$172.06
38221		\$175.75
38222		\$190.48
38228		\$315.39
38230		\$210.75
38232		\$197.48
38240		\$260.86
38241		\$192.33
38242		\$135.96
38243		\$133.74
38300		\$362.55
38305		\$526.50
38308		\$500.34
38380		\$623.04
38381		\$836.36
38382		\$709.62
38500		\$357.02
38505		\$186.80
38510		\$561.87
38520		\$498.87
38525		\$466.45
38530		\$606.82
38531		\$472.34
38542		\$560.03
38550		\$555.98
38555		\$1,075.48
38562		\$754.94
38564		\$739.83

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
38570		\$548.24
38571		\$705.20
38572		\$951.32
38573		\$1,246.44
38700		\$865.10
38720		\$1,427.34
38724		\$1,546.35
38740		\$738.73
38745		\$925.89
38746		\$214.43
38747		\$271.54
38760		\$881.68
38765		\$1,374.66
38770		\$857.00
38780		\$1,112.69
38790		\$87.32
38792		\$89.53
38794		\$303.60
38900		\$141.11
39000		\$530.56
39010		\$813.52
39200		\$888.68
39220		\$1,172.38
39401		\$315.02
39402		\$409.71
39501		\$885.37
39503		\$5,836.86
39540		\$892.37
39541		\$968.63
39545		\$926.26
39560		\$840.42
39561		\$1,308.34
40490		\$132.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
40500		\$574.03
40510		\$530.19
40520		\$547.87
40525		\$594.30
40527		\$677.93
40530		\$602.40
40650		\$522.82
40652		\$565.19
40654		\$638.51
40700		\$1,080.64
40701		\$1,271.49
40702		\$1,070.32
40720		\$1,098.33
40761		\$1,151.75
40800		\$223.28
40801		\$322.02
40804		\$215.17
40805		\$313.91
40806		\$110.16
40808		\$183.85
40810		\$234.33
40812		\$300.65
40814		\$407.13
40816		\$438.08
40818		\$393.50
40819		\$298.07
40820		\$278.54
40830		\$245.38
40831		\$324.60
40840		\$925.89
40842		\$895.31
40843		\$1,291.76
40844		\$1,621.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
40845		\$1,591.30
41000		\$161.01
41005		\$248.70
41006		\$372.86
41007		\$361.44
41008		\$435.13
41009		\$462.76
41010		\$231.38
41015		\$439.18
41016		\$506.24
41017		\$504.40
41018		\$572.56
41019		\$533.50
41100		\$202.64
41105		\$203.38
41108		\$182.75
41110		\$247.22
41112		\$368.07
41113		\$393.13
41114		\$667.99
41115		\$280.02
41116		\$361.81
41120		\$1,138.12
41130		\$1,402.66
41135		\$2,302.39
41140		\$2,318.97
41145		\$2,916.22
41150		\$2,335.55
41153		\$2,541.88
41155		\$3,161.23
41250		\$306.18
41251		\$333.81
41252		\$351.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
41510		\$494.82
41512		\$719.94
41520		\$395.34
41530		\$972.69
41800		\$328.65
41805		\$331.60
41806		\$440.29
41822		\$385.02
41823		\$575.51
41825		\$238.38
41826		\$326.81
41827		\$474.18
41828		\$382.07
41830		\$507.34
41872		\$513.61
41874		\$428.13
42000		\$173.17
42100		\$158.06
42104		\$235.43
42106		\$274.49
42107		\$487.45
42120		\$1,079.54
42140		\$334.55
42145		\$740.57
42160		\$243.17
42180		\$274.12
42182		\$354.07
42200		\$992.21
42205		\$1,029.43
42210		\$1,150.28
42215		\$755.67
42220		\$623.40
42225		\$1,068.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
42226		\$982.27
42227		\$914.10
42235		\$806.15
42260		\$927.00
42280		\$191.59
42281		\$244.65
42300		\$232.12
42305		\$469.03
42310		\$186.43
42320		\$280.75
42330		\$253.86
42335		\$466.82
42340		\$574.40
42400		\$102.80
42405		\$329.39
42408		\$589.14
42409		\$425.92
42410		\$676.46
42415		\$1,133.70
42420		\$1,267.81
42425		\$900.84
42426		\$1,436.92
42440		\$449.50
42450		\$513.24
42500		\$488.55
42505		\$623.04
42507		\$533.87
42509		\$876.52
42510		\$654.35
42550		\$163.96
42600		\$588.77
42650		\$80.69
42660		\$107.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
42665		\$405.65
42700		\$208.17
42720		\$480.82
42725		\$857.73
42800		\$171.33
42804		\$233.59
42806		\$261.23
42808		\$252.75
42809		\$221.80
42810		\$422.97
42815		\$580.30
42820		\$316.86
42821		\$330.49
42825		\$294.02
42826		\$279.28
42830		\$233.59
42831		\$254.22
42835		\$218.12
42836		\$268.59
42842		\$1,084.32
42844		\$1,473.40
42845		\$2,340.71
42860		\$213.70
42870		\$637.77
42890		\$1,512.45
42892		\$1,984.80
42894		\$2,514.99
42900		\$355.91
42950		\$859.58
42953		\$1,034.59
42955		\$817.57
42960		\$174.27
42961		\$454.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
42962		\$559.66
42970		\$444.71
42971		\$489.29
42972		\$546.03
42975		\$103.53
43020		\$597.61
43030		\$564.08
43045		\$1,340.02
43100		\$685.67
43101		\$1,032.74
43107		\$3,028.96
43108		\$4,465.52
43112		\$3,457.09
43113		\$4,377.09
43116		\$4,989.44
43117		\$3,311.19
43118		\$3,647.21
43121		\$2,893.38
43122		\$2,639.52
43123		\$4,535.89
43124		\$3,846.90
43130		\$842.26
43135		\$1,493.66
43180		\$585.82
43191		\$166.17
43192		\$181.27
43193		\$181.27
43194		\$203.75
43195		\$197.48
43196		\$209.28
43197		\$208.54
43198		\$231.38
43200		\$283.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
43201		\$280.38
43202		\$379.13
43204		\$142.96
43205		\$148.48
43206		\$327.18
43210		\$448.03
43211		\$246.86
43212		\$197.12
43213		\$1,276.28
43214		\$204.85
43215		\$418.18
43216		\$434.76
43217		\$448.76
43220		\$938.05
43226		\$412.29
43227		\$628.56
43229		\$746.83
43231		\$164.69
43232		\$208.91
43233		\$238.75
43235		\$309.86
43236		\$427.39
43237		\$205.96
43238		\$244.65
43239		\$401.60
43240		\$410.44
43241		\$149.96
43242		\$275.59
43243		\$249.07
43244		\$257.17
43245		\$626.72
43246		\$208.91
43247		\$410.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
43248		\$441.39
43249		\$1,123.01
43250		\$478.61
43251		\$525.40
43252		\$366.23
43253		\$275.96
43254		\$283.70
43255		\$661.35
43257		\$244.28
43259		\$238.01
43260		\$338.23
43261		\$354.44
43262		\$373.97
43263		\$374.71
43264		\$381.71
43265		\$452.82
43266		\$228.07
43270		\$770.04
43273		\$124.53
43274		\$484.13
43275		\$394.23
43276		\$503.66
43277		\$396.44
43278		\$453.18
43279		\$1,322.71
43280		\$1,117.12
43281		\$1,580.25
43282		\$1,780.31
43283		\$159.17
43284		\$684.20
43285		\$702.62
43286		\$3,247.82
43287		\$3,604.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
43288		\$3,807.48
43291		\$489.29
43300		\$676.46
43305		\$1,170.54
43310		\$1,507.66
43312		\$1,602.72
43313		\$3,001.70
43314		\$3,200.66
43320		\$1,447.61
43325		\$1,408.19
43327		\$868.42
43328		\$1,141.43
43330		\$1,385.34
43331		\$1,370.97
43332		\$1,183.80
43333		\$1,301.34
43334		\$1,261.18
43335		\$1,351.81
43336		\$1,470.08
43337		\$1,565.51
43338		\$114.59
43340		\$1,429.92
43341		\$1,431.77
43351		\$1,356.97
43352		\$1,099.06
43360		\$2,284.34
43361		\$2,784.68
43400		\$1,574.72
43405		\$1,495.87
43410		\$1,111.22
43415		\$2,626.99
43420		\$1,088.38
43425		\$1,473.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
43450		\$203.38
43453		\$836.36
43460		\$223.64
43497		\$834.89
43500		\$823.10
43501		\$1,397.13
43502		\$1,578.41
43510		\$992.95
43520		\$745.36
43605		\$880.21
43610		\$1,014.32
43611		\$1,277.02
43620		\$2,042.27
43621		\$2,346.98
43622		\$2,374.98
43631		\$1,505.09
43632		\$2,101.22
43633		\$1,988.48
43634		\$2,186.70
43635		\$114.59
43640		\$1,238.70
43641		\$1,252.33
43644		\$1,796.52
43645		\$1,914.42
43651		\$690.83
43652		\$801.73
43653		\$610.51
43752		\$42.00
43753		\$22.47
43754		\$252.01
43755		\$216.28
43756		\$290.33
43757		\$390.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
43761		\$129.32
43762		\$239.49
43763		\$352.23
43770		\$1,173.86
43771		\$1,328.97
43772		\$990.00
43773		\$1,328.97
43774		\$1,001.06
43775		\$1,130.38
43800		\$966.79
43810		\$1,056.32
43820		\$1,397.50
43825		\$1,360.66
43830		\$737.25
43831		\$644.77
43832		\$1,089.48
43840		\$1,412.24
43842		\$1,236.49
43843		\$1,333.39
43845		\$2,031.22
43846		\$1,712.52
43847		\$1,871.69
43848		\$2,003.96
43860		\$1,694.10
43865		\$1,765.21
43870		\$742.41
43880		\$1,661.30
43886		\$393.50
43887		\$355.55
43888		\$494.08
44005		\$1,133.33
44010		\$894.95
44015		\$143.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
44020		\$1,013.95
44021		\$1,012.85
44025		\$1,023.90
44050		\$974.53
44055		\$1,544.14
44100		\$111.64
44110		\$889.79
44111		\$1,025.01
44120		\$1,266.70
44121		\$245.75
44125		\$1,223.60
44126		\$2,544.09
44127		\$2,931.69
44128		\$246.49
44130		\$1,369.13
44139		\$123.06
44140		\$1,393.82
44141		\$1,876.11
44143		\$1,708.47
44144		\$1,826.00
44145		\$1,713.26
44146		\$2,176.76
44147		\$2,000.64
44150		\$1,926.58
44151		\$2,218.02
44155		\$2,151.33
44156		\$2,369.82
44157		\$2,254.50
44158		\$2,310.13
44160		\$1,291.76
44180		\$958.32
44186		\$680.51
44187		\$1,144.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
44188		\$1,267.07
44202		\$1,439.13
44203		\$245.01
44204		\$1,594.25
44205		\$1,387.55
44206		\$1,801.68
44207		\$1,879.42
44208		\$2,045.96
44210		\$1,848.84
44211		\$2,228.34
44212		\$2,123.70
44213		\$191.59
44227		\$1,716.57
44300		\$876.89
44310		\$1,084.69
44312		\$630.77
44314		\$1,054.11
44316		\$1,465.66
44320		\$1,252.70
44322		\$1,054.85
44340		\$665.04
44345		\$1,101.27
44346		\$1,236.12
44360		\$151.43
44361		\$167.27
44363		\$201.54
44364		\$214.80
44365		\$191.59
44366		\$252.01
44369		\$257.91
44370		\$280.38
44372		\$251.28
44373		\$201.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
44376		\$298.44
44377		\$313.18
44378		\$402.71
44379		\$428.87
44380		\$214.43
44381		\$1,015.06
44382		\$317.60
44384		\$161.01
44385		\$234.70
44386		\$331.97
44388		\$340.44
44389		\$440.29
44390		\$434.02
44391		\$674.25
44392		\$416.71
44394		\$468.29
44401		\$2,447.56
44402		\$274.12
44403		\$318.70
44404		\$449.50
44405		\$588.40
44406		\$241.33
44407		\$289.23
44408		\$243.54
44500		\$20.26
44602		\$1,449.45
44603		\$1,672.36
44604		\$1,092.80
44605		\$1,334.87
44615		\$1,113.43
44620		\$903.42
44625		\$1,055.22
44626		\$1,644.36

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
44640		\$1,445.77
44650		\$1,491.08
44660		\$1,400.45
44661		\$1,603.83
44680		\$1,116.38
44700		\$1,050.06
44701		\$172.43
44705		\$121.95
44720		\$277.44
44721		\$389.07
44800		\$814.26
44820		\$887.95
44850		\$785.15
44900		\$817.57
44950		\$669.83
44955		\$85.85
44960		\$912.26
44970		\$632.61
45000		\$459.08
45005		\$343.39
45020		\$612.72
45100		\$327.18
45108		\$398.65
45110		\$1,900.79
45111		\$1,138.12
45112		\$1,911.85
45113		\$1,965.27
45114		\$1,875.37
45116		\$1,632.20
45119		\$1,978.90
45120		\$1,658.73
45121		\$1,807.21
45123		\$1,173.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
45126		\$2,862.79
45130		\$1,141.80
45135		\$1,376.87
45136		\$1,884.21
45150		\$450.24
45160		\$1,071.80
45171		\$662.09
45172		\$878.37
45190		\$749.41
45300		\$140.74
45303		\$987.06
45305		\$192.70
45307		\$226.22
45308		\$217.01
45309		\$224.01
45315		\$241.33
45317		\$234.70
45320		\$235.80
45321		\$107.95
45327		\$121.95
45330		\$203.01
45331		\$306.91
45332		\$298.07
45333		\$350.02
45334		\$519.87
45335		\$312.07
45337		\$120.11
45338		\$321.65
45340		\$482.66
45341		\$131.17
45342		\$178.69
45346		\$2,366.50
45347		\$162.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
45349		\$208.54
45350		\$704.83
45378		\$365.49
45379		\$465.34
45380		\$463.87
45381		\$473.08
45382		\$704.09
45384		\$520.98
45385		\$485.97
45386		\$645.14
45388		\$2,533.04
45389		\$303.60
45390		\$348.55
45391		\$270.80
45392		\$319.07
45393		\$262.70
45395		\$2,043.75
45397		\$2,220.60
45398		\$863.63
45400		\$1,191.17
45402		\$1,583.20
45500		\$605.35
45505		\$647.72
45520		\$173.17
45540		\$1,107.17
45541		\$992.95
45550		\$1,527.19
45560		\$735.41
45562		\$1,222.12
45563		\$1,720.99
45800		\$1,323.44
45805		\$1,524.24
45820		\$1,326.76

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
45825		\$1,597.93
45900		\$224.75
45905		\$183.12
45910		\$207.43
45915		\$383.18
45990		\$112.01
46020		\$123.80
46030		\$273.38
46040		\$600.93
46045		\$473.08
46050		\$254.96
46060		\$527.24
46070		\$294.75
46080		\$307.65
46083		\$223.28
46200		\$518.03
46220		\$270.07
46221		\$311.33
46230		\$336.02
46250		\$519.50
46255		\$561.51
46257		\$453.92
46258		\$513.98
46260		\$517.66
46261		\$571.09
46262		\$624.14
46270		\$579.19
46275		\$611.98
46280		\$520.24
46285		\$612.35
46288		\$602.77
46320		\$229.17
46500		\$341.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
46505		\$337.12
46600		\$124.90
46601		\$160.64
46604		\$671.67
46606		\$296.60
46607		\$221.43
46608		\$307.28
46610		\$292.54
46611		\$236.91
46612		\$349.28
46614		\$179.43
46615		\$188.27
46700		\$704.46
46705		\$610.51
46706		\$192.33
46707		\$539.77
46710		\$1,161.33
46712		\$2,288.76
46715		\$589.88
46716		\$1,306.50
46730		\$2,079.86
46735		\$2,385.66
46740		\$2,265.18
46742		\$2,606.73
46744		\$3,656.05
46746		\$4,021.91
46748		\$4,353.51
46750		\$795.47
46751		\$709.99
46753		\$655.46
46754		\$379.50
46760		\$1,183.07
46761		\$965.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
46900		\$264.17
46910		\$288.12
46916		\$281.86
46917		\$476.40
46922		\$336.39
46924		\$602.77
46930		\$240.96
46940		\$287.02
46942		\$272.28
46945		\$372.13
46946		\$413.76
46947		\$414.50
46948		\$477.50
47000		\$320.91
47001		\$105.74
47010		\$1,264.12
47015		\$1,212.54
47100		\$890.52
47120		\$2,416.61
47122		\$3,527.10
47125		\$3,167.50
47130		\$3,394.46
47135		\$5,588.16
47140		\$3,699.53
47141		\$4,415.04
47142		\$4,856.43
47146		\$332.70
47147		\$388.34
47300		\$1,181.59
47350		\$1,417.40
47360		\$1,933.95
47361		\$3,100.44
47362		\$1,478.56

