

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023

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

Code	Medicaid Fee
10005	\$197.04
10009	\$197.04
10011	\$197.04
10030	\$197.04
10121	\$371.50
10180	\$625.39
11010	\$197.04
11011	\$197.04
11012	\$625.39
11042	\$113.27
11043	\$176.39
11044	\$371.50
11307	\$54.83
11311	\$54.83
11404	\$371.50
11406	\$371.50
11424	\$371.50
11426	\$625.39
11444	\$371.50
11446	\$625.39
11450	\$625.39
11451	\$625.39
11462	\$625.39
11463	\$625.39
11470	\$625.39
11471	\$625.39
11604	\$197.04
11606	\$371.50

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Code	Medicaid Fee
11624	\$371.50
11626	\$625.39
11644	\$371.50
11646	\$625.39
11770	\$625.39
11771	\$625.39
11772	\$625.39
11960	\$987.69
11970	\$2,352.12
11971	\$625.39
12005	\$113.27
12006	\$113.27
12007	\$54.83
12015	\$54.83
12016	\$113.27
12017	\$113.27
12018	\$54.83
12020	\$176.39
12021	\$113.27
12032	\$113.27
12034	\$113.27
12035	\$113.27
12036	\$176.39
12037	\$524.00
12042	\$113.27
12044	\$176.39
12045	\$176.39
12046	\$176.39
12047	\$524.00
12051	\$113.27
12052	\$113.27
12053	\$113.27

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Code	Medicaid Fee
12054	\$113.27
12055	\$113.27
12056	\$113.27
12057	\$113.27
13100	\$176.39
13101	\$176.39
13120	\$176.39
13121	\$176.39
13131	\$113.27
13132	\$176.39
13151	\$176.39
13152	\$176.39
13160	\$524.00
14000	\$524.00
14001	\$524.00
14020	\$524.00
14021	\$524.00
14040	\$524.00
14041	\$524.00
14060	\$524.00
14061	\$524.00
14301	\$987.69
14350	\$524.00
15002	\$524.00
15004	\$176.39
15040	\$524.00
15050	\$176.39
15100	\$524.00
15110	\$524.00
15115	\$524.00
15120	\$987.69
15130	\$524.00

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Code	Medicaid Fee
15135	\$987.69
15150	\$524.00
15155	\$987.69
15200	\$524.00
15220	\$524.00
15240	\$524.00
15260	\$524.00
15271	\$524.00
15273	\$987.69
15277	\$524.00
15570	\$524.00
15572	\$987.69
15574	\$524.00
15576	\$524.00
15600	\$987.69
15610	\$524.00
15620	\$524.00
15630	\$524.00
15650	\$524.00
15730	\$987.69
15731	\$987.69
15733	\$987.69
15734	\$987.69
15736	\$524.00
15738	\$987.69
15740	\$524.00
15750	\$987.69
15760	\$524.00
15769	\$987.69
15770	\$987.69
15771	\$987.69
15773	\$524.00

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Code	Medicaid Fee
15775	\$113.27
15776	\$113.27
15781	\$197.04
15783	\$113.27
15789	\$176.39
15819	\$524.00
15820	\$524.00
15821	\$524.00
15822	\$524.00
15823	\$524.00
15824	\$524.00
15825	\$987.69
15826	\$987.69
15828	\$987.69
15829	\$987.69
15830	\$1,404.86
15832	\$625.39
15833	\$625.39
15834	\$625.39
15835	\$625.39
15836	\$625.39
15837	\$625.39
15838	\$625.39
15839	\$625.39
15840	\$987.69
15841	\$987.69
15842	\$524.00
15845	\$987.69
15876	\$987.69
15877	\$987.69
15878	\$524.00
15879	\$987.69

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Code	Medicaid Fee
15920	\$625.39
15922	\$987.69
15931	\$625.39
15933	\$625.39
15934	\$987.69
15935	\$987.69
15936	\$524.00
15937	\$524.00
15940	\$625.39
15941	\$625.39
15944	\$987.69
15945	\$524.00
15946	\$524.00
15950	\$371.50
15951	\$625.39
15952	\$524.00
15953	\$987.69
15956	\$524.00
15958	\$987.69
16025	\$54.83
16030	\$113.27
16035	\$113.27
17106	\$113.27
17270	\$54.83
17271	\$54.83
17311	\$176.39
17313	\$176.39
17380	\$176.39
19020	\$371.50
19081	\$371.50
19083	\$371.50
19085	\$371.50

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Code	Medicaid Fee
19100	\$371.50
19101	\$757.37
19105	\$757.37
19110	\$757.37
19112	\$757.37
19120	\$757.37
19125	\$757.37
19296	\$2,496.94
19298	\$2,279.54
19300	\$757.37
19301	\$757.37
19302	\$1,404.86
19303	\$1,404.86
19307	\$1,404.86
19316	\$1,404.86
19318	\$1,404.86
19325	\$1,653.80
19328	\$757.37
19330	\$757.37
19340	\$1,404.86
19342	\$1,653.80
19350	\$757.37
19355	\$757.37
19357	\$3,123.11
19370	\$757.37
19371	\$757.37
19380	\$1,404.86
19396	\$757.37
20103	\$371.50
20150	\$825.03
20200	\$371.50
20205	\$625.39

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Code	Medicaid Fee