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
47370		\$1,304.28
47371		\$1,306.86
47380		\$1,501.03
47381		\$1,533.82
47382		\$3,810.43
47383		\$6,211.56
47400		\$2,213.60
47420		\$1,385.71
47425		\$1,416.29
47460		\$1,317.55
47480		\$923.32
47490		\$354.81
47531		\$444.71
47532		\$886.47
47533		\$1,221.75
47534		\$1,344.44
47535		\$934.00
47536		\$666.51
47537		\$515.08
47538		\$3,893.33
47539		\$4,342.09
47540		\$4,392.57
47541		\$1,230.96
47542		\$523.56
47543		\$412.66
47544		\$875.79
47550		\$166.17
47552		\$290.70
47553		\$290.33
47554		\$466.08
47555		\$344.86
47556		\$390.55
47562		\$692.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
47563		\$751.99
47564		\$1,167.59
47570		\$809.10
47600		\$1,117.12
47605		\$1,173.49
47610		\$1,302.07
47612		\$1,317.55
47620		\$1,421.08
47700		\$1,104.59
47701		\$1,793.58
47711		\$1,610.09
47712		\$2,057.38
47715		\$1,381.29
47720		\$1,202.96
47721		\$1,405.97
47740		\$1,363.24
47741		\$1,529.03
47760		\$2,321.92
47765		\$3,111.86
47780		\$2,550.36
47785		\$3,321.87
47800		\$1,619.67
47801		\$1,154.70
47900		\$1,430.66
48000		\$1,941.32
48001		\$2,371.29
48020		\$1,227.28
48100		\$926.63
48102		\$542.35
48105		\$2,929.11
48120		\$1,155.43
48140		\$1,624.46
48145		\$1,688.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
48146		\$1,949.80
48148		\$1,299.13
48150		\$3,215.02
48152		\$2,968.17
48153		\$3,192.55
48154		\$2,981.06
48155		\$1,888.63
48400		\$108.32
48500		\$1,196.70
48510		\$1,143.28
48520		\$1,140.70
48540		\$1,352.18
48545		\$1,397.13
48547		\$1,849.21
48548		\$1,726.89
48552		\$238.75
48554		\$2,774.37
48556		\$1,355.87
49000		\$804.68
49002		\$1,082.85
49010		\$959.42
49013		\$463.87
49014		\$388.34
49020		\$1,658.73
49040		\$1,049.32
49060		\$1,152.49
49062		\$803.94
49082		\$224.75
49083		\$312.07
49084		\$110.16
49180		\$187.91
49185		\$1,319.39
49186		\$1,376.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
49187		\$1,748.26
49188		\$2,089.80
49189		\$2,428.77
49190		\$2,995.43
49215		\$2,304.97
49250		\$631.14
49255		\$837.10
49320		\$347.81
49321		\$363.65
49322		\$393.50
49323		\$673.14
49324		\$401.60
49325		\$428.13
49326		\$191.22
49327		\$132.64
49400		\$159.90
49402		\$893.10
49405		\$931.42
49406		\$931.79
49407		\$794.73
49411		\$517.29
49412		\$83.64
49418		\$1,031.27
49419		\$431.81
49421		\$231.38
49422		\$226.59
49423		\$611.61
49424		\$190.48
49425		\$817.20
49426		\$702.62
49427		\$40.90
49428		\$449.50
49429		\$476.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
49435		\$120.11
49436		\$565.93
49440		\$873.21
49441		\$1,013.58
49442		\$830.84
49446		\$839.68
49450		\$621.93
49451		\$664.67
49452		\$807.62
49460		\$757.52
49465		\$146.64
49491		\$836.36
49492		\$1,002.16
49495		\$431.81
49496		\$648.83
49500		\$442.50
49501		\$638.88
49505		\$551.93
49507		\$618.98
49520		\$665.04
49521		\$751.99
49525		\$604.61
49540		\$707.04
49550		\$609.03
49553		\$665.41
49555		\$635.93
49557		\$756.04
49591		\$353.70
49592		\$490.40
49593		\$590.24
49594		\$767.10
49595		\$796.20
49596		\$1,055.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
49600		\$770.41
49605		\$5,032.92
49606		\$1,178.28
49610		\$728.78
49611		\$643.67
49613		\$435.13
49614		\$588.77
49615		\$658.41
49616		\$882.79
49617		\$915.21
49618		\$1,279.23
49621		\$777.78
49622		\$964.58
49623		\$207.80
49650		\$458.71
49651		\$597.61
49900		\$871.37
49904		\$1,446.87
49905		\$360.34
50010		\$756.04
50020		\$1,083.96
50040		\$987.42
50045		\$994.79
50060		\$1,210.70
50065		\$1,282.92
50070		\$1,258.60
50075		\$1,544.51
50080		\$744.25
50081		\$1,194.12
50100		\$1,127.43
50120		\$1,012.11
50125		\$1,047.11
50130		\$1,099.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
50200		\$542.72
50205		\$790.31
50220		\$1,117.12
50225		\$1,260.07
50230		\$1,352.55
50234		\$1,378.71
50236		\$1,552.98
50240		\$1,410.76
50250		\$1,293.23
50280		\$1,008.79
50290		\$959.42
50320		\$1,607.51
50327		\$219.96
50328		\$193.06
50329		\$183.48
50340		\$1,014.69
50360		\$2,538.93
50365		\$3,036.70
50370		\$1,281.44
50380		\$2,149.49
50382		\$1,048.22
50384		\$899.00
50385		\$1,061.11
50386		\$792.15
50387		\$576.61
50389		\$432.55
50390		\$98.74
50391		\$133.74
50396		\$123.43
50400		\$1,227.65
50405		\$1,480.40
50430		\$669.09
50431		\$339.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
50432		\$954.26
50433		\$1,187.86
50434		\$953.90
50435		\$626.35
50436		\$160.27
50437		\$265.65
50500		\$1,337.08
50520		\$1,207.02
50525		\$1,525.72
50526		\$1,632.57
50540		\$1,218.81
50541		\$974.90
50542		\$1,238.70
50543		\$1,581.35
50544		\$1,314.23
50545		\$1,413.34
50546		\$1,276.28
50547		\$1,705.15
50548		\$1,419.98
50551		\$390.55
50553		\$418.18
50555		\$445.81
50557		\$453.55
50561		\$513.61
50562		\$609.77
50570		\$515.08
50572		\$557.45
50574		\$592.09
50575		\$747.57
50576		\$590.61
50580		\$635.93
50590		\$795.47
50592		\$2,915.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
50593		\$3,912.12
50600		\$998.11
50605		\$1,050.06
50606		\$516.19
50610		\$1,005.85
50620		\$962.00
50630		\$950.58
50650		\$1,104.22
50660		\$1,214.38
50684		\$136.32
50686		\$154.38
50688		\$84.37
50690		\$127.85
50693		\$1,043.06
50694		\$1,172.75
50695		\$1,406.34
50700		\$987.79
50705		\$1,936.53
50706		\$878.37
50715		\$1,273.34
50722		\$1,075.48
50725		\$1,171.65
50727		\$549.72
50728		\$751.25
50740		\$1,273.34
50750		\$1,225.07
50760		\$1,191.54
50770		\$1,225.07
50780		\$1,177.91
50782		\$1,143.28
50783		\$1,197.44
50785		\$1,287.70
50800		\$984.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
50810		\$1,464.19
50815		\$1,303.55
50820		\$1,392.71
50825		\$1,745.31
50830		\$1,906.69
50840		\$1,310.92
50845		\$1,338.18
50860		\$1,008.43
50900		\$900.84
50920		\$941.74
50930		\$1,170.91
50940		\$947.63
50945		\$1,030.90
50947		\$1,464.93
50948		\$1,351.81
50951		\$408.97
50953		\$432.92
50955		\$460.92
50957		\$465.34
50961		\$417.44
50970		\$389.07
50972		\$376.18
50974		\$495.92
50976		\$489.29
50980		\$373.60
51020		\$508.08
51040		\$316.49
51045		\$526.50
51050		\$509.56
51060		\$627.46
51065		\$624.51
51080		\$442.87
51100		\$79.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
51101		\$163.96
51102		\$255.33
51500		\$684.93
51520		\$640.72
51525		\$914.84
51530		\$823.47
51535		\$833.78
51550		\$1,022.43
51555		\$1,337.08
51565		\$1,369.13
51570		\$1,557.40
51575		\$1,921.06
51580		\$2,007.64
51585		\$2,231.28
51590		\$2,040.43
51595		\$2,308.29
51596		\$2,491.77
51597		\$2,425.82
51600		\$224.01
51605		\$41.27
51610		\$138.53
51700		\$82.53
51701		\$47.53
51702		\$67.42
51703		\$160.27
51705		\$105.74
51710		\$146.64
51715		\$378.39
51720		\$96.16
51721		\$589.88
51725		\$225.49
51725	26	\$79.58
51725	TC	\$145.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
51726		\$303.23
51726	26	\$89.16
51726	TC	\$214.06
51727		\$371.76
51727	26	\$111.27
51727	TC	\$260.49
51728		\$370.65
51728	26	\$109.43
51728	TC	\$261.23
51729		\$390.92
51729	26	\$132.27
51729	TC	\$258.65
51736		\$14.74
51736	26	\$8.47
51736	TC	\$6.26
51741		\$15.47
51741	26	\$8.84
51741	TC	\$6.63
51784		\$69.64
51784	26	\$39.05
51784	TC	\$30.58
51785		\$425.92
51785	26	\$92.85
51785	TC	\$333.07
51792		\$275.59
51792	26	\$58.58
51792	TC	\$217.01
51797		\$182.38
51797	26	\$42.00
51797	TC	\$140.38
51798		\$12.53
51800		\$1,105.33
51820		\$1,156.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
51840		\$742.04
51841		\$860.31
51845		\$625.61
51860		\$791.04
51865		\$951.32
51880		\$498.50
51900		\$882.05
51920		\$817.94
51925		\$1,138.12
51940		\$1,737.57
51960		\$1,470.82
51980		\$764.52
51990		\$794.36
51992		\$883.16
52000		\$239.49
52001		\$452.45
52005		\$308.39
52007		\$462.03
52010		\$392.02
52204		\$385.76
52214		\$773.73
52224		\$809.10
52234		\$259.01
52235		\$303.60
52240		\$411.55
52250		\$252.38
52260		\$221.80
52265		\$378.39
52270		\$431.81
52275		\$557.45
52276		\$278.54
52277		\$339.70
52281		\$332.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
52282		\$354.07
52283		\$362.92
52284		\$2,802.74
52285		\$358.13
52287		\$396.81
52290		\$256.80
52300		\$294.75
52301		\$305.07
52305		\$292.54
52310		\$326.81
52315		\$486.71
52317		\$920.74
52318		\$496.66
52320		\$259.38
52325		\$336.02
52327		\$271.54
52330		\$625.61
52332		\$406.76
52334		\$193.80
52341		\$298.81
52342		\$325.33
52343		\$361.81
52344		\$388.34
52345		\$414.50
52346		\$468.29
52351		\$318.70
52352		\$372.49
52353		\$411.55
52354		\$438.45
52355		\$491.13
52356		\$436.60
52400		\$508.45
52402		\$278.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
52441		\$1,314.23
52442		\$900.10
52450		\$513.61
52500		\$532.40
52601		\$777.04
52630		\$439.18
52640		\$352.23
52647		\$1,641.78
52648		\$1,694.83
52649		\$882.05
52700		\$477.13
53000		\$160.27
53010		\$323.86
53020		\$102.80
53025		\$74.06
53040		\$423.71
53060		\$203.01
53080		\$454.66
53085		\$695.99
53200		\$171.33
53210		\$834.89
53215		\$988.53
53220		\$487.08
53230		\$652.51
53235		\$681.25
53240		\$458.71
53250		\$428.87
53260		\$224.38
53265		\$247.22
53270		\$230.28
53275		\$280.38
53400		\$857.00
53405		\$932.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
53410		\$1,043.43
53415		\$1,200.75
53420		\$897.16
53425		\$997.00
53430		\$1,034.22
53431		\$1,225.07
53440		\$805.41
53442		\$844.47
53444		\$848.52
53445		\$812.41
53446		\$690.46
53447		\$862.15
53448		\$1,356.24
53449		\$658.77
53450		\$442.50
53460		\$493.34
53500		\$795.47
53502		\$523.92
53505		\$523.56
53510		\$679.78
53515		\$850.36
53520		\$601.67
53600		\$95.43
53601		\$93.22
53605		\$67.06
53620		\$180.91
53621		\$173.90
53660		\$82.16
53661		\$81.06
53665		\$39.42
53850		\$1,490.72
53852		\$1,455.71
53854		\$1,754.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
53855		\$681.62
53860		\$2,493.98
53865		\$3,234.55
53866		\$152.53
54000		\$177.96
54001		\$215.91
54015		\$326.07
54050		\$158.80
54055		\$152.53
54056		\$160.27
54057		\$151.80
54060		\$213.33
54065		\$245.01
54100		\$219.96
54105		\$298.44
54110		\$670.20
54111		\$853.68
54112		\$1,000.32
54115		\$497.03
54120		\$679.41
54125		\$883.52
54130		\$1,269.65
54135		\$1,601.62
54150		\$159.54
54160		\$239.12
54161		\$212.96
54162		\$277.44
54163		\$238.38
54164		\$212.22
54200		\$128.22
54205		\$573.30
54220		\$239.49
54230		\$116.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
54231		\$156.22
54235		\$99.11
54240		\$117.53
54240	26	\$68.53
54240	TC	\$49.00
54250		\$130.80
54250	26	\$114.59
54250	TC	\$16.21
54300		\$692.30
54304		\$799.89
54308		\$767.10
54312		\$875.42
54316		\$1,059.27
54318		\$763.78
54322		\$834.89
54324		\$1,032.37
54326		\$1,005.48
54328		\$998.85
54332		\$1,076.59
54336		\$1,264.49
54340		\$612.35
54344		\$1,007.32
54348		\$1,076.96
54352		\$1,500.30
54360		\$771.89
54380		\$855.52
54385		\$994.42
54390		\$1,320.50
54400		\$571.82
54401		\$720.30
54405		\$864.00
54406		\$784.04
54408		\$847.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
54410		\$924.42
54411		\$1,099.43
54415		\$573.30
54416		\$770.78
54417		\$961.27
54420		\$752.73
54430		\$686.41
54435		\$448.03
54437		\$730.99
54450		\$74.79
54500		\$79.58
54505		\$225.85
54512		\$578.82
54520		\$354.07
54522		\$630.77
54530		\$548.61
54535		\$796.57
54550		\$529.45
54560		\$736.52
54600		\$488.55
54620		\$320.18
54640		\$463.50
54650		\$764.52
54660		\$389.44
54670		\$442.50
54680		\$841.89
54690		\$701.51
54692		\$806.52
54700		\$229.91
54800		\$133.01
54830		\$403.44
54840		\$348.55
54860		\$452.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
54861		\$611.25
54865		\$390.92
54900		\$857.00
54901		\$1,128.17
55000		\$129.69
55040		\$366.23
55041		\$551.19
55060		\$410.81
55100		\$250.54
55110		\$420.39
55120		\$385.76
55150		\$532.03
55175		\$395.71
55180		\$739.09
55200		\$412.29
55250		\$361.81
55300		\$197.12
55400		\$537.56
55500		\$421.50
55520		\$487.08
55530		\$380.97
55535		\$464.61
55540		\$585.45
55550		\$463.87
55600		\$455.76
55605		\$564.82
55650		\$769.31
55680		\$376.18
55700		\$260.49
55705		\$284.07
55706		\$404.92
55720		\$486.71
55725		\$642.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
55801		\$1,167.22
55810		\$1,387.18
55812		\$1,704.78
55815		\$1,865.42
55821		\$894.58
55831		\$917.05
55840		\$1,244.97
55842		\$1,243.12
55845		\$1,445.03
55860		\$932.90
55862		\$1,165.38
55865		\$1,418.13
55866		\$1,268.91
55867		\$1,115.64
55870		\$193.80
55873		\$5,977.60
55874		\$3,008.33
55875		\$844.10
55876		\$161.75
55880		\$1,045.64
55881		\$9,670.87
55882		\$10,002.09
55920		\$501.82
56405		\$156.59
56420		\$199.33
56440		\$193.80
56441		\$196.38
56442		\$51.21
56501		\$206.70
56515		\$296.96
56605		\$102.80
56606		\$40.16
56620		\$631.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
56625		\$715.15
56630		\$1,024.64
56631		\$1,265.97
56632		\$1,531.61
56633		\$1,228.39
56634		\$1,383.50
56637		\$1,618.93
56640		\$1,625.93
56700		\$217.38
56740		\$334.18
56800		\$270.80
56805		\$1,230.60
56810		\$289.60
56820		\$134.48
56821		\$179.43
57000		\$215.54
57010		\$488.19
57020		\$132.27
57022		\$193.43
57023		\$339.70
57061		\$180.17
57065		\$263.80
57100		\$110.53
57105		\$189.75
57106		\$576.24
57107		\$1,545.61
57109		\$1,842.58
57110		\$956.48
57111		\$1,842.58
57120		\$566.66
57130		\$246.12
57135		\$264.91
57150		\$61.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
57155		\$439.18
57156		\$252.38
57160		\$79.58
57170		\$82.53
57180		\$211.49
57200		\$357.02
57210		\$420.76
57220		\$371.76
57230		\$446.18
57240		\$653.98
57250		\$655.09
57260		\$825.68
57265		\$922.58
57267		\$261.96
57268		\$542.35
57270		\$861.79
57280		\$1,023.90
57282		\$737.62
57283		\$742.04
57284		\$886.47
57285		\$736.52
57287		\$793.26
57288		\$793.62
57289		\$841.15
57291		\$585.09
57292		\$876.16
57295		\$536.45
57296		\$1,012.48
57300		\$652.88
57305		\$1,029.06
57307		\$1,154.70
57308		\$714.04
57310		\$532.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
57311		\$599.09
57320		\$600.56
57330		\$822.36
57335		\$1,243.12
57400		\$137.43
57410		\$112.37
57415		\$187.91
57420		\$142.96
57421		\$190.12
57423		\$981.90
57425		\$1,030.53
57426		\$928.84
57452		\$135.59
57454		\$179.80
57455		\$173.17
57456		\$162.48
57460		\$331.60
57461		\$370.65
57465		\$58.21
57500		\$162.85
57505		\$165.43
57510		\$177.59
57511		\$212.96
57513		\$219.22
57520		\$379.13
57522		\$324.60
57530		\$401.97
57531		\$1,866.90
57540		\$838.21
57545		\$882.05
57550		\$460.55
57555		\$657.67
57556		\$624.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
57558		\$169.11
57700		\$382.44
57720		\$358.49
57800		\$83.27
58100		\$107.22
58110		\$53.06
58120		\$318.70
58140		\$973.79
58145		\$597.98
58146		\$1,217.33
58150		\$1,079.54
58152		\$1,305.02
58180		\$1,017.64
58200		\$1,432.13
58210		\$1,929.90
58240		\$3,105.97
58260		\$889.05
58262		\$981.90
58263		\$1,052.27
58267		\$1,130.01
58270		\$947.26
58275		\$1,049.69
58280		\$1,119.33
58285		\$1,512.09
58290		\$1,213.28
58291		\$1,310.18
58292		\$1,379.82
58294		\$1,282.55
58300		\$117.90
58301		\$117.16
58340		\$254.59
58346		\$547.87
58353		\$962.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
58356		\$1,737.94
58400		\$494.08
58410		\$862.89
58520		\$845.21
58540		\$969.37
58541		\$777.41
58542		\$879.47
58543		\$891.26
58544		\$958.32
58545		\$953.16
58546		\$1,173.49
58548		\$1,994.74
58550		\$935.47
58552		\$1,039.74
58553		\$1,180.12
58554		\$1,376.13
58555		\$366.23
58558		\$1,362.50
58559		\$297.33
58560		\$327.18
58561		\$374.34
58562		\$438.81
58563		\$2,161.65
58565		\$1,718.41
58570		\$858.10
58571		\$964.58
58572		\$1,103.12
58573		\$1,289.55
58575		\$2,048.54
58580		\$2,943.85
58600		\$394.97
58605		\$358.86
58611		\$78.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
58615		\$269.33
58660		\$722.51
58661		\$690.09
58662		\$755.31
58670		\$395.71
58671		\$395.71
58672		\$770.78
58673		\$836.36
58674		\$859.58
58700		\$849.26
58720		\$807.99
58740		\$956.48
58760		\$868.05
58770		\$910.79
58800		\$386.86
58805		\$456.13
58820		\$363.28
58822		\$757.52
58825		\$751.62
58900		\$465.71
58920		\$756.41
58925		\$813.89
58940		\$591.72
58943		\$1,277.76
58950		\$1,225.44
58951		\$1,530.14
58952		\$1,745.31
58953		\$2,120.02
58954		\$2,293.18
58956		\$1,444.29
58958		\$1,744.94
58960		\$1,063.69
59000		\$123.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
59001		\$180.91
59012		\$203.75
59015		\$163.96
59020		\$75.16
59020	26	\$36.84
59020	TC	\$38.32
59025		\$51.95
59025	26	\$29.48
59025	TC	\$22.47
59030		\$113.11
59050		\$50.48
59051		\$42.00
59070		\$412.29
59072		\$526.87
59074		\$396.44
59076		\$526.87
59100		\$880.94
59120		\$841.15
59121		\$841.15
59130		\$974.16
59136		\$924.42
59140		\$433.66
59150		\$816.10
59151		\$797.31
59160		\$284.07
59200		\$140.38
59300		\$238.75
59320		\$155.11
59325		\$244.65
59350		\$280.75
59400		\$2,503.93
59409		\$815.36
59410		\$1,106.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
59412		\$104.64
59414		\$91.74
59425		\$587.30
59426		\$1,073.27
59430		\$275.59
59510		\$2,761.47
59514		\$918.16
59515		\$1,363.24
59525		\$484.87
59610		\$2,601.57
59612		\$914.84
59614		\$1,183.80
59618		\$2,788.00
59620		\$947.26
59622		\$1,410.76
59812		\$378.39
59820		\$462.03
59821		\$453.18
59830		\$481.55
59840		\$260.86
59841		\$443.60
59850		\$406.39
59851		\$446.55
59852		\$611.61
59855		\$439.55
59856		\$513.24
59857		\$596.51
59866		\$242.43
59870		\$561.14
59871		\$136.32
60000		\$203.38
60100		\$118.27
60200		\$711.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
60210		\$750.52
60212		\$1,068.85
60220		\$750.52
60225		\$994.79
60240		\$967.16
60252		\$1,388.29
60254		\$1,748.63
60260		\$1,147.33
60270		\$1,425.50
60271		\$1,111.59
60280		\$492.61
60281		\$643.30
60300		\$112.01
60500		\$1,020.58
60502		\$1,365.81
60505		\$1,489.61
60512		\$249.07
60520		\$1,094.27
60521		\$1,157.64
60522		\$1,397.87
60540		\$1,131.12
60545		\$1,299.13
60600		\$1,386.08
60605		\$1,641.04
60650		\$1,245.33
60660		\$2,705.47
60661		\$428.87
61000		\$116.43
61001		\$110.90
61020		\$108.69
61026		\$117.16
61050		\$86.22
61055		\$122.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
61070		\$59.32
61105		\$491.50
61107		\$311.70
61108		\$947.26
61120		\$783.68
61140		\$1,314.97
61150		\$1,389.03
61151		\$1,027.58
61154		\$1,324.18
61156		\$1,275.91
61210		\$365.49
61215		\$547.87
61250		\$902.31
61253		\$1,027.58
61304		\$1,681.94
61305		\$2,051.12
61312		\$2,109.70
61313		\$2,034.54
61314		\$1,872.79
61315		\$2,112.28
61316		\$87.32
61320		\$1,938.00
61321		\$2,169.39
61322		\$2,430.98
61323		\$2,416.24
61330		\$1,839.63
61333		\$2,056.64
61340		\$1,481.87
61343		\$2,238.29
61345		\$2,088.70
61450		\$1,960.11
61458		\$2,063.28
61460		\$2,151.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
61500		\$1,354.02
61501		\$1,188.59
61510		\$2,259.29
61512		\$2,600.83
61514		\$1,963.06
61516		\$1,916.64
61517		\$86.95
61518		\$2,825.21
61519		\$2,993.96
61520		\$3,801.95
61521		\$3,216.13
61522		\$2,233.50
61524		\$2,129.59
61526		\$3,449.35
61530		\$3,112.97
61531		\$1,272.23
61533		\$1,569.19
61534		\$1,698.15
61535		\$1,047.48
61536		\$2,621.46
61537		\$2,492.88
61538		\$2,697.73
61539		\$2,405.19
61540		\$2,220.23
61541		\$2,196.28
61543		\$2,219.49
61544		\$1,939.48
61545		\$3,241.55
61546		\$2,352.87
61548		\$1,617.46
61550		\$1,247.18
61552		\$1,534.56
61556		\$1,753.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
61557		\$1,737.57
61558		\$1,931.37
61559		\$2,456.40
61563		\$2,025.69
61564		\$2,455.30
61566		\$2,283.97
61567		\$2,601.57
61570		\$1,917.37
61571		\$2,037.85
61575		\$2,548.51
61576		\$4,285.72
61580		\$2,622.94
61581		\$2,882.32
61582		\$3,152.02
61583		\$3,010.91
61584		\$2,958.22
61585		\$3,343.24
61586		\$2,612.62
61590		\$3,174.50
61591		\$3,227.18
61592		\$3,237.87
61595		\$2,501.35
61596		\$2,586.83
61597		\$2,994.33
61598		\$2,918.06
61600		\$2,227.97
61601		\$2,489.19
61605		\$2,305.34
61606		\$2,992.12
61607		\$3,095.28
61608		\$3,334.77
61611		\$464.97
61613		\$3,340.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
61615		\$2,881.95
61616		\$3,407.35
61618		\$1,341.87
61619		\$1,489.61
61623		\$583.24
61624		\$1,177.54
61626		\$927.00
61630		\$1,397.50
61635		\$1,527.93
61640		\$485.97
61641		\$170.96
61642		\$341.55
61645		\$860.31
61650		\$590.98
61651		\$252.38
61680		\$2,306.45
61682		\$4,176.66
61684		\$2,888.59
61686		\$4,531.47
61690		\$2,229.07
61692		\$3,687.74
61697		\$4,262.51
61698		\$4,664.48
61700		\$3,455.99
61702		\$4,062.81
61703		\$1,402.29
61705		\$2,645.41
61708		\$2,589.04
61710		\$2,185.97
61711		\$2,652.05
61720		\$1,310.92
61735		\$1,639.94
61736		\$1,228.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
61737		\$1,457.19
61750		\$1,448.35
61751		\$1,434.34
61760		\$1,627.41
61770		\$1,660.57
61781		\$234.70
61782		\$181.64
61783		\$232.86
61790		\$920.37
61791		\$1,165.75
61796		\$1,054.11
61797		\$218.12
61798		\$1,416.66
61799		\$301.02
61800		\$150.69
61850		\$1,021.32
61860		\$1,601.99
61863		\$1,551.88
61864		\$281.49
61867		\$2,325.24
61868		\$496.29
61880		\$618.61
61885		\$558.93
61886		\$929.95
61888		\$413.39
61889		\$1,340.76
61891		\$637.04
61892		\$890.16
62000		\$1,072.53
62005		\$1,311.65
62010		\$1,581.35
62100		\$1,625.93
62115		\$1,741.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
62117		\$2,005.06
62120		\$2,147.65
62121		\$1,625.93
62140		\$1,064.80
62141		\$1,186.38
62142		\$932.53
62143		\$1,084.69
62145		\$1,442.82
62146		\$1,289.55
62147		\$1,470.45
62148		\$125.27
62160		\$187.54
62161		\$1,567.72
62162		\$1,936.16
62164		\$2,149.12
62165		\$1,579.14
62180		\$1,642.15
62190		\$969.00
62192		\$1,030.16
62194		\$522.08
62200		\$1,415.92
62201		\$1,261.18
62220		\$1,005.48
62223		\$1,072.90
62225		\$569.24
62230		\$872.47
62252		\$92.48
61715	26	\$1,209.60
62252	26	\$46.06
62252	TC	\$46.42
62256		\$642.19
62258		\$1,149.17
62263		\$689.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
62264		\$468.29
62267		\$282.60
62268		\$334.91
62269		\$277.07
62270		\$156.22
62272		\$198.22
62273		\$181.27
62280		\$351.13
62281		\$258.65
62282		\$334.91
62284		\$199.70
62287		\$651.77
62290		\$367.71
62291		\$330.49
62292		\$628.56
62294		\$989.27
62302		\$271.54
62303		\$276.33
62304		\$269.70
62305		\$294.39
62320		\$170.96
62321		\$282.60
62322		\$142.59
62323		\$278.17
62324		\$147.75
62325		\$264.17
62326		\$147.75
62327		\$287.75
62328		\$238.75
62329		\$281.86
62350		\$425.55
62351		\$957.21
62355		\$299.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
62360		\$333.81
62361		\$459.45
62362		\$409.34
62365		\$318.33
62367		\$34.63
62368		\$48.27
62369		\$99.85
62370		\$99.48
63001		\$1,276.28
63003		\$1,282.92
63005		\$1,254.18
63011		\$1,149.91
63012		\$1,244.60
63015		\$1,535.30
63016		\$1,576.56
63017		\$1,315.71
63020		\$1,155.80
63030		\$965.32
63035		\$236.17
63040		\$1,438.40
63042		\$1,356.24
63045		\$1,339.29
63046		\$1,284.39
63047		\$1,160.59
63048		\$213.70
63050		\$1,551.51
63051		\$1,761.89
63052		\$261.96
63053		\$232.49
63055		\$1,674.94
63056		\$1,543.77
63057		\$324.97
63064		\$1,822.31

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
63066		\$204.49
63075		\$1,407.45
63076		\$247.59
63077		\$1,547.09
63078		\$205.59
63081		\$1,824.16
63082		\$268.96
63085		\$1,991.80
63086		\$193.43
63087		\$2,499.51
63088		\$261.23
63090		\$2,022.75
63091		\$179.06
63101		\$2,390.82
63102		\$2,375.35
63103		\$296.96
63170		\$1,641.04
63172		\$1,455.71
63173		\$1,772.21
63185		\$1,275.18
63190		\$1,319.02
63191		\$1,427.71
63197		\$1,758.57
63200		\$1,595.35
63250		\$3,006.86
63251		\$3,076.49
63252		\$3,076.12
63265		\$1,717.31
63266		\$1,769.63
63267		\$1,427.71
63268		\$1,510.24
63270		\$2,124.07
63271		\$2,124.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
63272		\$1,945.01
63273		\$1,915.16
63275		\$1,851.79
63276		\$1,840.37
63277		\$1,618.93
63278		\$1,642.51
63280		\$2,166.07
63281		\$2,149.12
63282		\$2,034.91
63283		\$1,954.58
63285		\$2,663.47
63286		\$2,634.73
63287		\$2,790.21
63290		\$2,836.63
63295		\$329.39
63300		\$1,879.79
63301		\$2,181.91
63302		\$2,229.81
63303		\$2,359.50
63304		\$2,399.29
63305		\$2,549.25
63306		\$2,506.14
63307		\$2,451.98
63308		\$321.65
63600		\$1,131.12
63610		\$585.45
63620		\$1,161.33
63621		\$250.91
63650		\$2,408.14
63655		\$883.16
63661		\$731.36
63662		\$894.21
63663		\$959.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
63664		\$930.68
63685		\$359.97
63688		\$317.97
63700		\$1,361.02
63702		\$1,483.72
63704		\$1,725.78
63706		\$1,908.90
63707		\$991.85
63709		\$1,167.22
63710		\$1,141.80
63740		\$1,029.43
63741		\$706.67
63744		\$745.36
63746		\$644.04
64400		\$120.48
64405		\$79.58
64408		\$87.32
64415		\$144.80
64416		\$81.79
64417		\$174.27
64418		\$92.85
64420		\$106.48
64421		\$36.11
64425		\$119.01
64430		\$105.74
64435		\$85.48
64445		\$169.48
64446		\$79.95
64447		\$126.01
64448		\$76.64
64449		\$68.90
64450		\$80.69
64451		\$245.01

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
64454		\$238.38
64455		\$54.16
64461		\$143.32
64462		\$76.27
64463		\$242.43
64466		\$134.11
64467		\$249.80
64468		\$154.75
64469		\$382.81
64473		\$126.74
64474		\$246.86
64479		\$288.12
64480		\$145.53
64483		\$266.02
64484		\$119.38
64486		\$118.27
64487		\$223.28
64488		\$137.06
64489		\$364.76
64490		\$209.28
64491		\$105.74
64492		\$105.37
64493		\$193.06
64494		\$98.37
64495		\$97.64
64505		\$154.75
64510		\$156.96
64517		\$210.01
64520		\$246.86
64530		\$243.54
64553		\$4,072.02
64555		\$2,253.39
64561		\$775.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
64566		\$123.80
64568		\$642.19
64569		\$805.41
64570		\$772.25
64575		\$337.49
64580		\$334.55
64581		\$696.72
64582		\$893.10
64583		\$922.21
64584		\$778.89
64585		\$259.38
64590		\$445.45
64595		\$362.55
64600		\$514.35
64605		\$946.90
64610		\$802.84
64611		\$140.38
64612		\$147.75
64615		\$158.43
64616		\$145.17
64617		\$173.17
64620		\$228.43
64624		\$418.18
64625		\$508.45
64628		\$440.66
64629		\$206.70
64630		\$276.70
64632		\$99.48
64633		\$469.76
64634		\$272.65
64635		\$473.82
64636		\$255.70
64640		\$270.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
64642		\$163.59
64643		\$99.48
64644		\$190.85
64645		\$127.85
64646		\$171.33
64647		\$191.96
64650		\$94.69
64653		\$110.16
64680		\$365.86
64681		\$491.87
64702		\$562.61
64704		\$356.28
64708		\$555.24
64712		\$639.25
64713		\$852.21
64714		\$819.05
64716		\$551.56
64718		\$659.14
64719		\$446.18
64721		\$487.82
64722		\$400.86
64726		\$296.96
64727		\$191.22
64732		\$484.13
64734		\$546.40
64736		\$366.97
64738		\$490.03
64740		\$501.45
64742		\$539.03
64744		\$535.71
64746		\$451.71
64755		\$958.32
64760		\$550.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
64763		\$544.93
64766		\$670.56
64771		\$656.20
64772		\$600.56
64774		\$463.50
64776		\$437.71
64778		\$187.17
64782		\$499.24
64783		\$223.28
64784		\$779.99
64786		\$1,047.11
64787		\$246.12
64788		\$441.76
64790		\$905.63
64792		\$1,136.28
64795		\$204.85
64802		\$887.95
64804		\$1,235.39
64809		\$1,128.17
64818		\$832.68
64820		\$826.42
64821		\$756.04
64822		\$756.04
64823		\$853.31
64831		\$753.83
64832		\$346.34
64834		\$806.15
64835		\$874.68
64836		\$874.68
64837		\$376.55
64840		\$1,028.32
64856		\$1,069.96
64857		\$1,114.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
64858		\$1,246.81
64859		\$255.70
64861		\$1,569.19
64862		\$1,453.87
64864		\$917.79
64865		\$1,156.17
64866		\$1,324.18
64868		\$1,060.74
64872		\$120.11
64874		\$179.43
64876		\$203.01
64885		\$1,146.22
64886		\$1,371.71
64890		\$1,146.22
64891		\$1,218.07
64892		\$1,115.64
64893		\$1,189.33
64895		\$1,401.55
64896		\$1,511.72
64897		\$1,340.76
64898		\$1,452.03
64901		\$614.93
64902		\$711.83
64905		\$1,055.59
64907		\$1,374.66
64910		\$820.52
64911		\$1,093.54
64912		\$957.21
64913		\$178.69
65091		\$796.94
65093		\$789.94
65101		\$913.00
65103		\$943.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
65105		\$1,026.85
65110		\$1,417.40
65112		\$1,624.09
65114		\$1,695.20
65125		\$489.29
65130		\$916.68
65135		\$927.37
65140		\$997.37
65150		\$751.99
65155		\$1,037.53
65175		\$837.84
65205		\$30.95
65210		\$41.63
65220		\$65.21
65222		\$73.69
65235		\$782.94
65260		\$1,052.27
65265		\$1,181.96
65270		\$302.86
65272		\$565.93
65273		\$407.13
65275		\$634.09
65280		\$717.36
65285		\$1,182.70
65286		\$746.46
65290		\$525.03
65400		\$749.04
65410		\$154.75
65420		\$579.56
65426		\$719.57
65430		\$124.53
65435		\$89.16
65436		\$420.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
65450		\$359.23
65600		\$472.34
65710		\$1,225.07
65730		\$1,342.60
65750		\$1,349.23
65755		\$1,344.81
65756		\$1,268.18
65770		\$1,507.30
65772		\$492.98
65775		\$619.35
65778		\$1,386.08
65779		\$1,212.54
65780		\$639.25
65781		\$1,424.03
65782		\$1,230.96
65785		\$2,232.02
65800		\$129.32
65810		\$499.98
65815		\$688.99
65820		\$883.16
65850		\$903.79
65855		\$263.80
65860		\$331.23
65865		\$513.98
65870		\$640.35
65875		\$682.35
65880		\$716.25
65900		\$1,061.85
65920		\$851.47
65930		\$688.99
66020		\$212.59
66030		\$191.22
66130		\$755.67

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
66150		\$943.95
66155		\$943.21
66160		\$1,059.27
66170		\$1,176.44
66172		\$1,285.13
66174		\$672.41
66175		\$778.52
66179		\$1,161.33
66180		\$1,222.86
66183		\$1,105.33
66184		\$852.94
66185		\$915.21
66225		\$1,003.64
66250		\$804.31
66500		\$423.34
66505		\$460.55
66600		\$969.00
66605		\$1,165.75
66625		\$462.39
66630		\$610.51
66635		\$616.04
66680		\$641.09
66682		\$713.67
66683		\$838.21
66700		\$488.55
66710		\$476.40
66711		\$547.50
66720		\$506.61
66740		\$474.55
66761		\$320.54
66762		\$514.71
66770		\$571.45
66820		\$501.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
66821		\$359.97
66825		\$891.63
66830		\$762.31
66840		\$744.25
66850		\$846.31
66852		\$899.37
66920		\$803.94
66930		\$918.89
66940		\$842.26
66982		\$799.89
66984		\$584.35
66985		\$826.78
66986		\$967.90
66989		\$917.79
66990		\$94.32
66991		\$735.41
67005		\$515.82
67010		\$588.03
67015		\$648.83
67025		\$794.73
67027		\$907.84
67028		\$121.95
67030		\$600.56
67031		\$417.81
67036		\$960.90
67039		\$1,027.58
67040		\$1,108.64
67041		\$1,222.12
67042		\$1,222.12
67043		\$1,289.18
67101		\$361.07
67105		\$319.44
67107		\$1,201.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
67108		\$1,272.23
67110		\$955.37
67113		\$1,420.71
67115		\$537.56
67120		\$719.57
67121		\$968.63
67141		\$290.70
67145		\$262.33
67208		\$647.72
67210		\$553.77
67218		\$1,485.19
67220		\$569.98
67221		\$303.96
67225		\$31.32
67227		\$317.97
67228		\$364.76
67229		\$1,238.33
67250		\$966.42
67255		\$741.67
67311		\$491.87
67312		\$714.04
67314		\$491.87
67316		\$761.94
67318		\$737.62
67320		\$185.69
67331		\$134.48
67332		\$216.64
67334		\$132.64
67335		\$199.33
67340		\$310.60
67343		\$727.30
67345		\$261.59
67346		\$207.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
67400		\$1,109.01
67405		\$968.63
67412		\$1,055.22
67413		\$1,030.53
67414		\$1,545.98
67415		\$109.80
67420		\$1,850.32
67430		\$1,481.87
67440		\$1,438.03
67445		\$1,628.88
67450		\$1,489.98
67500		\$82.90
67505		\$91.74
67515		\$55.27
67516		\$129.69
67550		\$1,161.70
67560		\$1,186.01
67570		\$1,359.92
67700		\$301.75
67710		\$257.17
67715		\$281.12
67800		\$140.38
67801		\$176.85
67805		\$221.07
67808		\$397.92
67810		\$197.12
67820		\$20.26
67825		\$145.53
67830		\$288.49
67835		\$477.13
67840		\$298.44
67850		\$233.22
67875		\$194.91

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
67880		\$504.40
67882		\$617.14
67900		\$701.88
67901		\$854.05
67902		\$779.99
67903		\$649.93
67904		\$796.20
67906		\$543.45
67908		\$583.98
67909		\$590.98
67911		\$602.40
67912		\$953.53
67914		\$523.92
67915		\$335.65
67916		\$654.35
67917		\$669.83
67921		\$512.13
67922		\$330.12
67923		\$654.72
67924		\$697.09
67930		\$398.29
67935		\$645.88
67938		\$282.23
67950		\$630.04
67961		\$635.19
67966		\$836.73
67971		\$771.52
67973		\$991.85
67974		\$989.64
67975		\$731.73
68020		\$131.53
68040		\$68.16
68100		\$191.96

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
68110		\$254.22
68115		\$354.44
68130		\$593.93
68135		\$171.33
68200		\$44.95
68320		\$799.89
68325		\$706.30
68326		\$693.78
68328		\$757.52
68330		\$670.56
68335		\$695.99
68340		\$644.77
68360		\$583.98
68362		\$704.83
68371		\$444.34
68400		\$317.23
68420		\$354.07
68440		\$113.85
68500		\$1,141.80
68505		\$1,136.64
68510		\$482.29
68520		\$794.36
68525		\$274.12
68530		\$464.24
68540		\$1,054.85
68550		\$1,311.65
68700		\$649.56
68705		\$278.91
68720		\$871.00
68745		\$876.52
68750		\$923.68
68760		\$235.07
68761		\$156.96

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
68770		\$675.35
68801		\$103.90
68810		\$173.90
68811		\$146.27
68815		\$400.86
68816		\$886.47
68840		\$144.43
68841		\$41.27
68850		\$62.64
69000		\$199.70
69005		\$236.17
69020		\$249.44
69100		\$102.80
69105		\$154.75
69110		\$506.24
69120		\$418.92
69140		\$976.00
69145		\$441.39
69150		\$1,075.11
69155		\$1,739.05
69200		\$86.95
69205		\$102.80
69209		\$17.32
69210		\$51.95
69220		\$85.48
69222		\$233.22
69300		\$702.25
69310		\$1,205.91
69320		\$1,680.10
69420		\$206.70
69421		\$164.69
69424		\$138.17
69433		\$218.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
69436		\$173.54
69440		\$743.15
69450		\$589.51
69501		\$762.67
69502		\$1,011.00
69505		\$1,325.65
69511		\$1,355.50
69530		\$1,806.47
69535		\$2,851.37
69540		\$226.59
69550		\$1,147.70
69552		\$1,704.04
69554		\$2,706.94
69601		\$1,089.85
69602		\$1,165.38
69603		\$1,384.61
69604		\$1,190.80
69610		\$411.92
69620		\$803.57
69631		\$954.63
69632		\$1,159.86
69633		\$1,128.54
69635		\$1,374.66
69636		\$1,518.35
69637		\$1,512.09
69641		\$1,116.38
69642		\$1,431.40
69643		\$1,309.07
69644		\$1,623.72
69645		\$1,594.25
69646		\$1,685.62
69650		\$861.79
69660		\$990.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
69661		\$1,288.81
69662		\$1,231.70
69666		\$866.94
69667		\$867.31
69670		\$1,012.48
69676		\$894.95
69700		\$715.15
69705		\$2,814.90
69706		\$2,911.43
69711		\$899.00
69714		\$532.77
69716		\$665.41
69717		\$602.03
69719		\$690.46
69720		\$1,265.60
69725		\$1,991.43
69726		\$513.24
69727		\$571.45
69728		\$635.93
69729		\$719.57
69730		\$735.41
69740		\$1,239.81
69745		\$1,321.60
69801		\$244.65
69805		\$1,100.54
69806		\$985.58
69905		\$984.48
69910		\$1,058.53
69915		\$1,600.51
69930		\$1,294.71
69950		\$1,858.42
69955		\$2,093.86
69960		\$2,005.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
69970		\$2,263.34
69990		\$216.64
70010		\$62.27
70015		\$179.80
70015	26	\$60.79
70015	TC	\$119.01
70030		\$36.11
70030	26	\$9.21
70030	TC	\$26.90
70100		\$42.37
70100	26	\$9.21
70100	TC	\$33.16
70110		\$47.90
70110	26	\$12.90
70110	TC	\$35.00
70120		\$42.00
70120	26	\$9.21
70120	TC	\$32.79
70130		\$68.53
70130	26	\$17.69
70130	TC	\$50.84
70134		\$67.42
70134	26	\$18.42
70134	TC	\$49.00
70140		\$35.00
70140	26	\$10.32
70140	TC	\$24.69
70150		\$51.21
70150	26	\$13.26
70150	TC	\$37.95
70160		\$41.27
70160	26	\$8.84
70160	TC	\$32.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
70170	26	\$15.47
70190		\$40.90
70190	26	\$11.42
70190	TC	\$29.48
70200		\$52.32
70200	26	\$14.37
70200	TC	\$37.95
70210		\$35.37
70210	26	\$8.84
70210	TC	\$26.53
70220		\$41.27
70220	26	\$11.05
70220	TC	\$30.21
70240		\$35.74
70240	26	\$9.58
70240	TC	\$26.16
70250		\$39.42
70250	26	\$9.21
70250	TC	\$30.21
70260		\$49.00
70260	26	\$14.37
70260	TC	\$34.63
70300		\$14.37
70300	26	\$5.16
70300	TC	\$9.21
70310		\$44.58
70310	26	\$8.47
70310	TC	\$36.11
70320		\$59.69
70320	26	\$11.79
70320	TC	\$47.90
70328		\$37.58
70328	26	\$9.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
70328	TC	\$28.37
70330		\$58.21
70330	26	\$12.16
70330	TC	\$46.06
70332		\$89.16
70332	26	\$27.63
70332	TC	\$61.53
70336		\$291.81
70336	26	\$74.79
70336	TC	\$217.01
70350		\$19.16
70350	26	\$9.21
70350	TC	\$9.95
70355		\$20.63
70355	26	\$10.68
70355	TC	\$9.95
70360		\$34.27
70360	26	\$9.21
70360	TC	\$25.05
70370		\$113.11
70370	26	\$16.21
70370	TC	\$96.90
70371		\$122.69
70371	26	\$45.32
70371	TC	\$77.37
70380		\$40.90
70380	26	\$8.47
70380	TC	\$32.42
70390		\$124.53
70390	26	\$19.53
70390	TC	\$105.01
70450		\$119.01
70450	26	\$43.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
70450	TC	\$75.53
70460		\$165.43
70460	26	\$57.85
70460	TC	\$107.59
70470		\$193.06
70470	26	\$64.85
70470	TC	\$128.22
70480		\$176.85
70480	26	\$65.58
70480	TC	\$111.27
70481		\$201.17
70481	26	\$57.85
70481	TC	\$143.32
70482		\$233.96
70482	26	\$64.48
70482	TC	\$169.48
70486		\$142.96
70486	26	\$43.84
70486	TC	\$99.11
70487		\$169.48
70487	26	\$57.85
70487	TC	\$111.64
70488		\$204.85
70488	26	\$64.48
70488	TC	\$140.38
70490		\$167.27
70490	26	\$65.58
70490	TC	\$101.69
70491		\$204.85
70491	26	\$70.37
70491	TC	\$134.48
70492		\$246.12
70492	26	\$82.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
70492	TC	\$163.59
70496		\$291.81
70496	26	\$89.16
70496	TC	\$202.64
70498		\$291.81
70498	26	\$89.16
70498	TC	\$202.64
70540		\$251.65
70540	26	\$68.53
70540	TC	\$183.12
70542		\$297.70
70542	26	\$82.53
70542	TC	\$215.17
70543		\$377.28
70543	26	\$109.80
70543	TC	\$267.49
70544		\$240.22
70544	26	\$60.79
70544	TC	\$179.43
70545		\$253.86
70545	26	\$60.79
70545	TC	\$193.06
70546		\$368.07
70546	26	\$75.53
70546	TC	\$292.54
70547		\$240.96
70547	26	\$61.16
70547	TC	\$179.80
70548		\$274.49
70548	26	\$76.27
70548	TC	\$198.22
70549		\$385.39
70549	26	\$91.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
70549	TC	\$293.65
70551		\$218.85
70551	26	\$75.53
70551	TC	\$143.32
70552		\$301.75
70552	26	\$91.01
70552	TC	\$210.75
70553		\$354.81
70553	26	\$116.80
70553	TC	\$238.01
70554		\$422.60
70554	26	\$108.69
70554	TC	\$313.91
70555	26	\$127.85
70557	26	\$163.59
70558	26	\$180.91
70559	26	\$168.75
71045		\$28.37
71045	26	\$9.21
71045	TC	\$19.16
71046		\$36.84
71046	26	\$11.05
71046	TC	\$25.79
71047		\$46.06
71047	26	\$14.00
71047	TC	\$32.05
71048		\$50.11
71048	26	\$15.84
71048	TC	\$34.27
71100		\$40.16
71100	26	\$11.42
71100	TC	\$28.74
71101		\$46.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
71101	26	\$13.63
71101	TC	\$32.42
71110		\$47.90
71110	26	\$14.74
71110	TC	\$33.16
71111		\$57.48
71111	26	\$16.58
71111	TC	\$40.90
71120		\$36.48
71120	26	\$9.95
71120	TC	\$26.53
71130		\$44.95
71130	26	\$11.05
71130	TC	\$33.90
71250		\$148.11
71250	26	\$54.90
71250	TC	\$93.22
71260		\$186.06
71260	26	\$59.69
71260	TC	\$126.38
71270		\$218.49
71270	26	\$63.74
71270	TC	\$154.75
71271		\$153.27
71271	26	\$55.27
71271	TC	\$98.01
71275		\$295.49
71275	26	\$92.85
71275	TC	\$202.64
71550		\$349.65
71550	26	\$74.43
71550	TC	\$275.23
71551		\$416.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
71551	26	\$88.06
71551	TC	\$328.28
71552		\$521.71
71552	26	\$115.69
71552	TC	\$406.02
71555		\$371.02
71555	26	\$91.37
71555	TC	\$279.65
72020		\$26.53
72020	26	\$8.11
72020	TC	\$18.42
72040		\$43.48
72040	26	\$11.42
72040	TC	\$32.05
72050		\$59.32
72050	26	\$14.00
72050	TC	\$45.32
72052		\$68.16
72052	26	\$15.47
72052	TC	\$52.69
72070		\$36.11
72070	26	\$10.32
72070	TC	\$25.79
72072		\$43.11
72072	26	\$11.42
72072	TC	\$31.69
72074		\$49.00
72074	26	\$12.53
72074	TC	\$36.48
72080		\$37.95
72080	26	\$10.68
72080	TC	\$27.26
72081		\$47.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
72081	26	\$13.26
72081	TC	\$33.90
72082		\$77.37
72082	26	\$16.21
72082	TC	\$61.16
72083		\$88.06
72083	26	\$18.79
72083	TC	\$69.27
72084		\$107.95
72084	26	\$21.74
72084	TC	\$86.22
72100		\$43.48
72100	26	\$11.42
72100	TC	\$32.05
72110		\$57.11
72110	26	\$13.63
72110	TC	\$43.48
72114		\$67.42
72114	26	\$15.84
72114	TC	\$51.58
72120		\$44.58
72120	26	\$11.42
72120	TC	\$33.16
72125		\$145.17
72125	26	\$50.84
72125	TC	\$94.32
72126		\$187.91
72126	26	\$62.27
72126	TC	\$125.64
72127		\$218.85
72127	26	\$64.48
72127	TC	\$154.38
72128		\$144.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
72128	26	\$50.84
72128	TC	\$93.95
72129		\$189.38
72129	26	\$62.27
72129	TC	\$127.11
72130		\$221.43
72130	26	\$64.85
72130	TC	\$156.59
72131		\$144.43
72131	26	\$50.84
72131	TC	\$93.58
72132		\$188.64
72132	26	\$62.27
72132	TC	\$126.38
72133		\$219.22
72133	26	\$64.48
72133	TC	\$154.75
72141		\$212.22
72141	26	\$75.90
72141	TC	\$136.32
72142		\$306.54
72142	26	\$91.74
72142	TC	\$214.80
72146		\$212.59
72146	26	\$75.90
72146	TC	\$136.69
72147		\$303.60
72147	26	\$91.01
72147	TC	\$212.59
72148		\$212.96
72148	26	\$75.90
72148	TC	\$137.06
72149		\$301.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
72149	26	\$91.37
72149	TC	\$209.64
72156		\$355.91
72156	26	\$117.16
72156	TC	\$238.75
72157		\$356.65
72157	26	\$117.16
72157	TC	\$239.49
72158		\$355.18
72158	26	\$117.16
72158	TC	\$238.01
72159		\$380.23
72159	26	\$91.74
72159	TC	\$288.49
72170		\$30.58
72170	26	\$8.84
72170	TC	\$21.74
72190		\$46.06
72190	26	\$12.90
72190	TC	\$33.16
72191		\$294.02
72191	26	\$91.37
72191	TC	\$202.64
72192		\$148.11
72192	26	\$55.27
72192	TC	\$92.85
72193		\$253.12
72193	26	\$59.32
72193	TC	\$193.80
72194		\$264.54
72194	26	\$62.27
72194	TC	\$202.27
72195		\$254.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
72195	26	\$74.79
72195	TC	\$179.43
72196		\$299.17
72196	26	\$88.06
72196	TC	\$211.12
72197		\$374.71
72197	26	\$112.37
72197	TC	\$262.33
72198		\$376.92
72198	26	\$91.37
72198	TC	\$285.54
72200		\$36.84
72200	26	\$8.84
72200	TC	\$28.00
72202		\$43.11
72202	26	\$11.42
72202	TC	\$31.69
72220		\$35.74
72220	26	\$8.84
72220	TC	\$26.90
72240		\$121.59
72240	26	\$46.42
72240	TC	\$75.16
72255		\$116.43
72255	26	\$46.42
72255	TC	\$70.00
72265		\$118.64
72265	26	\$43.11
72265	TC	\$75.53
72270		\$165.43
72270	26	\$70.00
72270	TC	\$95.43
72285		\$144.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
72285	26	\$60.42
72285	TC	\$84.37
72295		\$121.59
72295	26	\$42.74
72295	TC	\$78.85
73000		\$35.74
73000	26	\$8.47
73000	TC	\$27.26
73010		\$26.16
73010	26	\$9.21
73010	TC	\$16.95
73020		\$23.58
73020	26	\$7.74
73020	TC	\$15.84
73030		\$37.95
73030	26	\$9.58
73030	TC	\$28.37
73040		\$142.22
73040	26	\$28.74
73040	TC	\$113.48
73050		\$31.69
73050	26	\$9.58
73050	TC	\$22.11
73060		\$35.00
73060	26	\$8.11
73060	TC	\$26.90
73070		\$32.05
73070	26	\$8.47
73070	TC	\$23.58
73080		\$35.74
73080	26	\$8.84
73080	TC	\$26.90
73085		\$107.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
73085	26	\$27.63
73085	TC	\$79.95
73090		\$32.05
73090	26	\$8.11
73090	TC	\$23.95
73092		\$34.27
73092	26	\$8.11
73092	TC	\$26.16
73100		\$36.84
73100	26	\$8.47
73100	TC	\$28.37
73110		\$45.32
73110	26	\$8.84
73110	TC	\$36.48
73115		\$144.06
73115	26	\$29.11
73115	TC	\$114.95
73120		\$34.27
73120	26	\$8.47
73120	TC	\$25.79
73130		\$40.90
73130	26	\$8.84
73130	TC	\$32.05
73140		\$42.00
73140	26	\$7.00
73140	TC	\$35.00
73200		\$171.69
73200	26	\$50.84
73200	TC	\$120.85
73201		\$222.91
73201	26	\$59.32
73201	TC	\$163.59
73202		\$264.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
73202	26	\$61.53
73202	TC	\$202.64
73206		\$293.65
73206	26	\$91.37
73206	TC	\$202.27
73218		\$336.02
73218	26	\$69.27
73218	TC	\$266.75
73219		\$367.71
73219	26	\$82.53
73219	TC	\$285.17
73220		\$455.03
73220	26	\$110.16
73220	TC	\$344.86
73221		\$226.96
73221	26	\$69.27
73221	TC	\$157.69
73222		\$346.34
73222	26	\$82.90
73222	TC	\$263.44
73223		\$428.50
73223	26	\$110.16
73223	TC	\$318.33
73225		\$362.92
73225	26	\$86.22
73225	TC	\$276.70
73501		\$36.48
73501	26	\$9.58
73501	TC	\$26.90
73502		\$52.32
73502	26	\$11.42
73502	TC	\$40.90
73503		\$66.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
73503	26	\$14.37
73503	TC	\$52.32
73521		\$45.32
73521	26	\$11.42
73521	TC	\$33.90
73522		\$59.32
73522	26	\$15.11
73522	TC	\$44.21
73523		\$68.16
73523	26	\$16.21
73523	TC	\$51.95
73525		\$137.06
73525	26	\$29.84
73525	TC	\$107.22
73551		\$32.42
73551	26	\$8.47
73551	TC	\$23.95
73552		\$39.05
73552	26	\$9.21
73552	TC	\$29.84
73560		\$37.21
73560	26	\$8.47
73560	TC	\$28.74
73562		\$44.58
73562	26	\$9.58
73562	TC	\$35.00
73564		\$51.95
73564	26	\$11.79
73564	TC	\$40.16
73565		\$43.84
73565	26	\$8.84
73565	TC	\$35.00
73580		\$117.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
73580	26	\$32.42
73580	TC	\$85.48
73590		\$34.63
73590	26	\$8.11
73590	TC	\$26.53
73592		\$34.27
73592	26	\$8.11
73592	TC	\$26.16
73600		\$35.00
73600	26	\$8.11
73600	TC	\$26.90
73610		\$39.79
73610	26	\$8.84
73610	TC	\$30.95
73615		\$136.69
73615	26	\$29.11
73615	TC	\$107.59
73620		\$30.95
73620	26	\$7.74
73620	TC	\$23.21
73630		\$37.21
73630	26	\$8.47
73630	TC	\$28.74
73650		\$30.95
73650	26	\$8.11
73650	TC	\$22.84
73660		\$31.69
73660	26	\$6.63
73660	TC	\$25.05
73700		\$144.80
73700	26	\$50.84
73700	TC	\$93.95
73701		\$185.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
73701	26	\$59.32
73701	TC	\$126.38
73702		\$217.75
73702	26	\$61.90
73702	TC	\$155.85
73706		\$298.44
73706	26	\$96.16
73706	TC	\$202.27
73718		\$247.96
73718	26	\$68.90
73718	TC	\$179.06
73719		\$292.54
73719	26	\$82.53
73719	TC	\$210.01
73720		\$375.07
73720	26	\$110.16
73720	TC	\$264.91
73721		\$226.59
73721	26	\$69.27
73721	TC	\$157.32
73722		\$348.18
73722	26	\$82.90
73722	TC	\$265.28
73723		\$427.39
73723	26	\$110.16
73723	TC	\$317.23
73725		\$375.07
73725	26	\$91.74
73725	TC	\$283.33
74018		\$32.79
74018	26	\$9.21
74018	TC	\$23.58
74019		\$40.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
74019	26	\$11.79
74019	TC	\$28.74
74021		\$46.79
74021	26	\$13.63
74021	TC	\$33.16
74022		\$54.90
74022	26	\$16.58
74022	TC	\$38.32
74150		\$151.80
74150	26	\$60.42
74150	TC	\$91.37
74160		\$257.17
74160	26	\$64.85
74160	TC	\$192.33
74170		\$273.38
74170	26	\$71.11
74170	TC	\$202.27
74174		\$423.34
74174	26	\$112.01
74174	TC	\$311.33
74175		\$295.12
74175	26	\$92.48
74175	TC	\$202.64
74176		\$204.12
74176	26	\$88.79
74176	TC	\$115.32
74177		\$336.39
74177	26	\$93.22
74177	TC	\$243.17
74178		\$376.92
74178	26	\$102.43
74178	TC	\$274.49
74181		\$217.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
74181	26	\$74.43
74181	TC	\$143.32
74182		\$336.76
74182	26	\$88.06
74182	TC	\$248.70
74183		\$376.18
74183	26	\$112.37
74183	TC	\$263.80
74185		\$375.07
74185	26	\$91.01
74185	TC	\$284.07
74190	26	\$23.58
74210		\$101.69
74210	26	\$29.84
74210	TC	\$71.85
74220		\$105.37
74220	26	\$30.58
74220	TC	\$74.79
74221		\$118.64
74221	26	\$35.74
74221	TC	\$82.90
74230		\$133.74
74230	26	\$26.90
74230	TC	\$106.85
74235	26	\$61.16
74240		\$132.64
74240	26	\$41.27
74240	TC	\$91.37
74246		\$149.96
74246	26	\$45.69
74246	TC	\$104.27
74248		\$89.16
74248	26	\$35.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
74248	TC	\$53.42
74250		\$131.90
74250	26	\$41.27
74250	TC	\$90.64
74251		\$262.33
74251	26	\$59.32
74251	TC	\$203.01
74261		\$244.28
74261	26	\$122.69
74261	TC	\$121.59
74262		\$330.86
74262	26	\$127.85
74262	TC	\$203.01
74263		\$398.29
74263	26	\$122.69
74263	TC	\$275.59
74270		\$165.80
74270	26	\$52.69
74270	TC	\$113.11
74280		\$236.17
74280	26	\$64.11
74280	TC	\$172.06
74283		\$285.17
74283	26	\$108.69
74283	TC	\$176.48
74290		\$91.74
74290	26	\$16.58
74290	TC	\$75.16
74300	26	\$14.00
74301	26	\$11.05
74328	26	\$24.69
74329	26	\$25.05
74330	26	\$29.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
74340	26	\$27.63
74355	26	\$39.05
74360	26	\$28.74
74363	26	\$42.37
74400		\$145.53
74400	26	\$24.69
74400	TC	\$120.85
74410		\$152.90
74410	26	\$25.05
74410	TC	\$127.85
74415		\$164.33
74415	26	\$25.05
74415	TC	\$139.27
74420		\$85.85
74420	26	\$26.53
74420	TC	\$59.32
74425		\$146.64
74425	26	\$25.79
74425	TC	\$120.85
74430		\$45.32
74430	26	\$16.21
74430	TC	\$29.11
74440		\$105.01
74440	26	\$19.16
74440	TC	\$85.85
74445	26	\$57.85
74450	26	\$16.95
74455		\$111.64
74455	26	\$16.58
74455	TC	\$95.06
74470	26	\$27.26
74485		\$129.32
74485	26	\$42.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
74485	TC	\$87.32
74712		\$429.23
74712	26	\$154.01
74712	TC	\$275.23
74713		\$221.07
74713	26	\$95.06
74713	TC	\$126.01
74740		\$99.48
74740	26	\$19.53
74740	TC	\$79.95
74742	26	\$31.32
74775	26	\$32.05
75557		\$308.02
75557	26	\$119.01
75557	TC	\$189.01
75559		\$412.66
75559	26	\$147.75
75559	TC	\$264.91
75561		\$401.60
75561	26	\$131.90
75561	TC	\$269.70
75563		\$467.92
75563	26	\$151.06
75563	TC	\$316.86
75565		\$50.11
75565	26	\$12.90
75565	TC	\$37.21
75571		\$112.01
75571	26	\$29.84
75571	TC	\$82.16
75572		\$253.86
75572	26	\$88.43
75572	TC	\$165.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
75573		\$340.81
75573	26	\$130.06
75573	TC	\$210.75
75574		\$359.60
75574	26	\$121.95
75574	TC	\$237.65
75580		\$954.26
75580	26	\$37.58
75580	TC	\$916.68
75600		\$190.12
75600	26	\$24.32
75600	TC	\$165.80
75605		\$130.43
75605	26	\$56.00
75605	TC	\$74.43
75625		\$134.48
75625	26	\$69.64
75625	TC	\$64.85
75630		\$168.38
75630	26	\$98.37
75630	TC	\$70.00
75635		\$323.49
75635	26	\$120.85
75635	TC	\$202.64
75705		\$274.86
75705	26	\$120.85
75705	TC	\$154.01
75710		\$159.17
75710	26	\$85.11
75710	TC	\$74.06
75716		\$175.38
75716	26	\$96.90
75716	TC	\$78.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
75726		\$185.33
75726	26	\$100.22
75726	TC	\$85.11
75731		\$169.11
75731	26	\$58.21
75731	TC	\$110.90
75733		\$189.38
75733	26	\$65.58
75733	TC	\$123.80
75736		\$157.69
75736	26	\$54.90
75736	TC	\$102.80
75741		\$140.74
75741	26	\$63.74
75741	TC	\$77.00
75743		\$160.64
75743	26	\$82.16
75743	TC	\$78.48
75746		\$147.75
75746	26	\$56.00
75746	TC	\$91.74
75756		\$176.85
75756	26	\$57.85
75756	TC	\$119.01
75774		\$104.27
75774	26	\$48.63
75774	TC	\$55.63
75801	26	\$44.95
75803	26	\$60.06
75805	26	\$41.63
75807	26	\$56.00
75809		\$88.79
75809	26	\$24.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
75809	TC	\$64.48
75810	26	\$51.21
75820		\$115.69
75820	26	\$51.58
75820	TC	\$64.11
75822		\$144.06
75822	26	\$72.58
75822	TC	\$71.48
75825		\$123.06
75825	26	\$55.63
75825	TC	\$67.42
75827		\$127.11
75827	26	\$55.63
75827	TC	\$71.48
75831		\$130.43
75831	26	\$54.53
75831	TC	\$75.90
75833		\$159.17
75833	26	\$72.58
75833	TC	\$86.58
75840		\$140.38
75840	26	\$58.58
75840	TC	\$81.79
75842		\$174.27
75842	26	\$76.64
75842	TC	\$97.64
75860		\$137.43
75860	26	\$57.11
75860	TC	\$80.32
75870		\$177.22
75870	26	\$62.27
75870	TC	\$114.95
75872		\$140.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
75872	26	\$58.58
75872	TC	\$81.79
75880		\$117.90
75880	26	\$36.11
75880	TC	\$81.79
75885		\$149.59
75885	26	\$69.64
75885	TC	\$79.95
75887		\$150.32
75887	26	\$70.37
75887	TC	\$79.95
75889		\$134.85
75889	26	\$55.27
75889	TC	\$79.58
75891		\$135.59
75891	26	\$55.63
75891	TC	\$79.95
75893		\$115.32
75893	26	\$26.90
75893	TC	\$88.43
75894	26	\$73.69
75898	26	\$93.58
75901		\$244.65
75901	26	\$23.95
75901	TC	\$220.70
75902		\$93.58
75902	26	\$19.16
75902	TC	\$74.43
75956	26	\$336.39
75957	26	\$288.49
75958	26	\$190.85
75959	26	\$167.64
75970	26	\$40.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
75984		\$103.16
75984	26	\$40.16
75984	TC	\$63.00
75989		\$120.85
75989	26	\$58.95
75989	TC	\$61.90
76000		\$46.79
76000	26	\$15.84
76000	TC	\$30.95
76010		\$32.05
76010	26	\$9.21
76010	TC	\$22.84
76014		\$12.16
76015		\$57.85
76016		\$80.32
76016	26	\$30.58
76016	TC	\$49.74
76017		\$248.33
76017	26	\$38.69
76017	TC	\$209.64
76018		\$126.38
76018	26	\$37.95
76018	TC	\$88.43
76019		\$164.69
76019	26	\$29.48
76019	TC	\$135.22
76080		\$65.58
76080	26	\$26.53
76080	TC	\$39.05
76098		\$47.16
76098	26	\$16.21
76098	TC	\$30.95
76100		\$96.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76100	26	\$29.84
76100	TC	\$66.69
76120		\$120.85
76120	26	\$20.26
76120	TC	\$100.58
76125	26	\$14.37
76145		\$1,079.17
76376		\$28.00
76376	26	\$9.95
76376	TC	\$18.05
76377		\$86.58
76377	26	\$40.53
76377	TC	\$46.06
76380		\$145.53
76380	26	\$48.27
76380	TC	\$97.27
76391		\$222.54
76391	26	\$56.37
76391	TC	\$166.17
76506		\$120.11
76506	26	\$32.42
76506	TC	\$87.69
76510		\$74.43
76510	26	\$42.00
76510	TC	\$32.42
76511		\$61.90
76511	26	\$38.32
76511	TC	\$23.58
76512		\$52.32
76512	26	\$32.79
76512	TC	\$19.53
76513		\$81.79
76513	26	\$35.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76513	TC	\$46.79
76514		\$12.16
76514	26	\$8.11
76514	TC	\$4.05
76516		\$51.21
76516	26	\$24.32
76516	TC	\$26.90
76519		\$74.79
76519	26	\$32.79
76519	TC	\$42.00
76529		\$92.48
76529	26	\$33.90
76529	TC	\$58.58
76536		\$120.11
76536	26	\$29.11
76536	TC	\$91.01
76604		\$63.37
76604	26	\$29.11
76604	TC	\$34.27
76641		\$112.01
76641	26	\$37.58
76641	TC	\$74.43
76642		\$92.85
76642	26	\$35.00
76642	TC	\$57.85
76700		\$126.38
76700	26	\$41.27
76700	TC	\$85.11
76705		\$95.06
76705	26	\$29.84
76705	TC	\$65.21
76706		\$117.16
76706	26	\$27.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76706	TC	\$89.53
76770		\$117.90
76770	26	\$37.58
76770	TC	\$80.32
76775		\$66.32
76775	26	\$29.48
76775	TC	\$36.84
76776		\$160.27
76776	26	\$38.69
76776	TC	\$121.59
76800		\$186.43
76800	26	\$65.21
76800	TC	\$121.22
76801		\$127.85
76801	26	\$50.84
76801	TC	\$77.00
76802		\$65.58
76802	26	\$42.74
76802	TC	\$22.84
76805		\$147.01
76805	26	\$51.21
76805	TC	\$95.79
76810		\$95.06
76810	26	\$50.48
76810	TC	\$44.58
76811		\$194.91
76811	26	\$97.64
76811	TC	\$97.27
76812		\$207.80
76812	26	\$91.74
76812	TC	\$116.06
76813		\$124.53
76813	26	\$60.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76813	TC	\$64.11
76814		\$80.69
76814	26	\$50.84
76814	TC	\$29.84
76815		\$88.43
76815	26	\$33.16
76815	TC	\$55.27
76816		\$119.38
76816	26	\$43.84
76816	TC	\$75.53
76817		\$100.58
76817	26	\$38.32
76817	TC	\$62.27
76818		\$130.43
76818	26	\$54.16
76818	TC	\$76.27
76819		\$93.95
76819	26	\$39.42
76819	TC	\$54.53
76820		\$48.27
76820	26	\$25.42
76820	TC	\$22.84
76821		\$96.53
76821	26	\$36.11
76821	TC	\$60.42
76825		\$281.49
76825	26	\$85.11
76825	TC	\$196.38
76826		\$169.11
76826	26	\$42.37
76826	TC	\$126.74
76827		\$75.53
76827	26	\$29.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76827	TC	\$45.69
76828		\$52.69
76828	26	\$28.37
76828	TC	\$24.32
76830		\$129.32
76830	26	\$35.74
76830	TC	\$93.58
76831		\$125.27
76831	26	\$37.21
76831	TC	\$88.06
76856		\$114.95
76856	26	\$35.37
76856	TC	\$79.58
76857		\$54.90
76857	26	\$25.42
76857	TC	\$29.48
76870		\$109.43
76870	26	\$32.79
76870	TC	\$76.64
76872		\$155.85
76872	26	\$35.00
76872	TC	\$120.85
76873		\$191.96
76873	26	\$82.90
76873	TC	\$109.06
76881		\$58.21
76881	26	\$46.42
76881	TC	\$11.79
76882		\$70.37
76882	26	\$35.37
76882	TC	\$35.00
76883		\$78.85
76883	26	\$62.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76883	TC	\$16.58
76885		\$137.80
76885	26	\$37.95
76885	TC	\$99.85
76886		\$108.69
76886	26	\$31.69
76886	TC	\$77.00
76932	26	\$37.21
76936		\$280.02
76936	26	\$98.37
76936	TC	\$181.64
76937		\$42.00
76937	26	\$14.37
76937	TC	\$27.63
76940	26	\$105.37
76941	26	\$69.27
76942		\$64.48
76942	26	\$32.42
76942	TC	\$32.05
76945	26	\$34.63
76946		\$36.48
76946	26	\$19.53
76946	TC	\$16.95
76948		\$87.69
76948	26	\$34.27
76948	TC	\$53.42
76965		\$104.64
76965	26	\$73.69
76965	TC	\$30.95
76975	26	\$43.84
76977		\$7.74
76977	26	\$2.58
76977	TC	\$5.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
76978		\$212.96
76978	26	\$82.90
76978	TC	\$130.06
76979		\$135.59
76979	26	\$43.48
76979	TC	\$92.11
76981		\$116.06
76981	26	\$30.95
76981	TC	\$85.11
76982		\$101.32
76982	26	\$30.21
76982	TC	\$71.11
76983		\$65.21
76983	26	\$25.05
76983	TC	\$40.16
76984	26	\$32.05
76987	26	\$100.22
76988	26	\$63.37
76989	26	\$37.21
76998	26	\$48.27
77001		\$106.48
77001	26	\$19.16
77001	TC	\$87.32
77002		\$124.90
77002	26	\$28.37
77002	TC	\$96.53
77003		\$112.74
77003	26	\$30.21
77003	TC	\$82.53
77011		\$239.49
77011	26	\$65.95
77011	TC	\$173.54
77012		\$137.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77012	26	\$74.43
77012	TC	\$63.37
77013	26	\$195.27
77014		\$131.17
77014	26	\$49.37
77014	TC	\$81.79
77021		\$457.97
77021	26	\$76.27
77021	TC	\$381.71
77022	26	\$213.70
77046		\$236.17
77046	26	\$73.69
77046	TC	\$162.48
77047		\$243.54
77047	26	\$81.79
77047	TC	\$161.75
77048		\$373.97
77048	26	\$107.59
77048	TC	\$266.38
77049		\$380.60
77049	26	\$117.53
77049	TC	\$263.07
77053		\$58.95
77053	26	\$18.42
77053	TC	\$40.53
77054		\$76.27
77054	26	\$22.84
77054	TC	\$53.42
77063		\$57.48
77063	26	\$30.95
77063	TC	\$26.53
77065		\$137.80
77065	26	\$41.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77065	TC	\$96.53
77066		\$173.90
77066	26	\$50.84
77066	TC	\$123.06
77067		\$141.11
77067	26	\$39.05
77067	TC	\$102.06
77071		\$58.95
77072		\$28.00
77072	26	\$9.58
77072	TC	\$18.42
77073		\$49.74
77073	26	\$14.00
77073	TC	\$35.74
77074		\$71.85
77074	26	\$22.47
77074	TC	\$49.37
77075		\$108.69
77075	26	\$28.37
77075	TC	\$80.32
77076		\$117.16
77076	26	\$36.11
77076	TC	\$81.06
77077		\$50.84
77077	26	\$17.69
77077	TC	\$33.16
77078		\$110.16
77078	26	\$12.53
77078	TC	\$97.64
77080		\$43.11
77080	26	\$9.95
77080	TC	\$33.16
77081		\$35.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77081	26	\$9.95
77081	TC	\$25.05
77084		\$351.86
77084	26	\$81.79
77084	TC	\$270.07
77085		\$59.32
77085	26	\$15.47
77085	TC	\$43.84
77086		\$37.58
77086	26	\$8.47
77086	TC	\$29.11
77089		\$43.84
77090		\$3.32
77091		\$30.21
77092		\$10.68
77261		\$77.00
77262		\$118.64
77263		\$183.48
77280		\$295.49
77280	26	\$41.27
77280	TC	\$254.22
77285		\$490.40
77285	26	\$61.90
77285	TC	\$428.50
77290		\$485.61
77290	26	\$90.27
77290	TC	\$395.34
77293		\$443.24
77293	26	\$115.32
77293	TC	\$327.91
77295		\$533.14
77295	26	\$247.59
77295	TC	\$285.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77300		\$73.69
77300	26	\$35.74
77300	TC	\$37.95
77301		\$2,035.27
77301	26	\$462.03
77301	TC	\$1,573.25
77306		\$164.69
77306	26	\$81.06
77306	TC	\$83.64
77307		\$319.81
77307	26	\$168.01
77307	TC	\$151.80
77316		\$272.65
77316	26	\$81.06
77316	TC	\$191.59
77317		\$358.49
77317	26	\$105.74
77317	TC	\$252.75
77318		\$509.19
77318	26	\$167.64
77318	TC	\$341.55
77321		\$104.64
77321	26	\$54.90
77321	TC	\$49.74
77331		\$71.85
77331	26	\$50.48
77331	TC	\$21.37
77332		\$44.95
77332	26	\$26.16
77332	TC	\$18.79
77333		\$150.69
77333	26	\$43.48
77333	TC	\$107.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77334		\$139.27
77334	26	\$66.32
77334	TC	\$72.95
77336		\$99.85
77338		\$521.35
77338	26	\$247.96
77338	TC	\$273.38
77370		\$162.85
77372		\$1,026.11
77373		\$1,076.59
77401		\$45.32
77417		\$17.69
77427		\$209.28
77431		\$117.90
77432		\$463.50
77435		\$700.78
77469		\$350.02
77470		\$160.27
77470	26	\$117.53
77470	TC	\$42.74
77600		\$599.46
77600	26	\$78.11
77600	TC	\$521.35
77605		\$1,032.01
77605	26	\$103.90
77605	TC	\$928.11
77610		\$742.78
77610	26	\$75.90
77610	TC	\$666.88
77615		\$1,170.91
77615	26	\$106.85
77615	TC	\$1,064.06
77620		\$690.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77620	26	\$85.85
77620	TC	\$604.24
77750		\$436.97
77750	26	\$289.60
77750	TC	\$147.38
77761		\$467.92
77761	26	\$222.91
77761	TC	\$245.01
77762		\$615.30
77762	26	\$333.44
77762	TC	\$281.86
77763		\$872.47
77763	26	\$501.45
77763	TC	\$371.02
77767		\$275.59
77767	26	\$60.79
77767	TC	\$214.80
77768		\$404.92
77768	26	\$80.69
77768	TC	\$324.23
77770		\$384.29
77770	26	\$112.74
77770	TC	\$271.54
77771		\$671.67
77771	26	\$219.96
77771	TC	\$451.71
77772		\$1,004.37
77772	26	\$310.23
77772	TC	\$694.14
77778		\$1,024.27
77778	26	\$507.34
77778	TC	\$516.92
77789		\$146.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
77789	26	\$65.95
77789	TC	\$80.69
77790		\$20.63
78012		\$88.79
78012	26	\$9.21
78012	TC	\$79.58
78013		\$184.96
78013	26	\$18.42
78013	TC	\$166.54
78014		\$235.07
78014	26	\$25.05
78014	TC	\$210.01
78015		\$229.91
78015	26	\$34.63
78015	TC	\$195.27
78016		\$273.02
78016	26	\$35.37
78016	TC	\$237.65
78018		\$307.65
78018	26	\$42.00
78018	TC	\$265.65
78020		\$86.58
78020	26	\$28.37
78020	TC	\$58.21
78070		\$291.07
78070	26	\$40.53
78070	TC	\$250.54
78071		\$345.60
78071	26	\$60.06
78071	TC	\$285.54
78072		\$428.13
78072	26	\$78.85
78072	TC	\$349.28

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78075		\$436.60
78075	26	\$37.95
78075	TC	\$398.65
78102		\$174.64
78102	26	\$26.90
78102	TC	\$147.75
78103		\$185.69
78103	26	\$32.42
78103	TC	\$153.27
78104		\$247.22
78104	26	\$39.42
78104	TC	\$207.80
78110		\$76.27
78110	26	\$8.47
78110	TC	\$67.79
78111		\$100.58
78111	26	\$11.42
78111	TC	\$89.16
78120		\$78.11
78120	26	\$10.32
78120	TC	\$67.79
78121		\$103.53
78121	26	\$16.21
78121	TC	\$87.32
78122		\$108.69
78122	26	\$22.11
78122	TC	\$86.58
78130		\$136.32
78130	26	\$26.16
78130	TC	\$110.16
78140		\$120.11
78140	26	\$26.53
78140	TC	\$93.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78185		\$168.38
78185	26	\$17.69
78185	TC	\$150.69
78191		\$136.32
78191	26	\$26.16
78191	TC	\$110.16
78195		\$348.55
78195	26	\$59.32
78195	TC	\$289.23
78201		\$192.33
78201	26	\$21.74
78201	TC	\$170.59
78202		\$213.70
78202	26	\$25.79
78202	TC	\$187.91
78215		\$197.48
78215	26	\$24.69
78215	TC	\$172.80
78216		\$148.85
78216	26	\$29.48
78216	TC	\$119.38
78226		\$319.07
78226	26	\$37.21
78226	TC	\$281.86
78227		\$428.50
78227	26	\$45.32
78227	TC	\$383.18
78230		\$177.96
78230	26	\$22.84
78230	TC	\$155.11
78231		\$114.22
78231	26	\$22.84
78231	TC	\$91.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78232		\$112.37
78232	26	\$20.63
78232	TC	\$91.74
78258		\$215.91
78258	26	\$36.11
78258	TC	\$179.80
78261		\$199.70
78261	26	\$29.84
78261	TC	\$169.85
78262		\$245.01
78262	26	\$35.00
78262	TC	\$210.01
78264		\$325.70
78264	26	\$39.79
78264	TC	\$285.91
78265		\$388.34
78265	26	\$49.00
78265	TC	\$339.34
78266		\$436.60
78266	26	\$52.32
78266	TC	\$384.29
78267		\$11.06
78268		\$94.41
78278		\$343.76
78278	26	\$49.74
78278	TC	\$294.02
78282	26	\$16.58
78290		\$324.60
78290	26	\$33.90
78290	TC	\$290.70
78291		\$261.59
78291	26	\$44.95
78291	TC	\$216.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78300		\$222.91
78300	26	\$31.32
78300	TC	\$191.59
78305		\$271.54
78305	26	\$42.00
78305	TC	\$229.54
78306		\$290.33
78306	26	\$43.11
78306	TC	\$247.22
78315		\$341.18
78315	26	\$51.21
78315	TC	\$289.96
78414	26	\$22.84
78428		\$187.54
78428	26	\$39.05
78428	TC	\$148.48
78429	26	\$85.48
78430	26	\$80.69
78431	26	\$94.69
78432	26	\$103.90
78433	26	\$110.90
78434	26	\$31.32
78445		\$188.27
78445	26	\$25.42
78445	TC	\$162.85
78451		\$336.76
78451	26	\$68.90
78451	TC	\$267.86
78452		\$463.50
78452	26	\$81.06
78452	TC	\$382.44
78453		\$289.96
78453	26	\$49.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78453	TC	\$240.22
78454		\$429.23
78454	26	\$68.16
78454	TC	\$361.07
78456		\$309.12
78456	26	\$50.11
78456	TC	\$259.01
78457		\$169.48
78457	26	\$37.21
78457	TC	\$132.27
78458		\$208.91
78458	26	\$46.06
78458	TC	\$162.85
78459		\$1,374.76
78459	26	\$79.22
78459	TC	\$1,305.35
78466		\$175.38
78466	26	\$34.27
78466	TC	\$141.11
78468		\$199.33
78468	26	\$40.53
78468	TC	\$158.80
78469		\$224.01
78469	26	\$46.42
78469	TC	\$177.59
78472		\$226.59
78472	26	\$49.00
78472	TC	\$177.59
78473		\$288.49
78473	26	\$74.06
78473	TC	\$214.43
78481		\$176.85
78481	26	\$48.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78481	TC	\$128.22
78483		\$239.12
78483	26	\$73.69
78483	TC	\$165.43
78491		\$1,526.46
78491	26	\$77.74
78491	TC	\$1,458.35
78492		\$1,537.46
78492	26	\$90.27
78492	TC	\$1,458.35
78494		\$229.54
78494	26	\$59.69
78494	TC	\$169.85
78496		\$45.32
78496	26	\$24.32
78496	TC	\$21.00
78579		\$185.69
78579	26	\$24.32
78579	TC	\$161.38
78580		\$233.96
78580	26	\$37.21
78580	TC	\$196.75
78582		\$326.07
78582	26	\$53.42
78582	TC	\$272.65
78597		\$199.33
78597	26	\$36.11
78597	TC	\$163.22
78598		\$295.86
78598	26	\$41.63
78598	TC	\$254.22
78600		\$182.75
78600	26	\$22.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78600	TC	\$160.64
78601		\$215.91
78601	26	\$25.42
78601	TC	\$190.48
78605		\$201.54
78605	26	\$27.26
78605	TC	\$174.27
78606		\$324.60
78606	26	\$32.05
78606	TC	\$292.54
78608		\$1,523.55
78608	26	\$74.43
78608	TC	\$1,458.35
78610		\$175.75
78610	26	\$15.11
78610	TC	\$160.64
78630		\$331.60
78630	26	\$33.90
78630	TC	\$297.70
78635		\$332.33
78635	26	\$30.95
78635	TC	\$301.39
78645		\$319.07
78645	26	\$28.00
78645	TC	\$291.07
78650		\$266.75
78650	26	\$26.16
78650	TC	\$240.59
78660		\$144.43
78660	26	\$23.21
78660	TC	\$121.22
78700		\$172.06
78700	26	\$22.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78700	TC	\$149.59
78701		\$225.85
78701	26	\$25.05
78701	TC	\$200.80
78707		\$233.22
78707	26	\$47.53
78707	TC	\$185.69
78708		\$192.70
78708	26	\$60.42
78708	TC	\$132.27
78709		\$364.39
78709	26	\$69.64
78709	TC	\$294.75
78725		\$106.85
78725	26	\$18.42
78725	TC	\$88.43
78730		\$72.95
78730	26	\$8.11
78730	TC	\$64.85
78740		\$229.91
78740	26	\$29.11
78740	TC	\$200.80
78761		\$213.70
78761	26	\$36.48
78761	TC	\$177.22
78800		\$250.54
78800	26	\$32.79
78800	TC	\$217.75
78801		\$268.59
78801	26	\$36.48
78801	TC	\$232.12
78802		\$302.49
78802	26	\$39.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78802	TC	\$262.70
78803		\$372.13
78803	26	\$53.79
78803	TC	\$318.33
78804		\$627.46
78804	26	\$50.11
78804	TC	\$577.35
78808		\$43.84
78811		\$1,372.66
78811	26	\$76.64
78811	TC	\$1,305.35
78812		\$1,542.82
78812	26	\$96.16
78812	TC	\$1,458.35
78813		\$1,544.43
78813	26	\$98.01
78813	TC	\$1,458.35
78814		\$1,554.15
78814	26	\$109.06
78814	TC	\$1,458.35
78815		\$1,565.48
78815	26	\$121.95
78815	TC	\$1,458.35
78816		\$1,566.44
78816	26	\$123.06
78816	TC	\$1,458.35
78830		\$467.92
78830	26	\$72.21
78830	TC	\$395.71
78831		\$695.62
78831	26	\$90.64
78831	TC	\$604.98
78832		\$881.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
78832	26	\$103.90
78832	TC	\$777.78
78835		\$97.27
78835	26	\$22.84
78835	TC	\$74.43
79005		\$147.38
79005	26	\$90.64
79005	TC	\$56.74
79101		\$159.17
79101	26	\$100.22
79101	TC	\$58.95
79200		\$143.69
79200	26	\$85.85
79200	TC	\$57.85
79300	26	\$68.90
79403		\$186.80
79403	26	\$97.27
79403	TC	\$89.53
79440		\$129.32
79440	26	\$85.85
79440	TC	\$43.48
79445	26	\$117.16
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
80145		\$38.57
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 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
80417		\$43.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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		\$29.48
80504		\$57.11
80505		\$103.90
80506		\$45.69
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
81109		\$122.22
81110		\$122.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81188		\$137.00
81189		\$274.83
81190		\$185.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81259		\$600.00
81260		\$39.31
81261		\$197.99
81262		\$68.55
81263		\$294.52

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81326		\$46.60
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$43.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
81362		\$375.25
81363		\$202.40
81364		\$324.58
81370		\$402.12
81371		\$404.52
81372		\$403.59
81373		\$127.43
81374		\$74.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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	\$19.53
83021		\$18.06
83026		\$4.01
83030		\$10.74
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
83945		\$14.45
83950		\$64.41
83951		\$64.41
83970		\$41.28
83986		\$3.58
83987		\$3.58
83993		\$19.63
84030		\$5.50
84035		\$3.98
84060		\$7.64
84066		\$9.66
84075		\$5.18
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
84165		\$10.74
84165	26	\$19.53
84166		\$17.83
84166	26	\$19.53
84181		\$17.03
84181	26	\$19.53
84182		\$29.21
84182	26	\$19.53
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
84702		\$15.05
84703		\$7.52
84704		\$15.29
84830		\$12.70
85002		\$4.82
85004		\$6.47
85007		\$3.80
85008		\$3.43
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		\$25.42
85097		\$75.90
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
85246		\$22.94
85247		\$22.94
85250		\$19.04
85260		\$17.90
85270		\$17.90
85280		\$19.35
85290		\$16.34
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	\$38.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
85396		\$20.63
85397		\$30.86
85400		\$7.71
85410		\$7.71
85415		\$17.19
85420		\$6.53
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	\$19.53
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
85670		\$5.77
85675		\$6.85
85705		\$9.63
85730		\$6.01
85732		\$6.47
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		\$57.48
86078		\$57.48
86079		\$57.11
86140		\$5.18
86141		\$12.95
86146		\$25.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
86147		\$25.45
86148		\$16.07
86152		\$250.78
86153	26	\$35.74
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	\$19.53
86256		\$12.05
86256	26	\$19.53
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
86317		\$14.99
86318		\$18.09
86320		\$29.92
86320	26	\$19.53
86325		\$23.13
86325	26	\$19.53
86328		\$45.28
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$19.53
86335		\$29.35
86335	26	\$19.53
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
86376		\$14.55
86381		\$25.45
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		\$7.00
86510		\$8.47
86580		\$11.05
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
86628		\$12.01
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 7/1/2025**

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
86777		\$14.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
86850		\$9.77
86880		\$5.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
87109		\$15.39
87110		\$19.60
87116		\$10.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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	\$20.63
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
87207	26	\$19.53
87209		\$17.98
87210		\$5.82
87220		\$4.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
87320		\$15.00
87324		\$11.98
87327		\$13.42
87328		\$13.82
87329		\$11.98

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
87480		\$20.05
87481		\$35.09
87482		\$55.74
87483		\$416.78
87485		\$20.05
87486		\$35.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
87525		\$29.80
87526		\$39.26
87527		\$41.76
87528		\$20.05
87529		\$35.09
87530		\$42.84
87531		\$58.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
87590		\$26.88
87591		\$35.09
87592		\$42.84
87593		\$51.31
87594		\$35.09
87623		\$35.09
87624		\$35.09
87625		\$40.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
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		\$88.06
88104	26	\$29.84
88104	TC	\$58.21
88106		\$78.11
88106	26	\$20.26
88106	TC	\$57.85
88108		\$77.00
88108	26	\$23.58
88108	TC	\$53.42
88112		\$74.43
88112	26	\$29.11
88112	TC	\$45.32
88120		\$617.14
88120	26	\$61.90
88120	TC	\$555.24
88121		\$447.29
88121	26	\$51.58
88121	TC	\$395.71
88125		\$31.69
88125	26	\$14.37
88125	TC	\$17.32
88130		\$17.98
88140		\$7.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88141		\$27.63
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		\$91.74
88160	26	\$27.63
88160	TC	\$64.11
88161		\$92.48
88161	26	\$27.26
88161	TC	\$65.21
88162		\$145.17
88162	26	\$41.63
88162	TC	\$103.53
88164		\$18.19
88165		\$42.22
88166		\$18.19
88167		\$18.19
88172		\$61.90
88172	26	\$37.58
88172	TC	\$24.32
88173		\$188.27
88173	26	\$74.06
88173	TC	\$114.22
88174		\$25.37
88175		\$26.61
88177		\$32.79
88177	26	\$23.21
88177	TC	\$9.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88182		\$176.48
88182	26	\$40.53
88182	TC	\$135.96
88184		\$85.85
88185		\$25.05
88187		\$38.69
88188		\$65.58
88189		\$89.16
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88291		\$37.21
88300		\$18.05
88300	26	\$4.42
88300	TC	\$13.63
88302		\$36.48
88302	26	\$7.00
88302	TC	\$29.48
88304		\$46.79
88304	26	\$11.79
88304	TC	\$35.00
88305		\$78.85
88305	26	\$39.42
88305	TC	\$39.42
88307		\$315.75
88307	26	\$86.95
88307	TC	\$228.80
88309		\$471.61
88309	26	\$153.27
88309	TC	\$318.33
88311		\$22.11
88311	26	\$12.90
88311	TC	\$9.21
88312		\$123.06
88312	26	\$28.37
88312	TC	\$94.69
88313		\$90.27
88313	26	\$12.53
88313	TC	\$77.74
88314		\$94.32
88314	26	\$21.37
88314	TC	\$72.95
88319		\$149.22
88319	26	\$28.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88319	TC	\$120.48
88321		\$105.74
88323		\$127.85
88323	26	\$94.69
88323	TC	\$33.16
88325		\$170.96
88329		\$59.32
88331		\$110.90
88331	26	\$65.95
88331	TC	\$44.95
88332		\$60.06
88332	26	\$32.42
88332	TC	\$27.63
88333		\$100.22
88333	26	\$65.58
88333	TC	\$34.63
88334		\$61.53
88334	26	\$40.16
88334	TC	\$21.37
88341		\$106.48
88341	26	\$30.21
88341	TC	\$76.27
88342		\$123.80
88342	26	\$36.84
88342	TC	\$86.95
88344		\$190.12
88344	26	\$40.90
88344	TC	\$149.22
88346		\$159.17
88346	26	\$38.32
88346	TC	\$120.85
88348		\$541.61
88348	26	\$82.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88348	TC	\$459.08
88350		\$121.59
88350	26	\$30.58
88350	TC	\$91.01
88355		\$156.59
88355	26	\$88.43
88355	TC	\$68.16
88356		\$259.75
88356	26	\$129.69
88356	TC	\$130.06
88358		\$148.48
88358	26	\$52.32
88358	TC	\$96.16
88360		\$131.17
88360	26	\$43.84
88360	TC	\$87.32
88361		\$127.48
88361	26	\$45.69
88361	TC	\$81.79
88362		\$253.12
88362	26	\$117.53
88362	TC	\$135.59
88363		\$25.42
88364		\$142.22
88364	26	\$35.74
88364	TC	\$106.48
88365		\$191.96
88365	26	\$45.69
88365	TC	\$146.27
88366		\$295.49
88366	26	\$65.58
88366	TC	\$229.91
88367		\$120.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88367	26	\$35.37
88367	TC	\$84.74
88368		\$164.33
88368	26	\$45.32
88368	TC	\$119.01
88369		\$144.06
88369	26	\$36.11
88369	TC	\$107.95
88371		\$22.23
88371	26	\$20.63
88372		\$26.22
88372	26	\$19.53
88373		\$72.58
88373	26	\$26.90
88373	TC	\$45.69
88374		\$300.65
88374	26	\$44.58
88374	TC	\$256.07
88375		\$50.48
88377		\$427.76
88377	26	\$68.53
88377	TC	\$359.23
88380		\$138.53
88380	26	\$56.37
88380	TC	\$82.16
88381		\$214.06
88381	26	\$25.05
88381	TC	\$189.01
88387		\$36.48
88387	26	\$28.37
88387	TC	\$8.11
88720		\$5.02
88738		\$5.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
88740		\$9.37
88741		\$9.37
89049		\$317.60
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$19.53
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$21.00
89230		\$3.32
90371		\$130.66
90375		\$266.44
90376		\$479.72
90377		\$237.10
90471		\$17.92
90472		\$17.92
90473		\$17.92
90474		\$17.92
90480		\$17.92
90785		\$16.21
90791		\$188.27
90792		\$211.12
90832		\$89.16
90833		\$81.79
90834		\$117.90
90836		\$103.90
90837		\$174.27
90838		\$137.80
90839		\$167.27
90840		\$81.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
90845		\$112.01
90846		\$111.27
90847		\$116.06
90849		\$42.37
90853		\$31.69
90865		\$174.64
90870		\$187.91
90875		\$63.37
90876		\$112.37
90901		\$44.58
90935		\$75.90
90937		\$109.80
90945		\$92.85
90947		\$130.80
90951		\$1,245.70
90954		\$1,074.38
90955		\$562.98
90956		\$376.92
90957		\$825.31
90958		\$537.93
90959		\$351.49
90960		\$383.18
90961		\$318.33
90962		\$220.33
90963		\$649.93
90964		\$557.45
90965		\$536.82
90966		\$318.33
90967		\$18.79
90968		\$18.42
90969		\$18.05
90970		\$10.68
90989		\$609.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
90997		\$94.32
91010		\$237.28
91010	26	\$68.90
91010	TC	\$168.38
91013		\$27.63
91013	26	\$9.95
91013	TC	\$17.69
91020		\$296.23
91020	26	\$77.37
91020	TC	\$218.85
91022		\$188.64
91022	26	\$77.37
91022	TC	\$111.27
91030		\$157.69
91030	26	\$49.37
91030	TC	\$108.32
91034		\$205.22
91034	26	\$52.69
91034	TC	\$152.53
91035		\$480.45
91035	26	\$86.22
91035	TC	\$394.23
91037		\$181.27
91037	26	\$52.32
91037	TC	\$128.95
91038		\$425.92
91038	26	\$59.32
91038	TC	\$366.60
91040		\$544.19
91040	26	\$51.95
91040	TC	\$492.24
91065		\$71.85
91065	26	\$9.95

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
91065	TC	\$61.90
91110		\$768.57
91110	26	\$120.48
91110	TC	\$648.09
91111		\$914.84
91111	26	\$48.63
91111	TC	\$866.21
91112		\$1,681.94
91112	26	\$113.11
91112	TC	\$1,568.83
91113		\$939.53
91113	26	\$130.06
91113	TC	\$809.47
91117		\$145.53
91120		\$526.87
91120	26	\$51.58
91120	TC	\$475.29
91122		\$299.17
91122	26	\$93.58
91122	TC	\$205.59
91132		\$460.55
91132	26	\$28.00
91132	TC	\$432.55
91133		\$483.40
91133	26	\$35.74
91133	TC	\$447.66
91200		\$33.16
91200	26	\$11.05
91200	TC	\$22.11
92002		\$92.11
92004		\$162.11
92012		\$96.90
92014		\$137.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92015		\$20.63
92018		\$151.80
92019		\$79.22
92020		\$29.84
92025		\$39.79
92025	26	\$20.63
92025	TC	\$19.16
92060		\$70.00
92060	26	\$39.79
92060	TC	\$30.21
92065		\$43.84
92071		\$39.42
92072		\$135.96
92081		\$36.48
92081	26	\$16.95
92081	TC	\$19.53
92082		\$51.21
92082	26	\$22.11
92082	TC	\$29.11
92083		\$69.27
92083	26	\$28.74
92083	TC	\$40.53
92100		\$93.22
92132		\$32.42
92132	26	\$16.58
92132	TC	\$15.84
92133		\$33.53
92133	26	\$17.69
92133	TC	\$15.84
92134		\$35.37
92134	26	\$19.16
92134	TC	\$16.21
92136		\$51.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92136	26	\$32.42
92136	TC	\$19.16
92137		\$64.48
92137	26	\$37.95
92137	TC	\$26.53
92145		\$14.00
92145	26	\$5.53
92145	TC	\$8.47
92201		\$26.90
92202		\$16.95
92227		\$19.53
92228		\$32.42
92228	26	\$17.69
92228	TC	\$14.74
92229		\$49.74
92230		\$138.90
92235		\$173.54
92235	26	\$45.69
92235	TC	\$127.85
92240		\$259.38
92240	26	\$49.74
92240	TC	\$209.64
92242		\$357.39
92242	26	\$58.21
92242	TC	\$299.17
92250		\$40.16
92250	26	\$22.11
92250	TC	\$18.05
92260		\$21.00
92265		\$95.79
92265	26	\$49.37
92265	TC	\$46.42
92270		\$132.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92270	26	\$45.69
92270	TC	\$86.58
92273		\$135.96
92273	26	\$38.69
92273	TC	\$97.27
92274		\$98.37
92274	26	\$35.74
92274	TC	\$62.64
92283		\$59.69
92283	26	\$9.21
92283	TC	\$50.48
92284		\$33.53
92285		\$25.05
92285	26	\$2.95
92285	TC	\$22.11
92286		\$42.37
92286	26	\$22.84
92286	TC	\$19.53
92287		\$145.17
92287	26	\$25.42
92287	TC	\$119.74
92310		\$107.95
92311		\$112.37
92312		\$134.85
92313		\$107.59
92314		\$93.95
92315		\$89.53
92316		\$110.53
92317		\$94.32
92325		\$49.74
92326		\$42.37
92340		\$37.95
92341		\$43.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92342		\$46.79
92370		\$33.16
92502		\$103.53
92504		\$31.69
92507		\$85.11
92508		\$26.90
92511		\$126.74
92512		\$70.37
92516		\$79.95
92517		\$83.27
92518		\$83.27
92519		\$134.11
92520		\$99.48
92521		\$148.11
92522		\$122.69
92523		\$252.75
92524		\$120.85
92526		\$93.95
92537		\$42.74
92537	26	\$33.16
92537	TC	\$9.58
92538		\$23.95
92538	26	\$16.95
92538	TC	\$7.00
92540		\$115.32
92540	26	\$83.27
92540	TC	\$32.05
92541		\$27.26
92541	26	\$22.47
92541	TC	\$4.79
92542		\$31.32
92542	26	\$26.90
92542	TC	\$4.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92544		\$19.53
92544	26	\$15.47
92544	TC	\$4.05
92545		\$18.42
92545	26	\$14.37
92545	TC	\$4.05
92546		\$145.53
92546	26	\$16.21
92546	TC	\$129.32
92547		\$11.42
92548		\$51.21
92548	26	\$36.11
92548	TC	\$15.11
92549		\$71.11
92549	26	\$48.63
92549	TC	\$22.47
92550		\$23.95
92551		\$14.00
92552		\$44.21
92553		\$53.42
92555		\$33.53
92556		\$51.95
92557		\$39.79
92558		\$10.32
92562		\$54.90
92563		\$39.42
92565		\$24.32
92567		\$17.69
92568		\$16.58
92570		\$35.00
92571		\$35.00
92572		\$63.00
92575		\$81.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92576		\$50.11
92577		\$25.42
92579		\$48.27
92582		\$98.74
92583		\$65.58
92584		\$118.64
92587		\$23.58
92587	26	\$19.53
92587	TC	\$4.05
92588		\$36.48
92588	26	\$30.95
92588	TC	\$5.53
92590		\$130.77
92591		\$130.77
92592		\$28.72
92593		\$28.72
92594		\$28.72
92595		\$28.72
92596		\$88.43
92597		\$80.32
92601		\$172.80
92602		\$108.69
92603		\$162.48
92604		\$98.01
92605		\$98.01
92606		\$84.74
92607		\$137.06
92608		\$53.79
92609		\$114.22
92610		\$94.32
92611		\$100.58
92612		\$219.59
92613		\$39.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92614		\$165.06
92615		\$35.00
92616		\$253.86
92617		\$43.84
92620		\$97.64
92621		\$23.95
92622		\$86.95
92623		\$22.47
92625		\$73.32
92626		\$94.32
92627		\$22.47
92640		\$118.64
92650		\$28.74
92651		\$86.58
92652		\$118.64
92653		\$88.79
92920		\$531.29
92924		\$632.61
92928		\$590.61
92933		\$662.46
92937		\$590.24
92941		\$663.56
92943		\$663.20
92950		\$346.34
92953		\$1.11
92960		\$165.80
92961		\$246.86
92970		\$189.38
92971		\$101.32
92972		\$153.64
92973		\$176.85
92974		\$161.75
92975		\$376.92

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
92977		\$59.32
92978	26	\$96.16
92979	26	\$76.64
92986		\$1,349.60
92987		\$1,391.24
92990		\$1,115.27
92997		\$642.93
92998		\$320.91
93000		\$15.47
93005		\$7.00
93010		\$8.84
93015		\$79.95
93016		\$22.84
93017		\$42.00
93018		\$15.47
93024		\$123.80
93024	26	\$58.95
93024	TC	\$64.85
93025		\$140.38
93025	26	\$39.79
93025	TC	\$100.58
93040		\$14.37
93041		\$7.37
93042		\$7.37
93050		\$17.69
93050	26	\$8.47
93050	TC	\$9.21
93224		\$77.37
93225		\$19.90
93226		\$37.95
93227		\$19.90
93228		\$27.26
93229		\$846.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93241		\$295.12
93242		\$12.90
93243		\$257.91
93244		\$24.69
93245		\$307.28
93246		\$12.90
93247		\$267.49
93248		\$27.26
93260		\$82.53
93260	26	\$44.21
93260	TC	\$38.32
93261		\$76.27
93261	26	\$38.32
93261	TC	\$37.95
93264		\$56.00
93268		\$185.33
93270		\$8.84
93271		\$151.06
93272		\$25.79
93278		\$34.63
93278	26	\$13.26
93278	TC	\$21.37
93279		\$72.95
93279	26	\$33.53
93279	TC	\$39.42
93280		\$85.11
93280	26	\$39.42
93280	TC	\$45.69
93281		\$90.27
93281	26	\$43.84
93281	TC	\$46.42
93282		\$85.85
93282	26	\$43.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93282	TC	\$42.00
93283		\$105.74
93283	26	\$59.69
93283	TC	\$46.06
93284		\$114.22
93284	26	\$64.85
93284	TC	\$49.37
93285		\$64.48
93285	26	\$26.90
93285	TC	\$37.58
93286		\$48.63
93286	26	\$15.47
93286	TC	\$33.16
93287		\$56.37
93287	26	\$23.21
93287	TC	\$33.16
93288		\$60.79
93288	26	\$21.74
93288	TC	\$39.05
93289		\$77.37
93289	26	\$38.32
93289	TC	\$39.05
93290		\$57.11
93290	26	\$22.11
93290	TC	\$35.00
93291		\$52.69
93291	26	\$18.79
93291	TC	\$33.90
93292		\$55.27
93292	26	\$22.11
93292	TC	\$33.16
93293		\$45.32
93293	26	\$14.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93293	TC	\$30.58
93294		\$31.32
93295		\$38.69
93296		\$22.11
93297		\$65.95
93297	26	\$26.53
93297	TC	\$39.42
93298		\$110.53
93298	26	\$26.53
93298	TC	\$84.00
93303		\$236.54
93303	26	\$65.58
93303	TC	\$170.96
93304		\$166.54
93304	26	\$37.95
93304	TC	\$128.59
93306		\$212.96
93306	26	\$73.69
93306	TC	\$139.27
93307		\$148.48
93307	26	\$46.79
93307	TC	\$101.69
93308		\$106.85
93308	26	\$26.53
93308	TC	\$80.32
93312		\$254.96
93312	26	\$113.48
93312	TC	\$141.48
93313		\$11.79
93314		\$242.43
93314	26	\$93.58
93314	TC	\$148.85
93315	26	\$134.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93316		\$26.90
93317	26	\$93.22
93318	26	\$107.95
93319		\$58.58
93320		\$54.90
93320	26	\$18.79
93320	TC	\$36.11
93321		\$27.26
93321	26	\$7.74
93321	TC	\$19.53
93325		\$25.05
93325	26	\$3.32
93325	TC	\$21.74
93350		\$200.43
93350	26	\$73.69
93350	TC	\$126.74
93351		\$252.01
93351	26	\$88.43
93351	TC	\$163.59
93352		\$38.32
93355		\$237.28
93356		\$39.79
93451		\$894.21
93451	26	\$133.38
93451	TC	\$760.83
93452		\$929.95
93452	26	\$239.12
93452	TC	\$690.83
93453		\$1,185.65
93453	26	\$319.07
93453	TC	\$866.58
93454		\$936.21
93454	26	\$241.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93454	TC	\$694.88
93455		\$1,044.53
93455	26	\$281.86
93455	TC	\$762.67
93456		\$1,164.65
93456	26	\$314.65
93456	TC	\$850.00
93457		\$1,270.39
93457	26	\$353.70
93457	TC	\$916.68
93458		\$1,077.32
93458	26	\$297.33
93458	TC	\$779.99
93459		\$1,159.12
93459	26	\$337.49
93459	TC	\$821.63
93460		\$1,285.49
93460	26	\$378.02
93460	TC	\$907.47
93461		\$1,418.13
93461	26	\$417.81
93461	TC	\$1,000.32
93462		\$208.54
93463		\$102.80
93464		\$234.33
93464	26	\$94.32
93464	TC	\$140.01
93503		\$92.11
93505		\$669.46
93505	26	\$231.38
93505	TC	\$438.08
93563		\$52.69
93564		\$55.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93565		\$27.26
93566		\$26.53
93567		\$37.58
93568		\$47.16
93569		\$39.79
93571	26	\$73.32
93572	26	\$53.06
93573		\$65.95
93574		\$73.32
93575		\$97.64
93580		\$980.79
93581		\$1,329.34
93582		\$663.56
93583		\$744.62
93584		\$61.90
93585		\$58.21
93586		\$74.06
93587		\$108.69
93588		\$109.80
93590		\$1,123.75
93591		\$930.68
93592		\$406.76
93593	26	\$201.17
93594	26	\$309.49
93595	26	\$276.70
93596	26	\$344.49
93597	26	\$447.66
93598	26	\$70.37
93600	26	\$117.53
93602	26	\$116.06
93603	26	\$116.06
93609	26	\$276.33
93610	26	\$163.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93612	26	\$162.11
93613		\$292.54
93615	26	\$38.69
93616	26	\$62.27
93618	26	\$218.49
93619	26	\$389.07
93620	26	\$625.61
93621	26	\$82.90
93622	26	\$172.06
93623	26	\$55.63
93624	26	\$241.70
93631	26	\$394.97
93640	26	\$178.69
93641	26	\$310.97
93642		\$344.86
93642	26	\$254.96
93642	TC	\$89.90
93644		\$207.06
93644	26	\$152.17
93644	TC	\$54.90
93650		\$586.93
93653		\$841.15
93654		\$1,013.22
93655		\$308.75
93656		\$953.53
93657		\$309.12
93660		\$179.80
93660	26	\$97.64
93660	TC	\$82.16
93662	26	\$75.16
93668		\$16.21
93701		\$29.11
93702		\$130.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93724		\$303.23
93724	26	\$252.01
93724	TC	\$51.21
93750		\$54.53
93784		\$50.48
93786		\$25.05
93788		\$6.26
93790		\$19.53
93792		\$75.53
93793		\$12.53
93797		\$18.79
93798		\$27.63
93880		\$205.59
93880	26	\$40.16
93880	TC	\$165.43
93882		\$134.48
93882	26	\$24.69
93882	TC	\$109.80
93886		\$281.86
93886	26	\$48.63
93886	TC	\$233.22
93888		\$159.17
93888	26	\$38.32
93888	TC	\$120.85
93892		\$184.22
93892	26	\$63.00
93892	TC	\$121.22
93893		\$184.59
93893	26	\$63.00
93893	TC	\$121.59
93896		\$196.01
93896	26	\$43.84
93896	TC	\$152.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93897		\$246.86
93897	26	\$39.79
93897	TC	\$207.06
93898		\$258.65
93898	26	\$46.79
93898	TC	\$211.85
93922		\$89.53
93922	26	\$12.53
93922	TC	\$77.00
93923		\$141.85
93923	26	\$22.11
93923	TC	\$119.74
93924		\$174.27
93924	26	\$24.69
93924	TC	\$149.59
93925		\$259.01
93925	26	\$39.42
93925	TC	\$219.59
93926		\$144.80
93926	26	\$23.95
93926	TC	\$120.85
93930		\$215.54
93930	26	\$40.16
93930	TC	\$175.38
93931		\$133.74
93931	26	\$24.32
93931	TC	\$109.43
93970		\$202.27
93970	26	\$34.27
93970	TC	\$168.01
93971		\$129.69
93971	26	\$22.47
93971	TC	\$107.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
93975		\$285.54
93975	26	\$58.21
93975	TC	\$227.33
93976		\$161.38
93976	26	\$40.53
93976	TC	\$120.85
93978		\$195.64
93978	26	\$39.79
93978	TC	\$155.85
93979		\$127.48
93979	26	\$24.69
93979	TC	\$102.80
93980		\$128.22
93980	26	\$64.11
93980	TC	\$64.11
93981		\$77.00
93981	26	\$22.47
93981	TC	\$54.53
93985		\$268.96
93985	26	\$39.42
93985	TC	\$229.54
93986		\$144.80
93986	26	\$23.95
93986	TC	\$120.85
93990		\$144.43
93990	26	\$23.58
93990	TC	\$120.85
94002		\$97.27
94003		\$68.16
94004		\$50.48
94010		\$29.84
94010	26	\$8.47
94010	TC	\$21.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
94011		\$90.27
94012		\$146.64
94013		\$19.90
94014		\$61.53
94015		\$35.37
94016		\$26.16
94060		\$42.74
94060	26	\$10.68
94060	TC	\$32.05
94070		\$69.27
94070	26	\$29.48
94070	TC	\$39.79
94200		\$16.21
94200	26	\$2.58
94200	TC	\$13.63
94375		\$42.74
94375	26	\$15.11
94375	TC	\$27.63
94450		\$96.16
94450	26	\$21.37
94450	TC	\$74.79
94452		\$55.63
94452	26	\$15.11
94452	TC	\$40.53
94453		\$73.32
94453	26	\$19.53
94453	TC	\$53.79
94610		\$59.69
94617		\$98.01
94617	26	\$33.90
94617	TC	\$64.11
94618		\$37.58
94618	26	\$23.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
94618	TC	\$14.00
94619		\$71.85
94619	26	\$23.21
94619	TC	\$48.63
94621		\$169.85
94621	26	\$72.21
94621	TC	\$97.64
94640		\$8.84
94644		\$63.37
94645		\$18.79
94660		\$71.48
94662		\$36.84
94664		\$19.53
94667		\$27.63
94668		\$42.37
94669		\$22.84
94680		\$57.48
94680	26	\$13.26
94680	TC	\$44.21
94681		\$52.69
94681	26	\$10.32
94681	TC	\$42.37
94690		\$53.06
94690	26	\$3.68
94690	TC	\$49.37
94726		\$62.27
94726	26	\$12.90
94726	TC	\$49.37
94727		\$49.37
94727	26	\$12.53
94727	TC	\$36.84
94728		\$48.63
94728	26	\$12.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
94728	TC	\$35.74
94729		\$61.53
94729	26	\$9.21
94729	TC	\$52.32
94762		\$27.26
94780		\$58.58
94781		\$23.95
95004		\$4.05
95017		\$9.21
95018		\$21.74
95024		\$8.47
95027		\$5.16
95028		\$13.63
95044		\$5.53
95052		\$6.26
95056		\$58.21
95060		\$43.84
95065		\$32.42
95070		\$38.69
95076		\$137.06
95079		\$94.32
95115		\$11.79
95117		\$13.63
95144		\$18.05
95145		\$38.69
95146		\$71.11
95147		\$68.53
95148		\$101.69
95149		\$135.22
95165		\$15.84
95170		\$11.79
95180		\$153.27
95249		\$72.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95250		\$158.06
95251		\$37.21
95717		\$115.32
95718		\$145.17
95719		\$173.54
95720		\$223.28
95721		\$223.28
95722		\$270.80
95723		\$274.12
95724		\$343.39
95725		\$314.65
95726		\$437.34
95782		\$1,067.74
95782	26	\$131.90
95782	TC	\$935.84
95783		\$1,131.49
95783	26	\$143.32
95783	TC	\$988.16
95800		\$141.11
95800	26	\$42.00
95800	TC	\$99.11
95801		\$106.85
95801	26	\$43.84
95801	TC	\$63.00
95803		\$143.69
95803	26	\$44.95
95803	TC	\$98.74
95805		\$481.92
95805	26	\$61.16
95805	TC	\$420.76
95806		\$105.37
95806	26	\$47.16
95806	TC	\$58.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95807		\$454.66
95807	26	\$63.00
95807	TC	\$391.65
95808		\$538.66
95808	26	\$87.69
95808	TC	\$450.97
95810		\$688.62
95810	26	\$126.38
95810	TC	\$562.24
95811		\$721.04
95811	26	\$131.53
95811	TC	\$589.51
95812		\$382.44
95812	26	\$60.42
95812	TC	\$322.02
95813		\$487.82
95813	26	\$91.37
95813	TC	\$396.44
95816		\$426.66
95816	26	\$60.42
95816	TC	\$366.23
95819		\$497.03
95819	26	\$60.42
95819	TC	\$436.60
95822		\$459.45
95822	26	\$60.42
95822	TC	\$399.02
95824	26	\$41.27
95829		\$1,914.06
95829	26	\$350.02
95829	TC	\$1,564.04
95830		\$726.20
95836		\$113.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95851		\$26.90
95852		\$22.84
95857		\$69.27
95860		\$121.22
95860	26	\$54.16
95860	TC	\$67.06
95861		\$169.11
95861	26	\$86.22
95861	TC	\$82.90
95863		\$229.91
95863	26	\$105.37
95863	TC	\$124.53
95864		\$243.17
95864	26	\$112.01
95864	TC	\$131.17
95865		\$159.54
95865	26	\$87.69
95865	TC	\$71.85
95866		\$142.59
95866	26	\$70.37
95866	TC	\$72.21
95867		\$113.85
95867	26	\$44.58
95867	TC	\$69.27
95868		\$137.43
95868	26	\$65.95
95868	TC	\$71.48
95869		\$99.85
95869	26	\$21.00
95869	TC	\$78.85
95870		\$88.06
95870	26	\$21.00
95870	TC	\$67.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95872		\$198.96
95872	26	\$157.32
95872	TC	\$41.63
95873		\$75.16
95873	26	\$21.00
95873	TC	\$54.16
95874		\$81.06
95874	26	\$21.00
95874	TC	\$60.06
95875		\$131.90
95875	26	\$62.64
95875	TC	\$69.27
95885		\$65.95
95885	26	\$19.90
95885	TC	\$46.06
95886		\$102.80
95886	26	\$48.63
95886	TC	\$54.16
95887		\$89.53
95887	26	\$39.79
95887	TC	\$49.74
95905		\$35.74
95905	26	\$2.58
95905	TC	\$33.16
95907		\$96.90
95907	26	\$56.37
95907	TC	\$40.53
95908		\$120.85
95908	26	\$70.37
95908	TC	\$50.48
95909		\$145.17
95909	26	\$84.37
95909	TC	\$60.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95910		\$189.75
95910	26	\$112.37
95910	TC	\$77.37
95911		\$227.70
95911	26	\$140.38
95911	TC	\$87.32
95912		\$264.91
95912	26	\$168.01
95912	TC	\$96.90
95913		\$310.23
95913	26	\$199.33
95913	TC	\$110.90
95919		\$17.32
95919	26	\$10.32
95919	TC	\$7.00
95921		\$94.69
95921	26	\$47.16
95921	TC	\$47.53
95922		\$96.90
95922	26	\$48.63
95922	TC	\$48.27
95923		\$129.32
95923	26	\$47.53
95923	TC	\$81.79
95924		\$160.64
95924	26	\$91.74
95924	TC	\$68.90
95925		\$168.38
95925	26	\$29.11
95925	TC	\$139.27
95926		\$154.38
95926	26	\$28.37
95926	TC	\$126.01

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95927		\$193.80
95927	26	\$29.11
95927	TC	\$164.69
95928		\$259.38
95928	26	\$84.00
95928	TC	\$175.38
95929		\$260.12
95929	26	\$83.64
95929	TC	\$176.48
95930		\$72.58
95930	26	\$19.53
95930	TC	\$53.06
95933		\$87.69
95933	26	\$33.16
95933	TC	\$54.53
95937		\$111.27
95937	26	\$36.48
95937	TC	\$74.79
95938		\$410.08
95938	26	\$48.27
95938	TC	\$361.81
95939		\$606.82
95939	26	\$126.38
95939	TC	\$480.45
95940		\$34.63
95954		\$420.76
95954	26	\$118.64
95954	TC	\$302.12
95955		\$199.70
95955	26	\$56.74
95955	TC	\$142.96
95957		\$319.07
95957	26	\$108.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
95957	TC	\$210.38
95958		\$779.25
95958	26	\$239.12
95958	TC	\$540.14
95961		\$356.65
95961	26	\$169.48
95961	TC	\$187.17
95962		\$305.81
95962	26	\$183.12
95962	TC	\$122.69
95965	26	\$438.81
95966	26	\$212.22
95967	26	\$183.12
95970		\$20.26
95971		\$51.58
95972		\$61.53
95976		\$40.90
95977		\$54.16
95980		\$46.06
95981		\$43.11
95982		\$64.11
95983		\$53.06
95984		\$46.42
95990		\$95.43
95991		\$119.01
95992		\$46.42
96004		\$113.85
96041		\$56.37
96020	26	\$168.38
96105		\$105.74
96110		\$12.90
96112		\$141.85
96113		\$60.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
96116		\$99.85
96121		\$82.16
96125		\$112.74
96127		\$5.16
96130		\$131.53
96131		\$93.58
96132		\$140.74
96133		\$105.74
96136		\$46.06
96137		\$40.90
96138		\$38.32
96139		\$38.32
96146		\$2.58
96156		\$111.64
96158		\$76.64
96159		\$26.53
96160		\$3.32
96161		\$3.32
96164		\$11.79
96165		\$5.53
96167		\$81.43
96168		\$29.11
96360		\$34.27
96361		\$13.26
96365		\$65.21
96366		\$22.11
96367		\$30.21
96368		\$21.00
96369		\$152.53
96370		\$18.05
96371		\$63.37
96372		\$15.84
96373		\$21.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
96374		\$38.32
96375		\$16.21
96377		\$19.90
96380		\$25.42
96381		\$17.92
96401		\$74.79
96402		\$39.42
96405		\$90.27
96406		\$138.17
96409		\$104.64
96411		\$57.48
96413		\$134.85
96415		\$29.11
96416		\$133.01
96417		\$66.69
96420		\$106.85
96422		\$162.85
96423		\$75.53
96425		\$175.01
96440		\$786.62
96446		\$166.17
96450		\$172.80
96521		\$128.95
96522		\$122.32
96523		\$26.53
96542		\$139.27
96547		\$373.60
96548		\$171.69
96567		\$145.53
96570		\$56.37
96571		\$26.53
96573		\$242.07
96574		\$297.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
96900		\$27.63
96910		\$128.95
96912		\$109.43
96920		\$155.11
96921		\$165.80
96922		\$207.43
96931		\$183.48
96932		\$136.69
96933		\$47.16
96934		\$129.69
96935		\$84.00
96936		\$45.69
97022		\$17.69
97032		\$16.21
97035		\$15.84
97110		\$32.79
97112		\$36.48
97113		\$41.63
97116		\$32.79
97129		\$24.69
97130		\$23.58
97140		\$30.95
97150		\$19.90
97161		\$110.90
97162		\$110.90
97163		\$110.90
97164		\$76.64
97165		\$113.85
97166		\$113.85
97167		\$113.85
97168		\$78.85
97530		\$39.42
97542		\$35.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
97597		\$109.43
97598		\$48.63
97605		\$47.90
97606		\$57.11
97607		\$367.34
97608		\$382.44
97760		\$52.32
97761		\$46.06
97763		\$57.11
97802		\$40.53
97803		\$35.37
97804		\$18.79
98000		\$56.00
98001		\$91.74
98002		\$146.27
98003		\$194.17
98004		\$43.11
98005		\$75.53
98006		\$110.90
98007		\$147.01
98008		\$53.06
98009		\$87.69
98010		\$135.96
98011		\$177.22
98012		\$39.42
98013		\$68.90
98014		\$100.22
98015		\$145.90
98925		\$34.27
98926		\$49.37
98927		\$64.48
98928		\$78.11
98929		\$92.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
98940		\$47.34
98941		\$65.85
98942		\$85.74
99151		\$65.58
99152		\$54.90
99153		\$12.90
99155		\$86.95
99156		\$78.11
99157		\$60.79
99170		\$179.80
99173		\$3.68
99175		\$33.16
99183		\$111.64
99184		\$228.43
99188		\$29.88
99195		\$98.37
99202		\$78.48
99203		\$121.22
99204		\$181.64
99205		\$239.86
99211		\$25.79
99212		\$61.90
99213		\$99.48
99214		\$140.01
99215		\$196.38
99221		\$87.69
99222		\$138.90
99223		\$185.33
99231		\$52.32
99232		\$84.74
99233		\$126.74
99234		\$103.90
99235		\$169.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
99236		\$221.43
99238		\$86.95
99239		\$123.06
99281		\$12.16
99282		\$44.21
99283		\$74.79
99284		\$127.48
99285		\$184.59
99291		\$294.75
99292		\$127.85
99304		\$86.22
99305		\$143.32
99306		\$195.64
99307		\$43.11
99308		\$80.32
99309		\$116.43
99310		\$165.43
99315		\$87.69
99316		\$140.38
99341		\$53.42
99342		\$85.11
99344		\$152.90
99345		\$216.28
99347		\$49.00
99348		\$82.90
99349		\$136.69
99350		\$198.59
99360		\$62.64
99381		\$119.38
99382		\$124.90
99383		\$129.69
99384		\$145.53
99385		\$141.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
99386		\$162.85
99387		\$176.85
99391		\$107.22
99392		\$113.85
99393		\$113.85
99394		\$124.16
99395		\$127.48
99396		\$135.59
99397		\$146.27
99401		\$42.00
99402		\$68.16
99406		\$15.47
99407		\$29.48
99408		\$36.84
99409		\$71.11
99417		\$33.16
99418		\$42.37
99421		\$16.21
99422		\$31.69
99423		\$50.48
99429		\$61.55
99447		\$38.32
99448		\$57.11
99451		\$36.84
99452		\$37.58
99459		\$23.58
99460		\$98.74
99461		\$99.48
99462		\$43.11
99463		\$115.32
99464		\$77.00
99465		\$150.69
99466		\$246.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
99467		\$123.43
99468		\$949.11
99469		\$410.81
99471		\$821.63
99472		\$422.60
99473		\$15.84
99474		\$18.79
99475		\$595.03
99476		\$360.34
99477		\$359.97
99478		\$141.11
99479		\$128.22
99480		\$123.43
99495		\$226.22
99496		\$306.18
99605		\$75.75
99606		\$27.05
99607		\$27.05
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
0244U		\$3,500.00
0509T		\$82.90
0509T	26	\$22.47
0509T	TC	\$60.42
G0008		\$17.57
G0009		\$17.57
G0010		\$17.57

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
G0011		\$29.48
G0012		\$15.84
G0013		\$25.79
G0101		\$42.00
G0103		\$19.31
G0104		\$202.64
G0105		\$365.49
G0108		\$59.69
G0109		\$17.32
G0121		\$365.86
G0123		\$20.26
G0124		\$27.63
G0127		\$26.53
G0141		\$27.63
G0144		\$43.97
G0145		\$26.49
G0168		\$108.32
G0179		\$46.42
G0180		\$58.58
G0237		\$12.90
G0238		\$11.42
G0239		\$14.74
G0248		\$109.43
G0249		\$69.27
G0250		\$9.58
G0268		\$56.00
G0270		\$35.37
G0271		\$18.79
G0277		\$193.06
G0278		\$13.63
G0279		\$48.27
G0279	26	\$30.95
G0279	TC	\$17.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
G0288		\$50.48
G0289		\$88.43
G0296		\$30.21
G0306		\$7.77
G0307		\$6.47
G0312		\$42.55
G0313		\$69.90
G0314		\$69.90
G0315		\$42.55
G0316		\$34.27
G0317		\$33.90
G0318		\$33.53
G0328		\$18.05
G0329		\$11.79
G0403		\$15.47
G0404		\$7.00
G0405		\$8.84
G0406		\$43.48
G0407		\$77.37
G0408		\$112.01
G0416		\$402.34
G0416	26	\$189.38
G0416	TC	\$212.96
G0425		\$98.37
G0426		\$139.27
G0427		\$198.59
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98
G0438		\$179.80
G0439		\$141.85
G0455		\$142.22
G0475		\$24.08

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
G0476		\$35.09
G0480		\$114.43
G0481		\$156.59
G0482		\$198.74
G0483		\$246.92
G0500		\$62.27
G0659		\$62.14
G2212		\$34.63
G6001		\$195.27
G6001	26	\$34.63
G6001	TC	\$160.64
G6002		\$83.27
G6002	26	\$22.47
G6002	TC	\$60.79
G6003		\$167.27
G6004		\$135.59
G6005		\$135.59
G6006		\$134.85
G6007		\$240.59
G6008		\$186.43
G6009		\$187.91
G6010		\$184.96
G6011		\$245.75
G6012		\$246.12
G6013		\$247.22
G6014		\$245.75
G6015		\$383.55
G6016		\$382.81
G9143		\$120.72
G9157		\$99.48
H1000		\$95.36
H1001		\$63.59
H1002		\$63.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
H1003		\$63.59
H1004		\$63.59
M0201		\$17.92
M0224		\$441.00
M0249		\$441.00
M0250		\$441.00
P9603		\$0.37
P9604		\$5.30
Q0091		\$49.00
Q0092		\$29.48
Q0111		\$18.19
Q0112		\$5.83
Q0138		\$0.31
Q0139		\$0.38
Q0162		\$0.01
Q0510		\$50.00
Q0511		\$24.00
Q0512		\$16.00
Q0513		\$33.00
Q0514		\$66.00
Q3014		\$35.35
Q3027		\$55.62
Q4001		\$58.38
Q4002		\$220.62
Q4003		\$41.95
Q4004		\$145.12
Q4005		\$15.46
Q4006		\$34.83
Q4007		\$7.72
Q4008		\$17.40
Q4009		\$10.31
Q4010		\$23.23
Q4011		\$5.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
Q4012		\$11.60
Q4013		\$18.76
Q4014		\$31.68
Q4015		\$9.38
Q4016		\$15.85
Q4017		\$10.88
Q4018		\$17.34
Q4019		\$5.41
Q4020		\$8.68
Q4021		\$8.03
Q4022		\$14.51
Q4023		\$4.05
Q4024		\$7.22
Q4025		\$45.09
Q4026		\$140.73
Q4027		\$22.55
Q4028		\$70.35
Q4029		\$34.48
Q4030		\$90.73
Q4031		\$17.23
Q4032		\$45.37
Q4033		\$32.16
Q4034		\$79.96
Q4035		\$16.10
Q4036		\$39.98
Q4037		\$19.60
Q4038		\$49.12
Q4039		\$9.82
Q4040		\$24.58
Q4041		\$23.85
Q4042		\$40.70
Q4043		\$11.91
Q4044		\$20.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
Q4045		\$13.84
Q4046		\$22.25
Q4047		\$6.90
Q4048		\$11.16
Q4049		\$2.55
Q4074		\$158.92
Q4081		\$0.77
Q4101		\$30.30
Q4102		\$11.70
Q4103		\$12.38
Q4108		\$49.12
Q4110		\$65.41
Q4111		\$7.12
Q4121		\$48.85
Q4123		\$71.55
Q4124		\$2.48
Q4126		\$59.81
Q4127		\$68.49
Q4128		\$30.70
Q4132		\$89.18
Q4133		\$136.18
Q4137		\$100.72
Q4138		\$100.40
Q4140		\$164.84
Q4141		\$64.75
Q4143		\$33.92
Q4145		\$19.48
Q4148		\$126.06
Q4150		\$84.86
Q4151		\$137.19
Q4152		\$45.41
Q4153		\$108.60
Q4154		\$142.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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Code	Modifier	Medicaid Fee
Q4155		\$27.31
Q4156		\$66.35
Q4158		\$66.32
Q4159		\$235.17
Q4160		\$530.00
Q4173		\$356.55
Q4186		\$150.33
Q4187		\$241.87
Q4195		\$107.92
Q4196		\$98.54
Q4199		\$130.26
Q4205		\$106.56
Q4217		\$318.00
Q4221		\$1,961.00
Q4222		\$127.55
Q4225		\$1,370.73
Q4227		\$221.14
Q4229		\$330.31
Q4232		\$130.11
Q4234		\$194.83
Q4235		\$80.48
Q4236		\$483.65
Q4238		\$1,725.04
Q4239		\$2,038.50
Q4248		\$2,824.50
Q4249		\$1,789.55
Q4250		\$2,901.66
Q4252		\$53.00
Q4253		\$83.18
Q4256		\$813.21
Q4257		\$652.66
Q4258		\$82.41
Q4259		\$941.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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Code	Modifier	Medicaid Fee
Q4262		\$62.85
Q4263		\$1,713.00
Q4264		\$372.89
Q4265		\$1,704.03
Q4266		\$560.57
Q4267		\$290.02
Q4268		\$452.71
Q4269		\$763.20
Q4270		\$3,370.80
Q4271		\$1,210.48
Q4274		\$1,832.32
Q4275		\$2,675.48
Q4276		\$261.26
Q4278		\$265.11
Q4280		\$2,892.85
Q4281		\$544.05
Q4282		\$336.76
Q4283		\$457.32
Q4309		\$1,308.55
Q4310		\$1,317.36
Q4313		\$3,520.69
Q4316		\$4,415.97
Q4319		\$636.00
Q4321		\$763.20
Q4322		\$1,791.29
Q4323		\$1,574.54
Q4325		\$2,045.86
Q4326		\$1,082.95
Q4328		\$3,673.31
Q4331		\$1,637.55
Q4332		\$1,683.47
Q4339		\$2,055.34
Q4341		\$3,071.28

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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Code	Modifier	Medicaid Fee
Q4342		\$2,127.11
Q4343		\$2,952.10
Q4344		\$2,689.48
Q9950		\$18.59
Q9956		\$41.20
Q9957		\$41.20
Q9958		\$0.07
Q9961		\$0.29
Q9963		\$0.22
Q9965		\$1.80
Q9966		\$0.45
Q9967		\$0.15
R0070		\$81.25
R0075		\$81.25
S0302		\$144.62
S0390		\$23.01
S2083		\$118.20
S5497		\$7.97
S9326		\$61.89
S9327		\$79.56
S9330		\$61.89
S9331		\$79.56
S9338		\$79.56
S9339		\$61.89
S9364		\$291.65
S9373		\$79.56
S9497		\$106.44
S9500		\$79.82
S9501		\$87.92
S9502		\$87.92
S9503		\$87.92
S9504		\$106.44
T1001		\$18.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2025**

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

Code	Modifier	Medicaid Fee
T1002		\$18.96
T1003		\$15.45
T1004		\$11.88
T1013		\$17.63
T1015		\$126.52
T1016		\$22.57
T1017		\$22.57
T1021		\$20.16
T1025		\$374.34
T1030		\$75.84
T1031		\$61.77
U0001		\$35.92
U0002		\$51.31
V5020		\$35.35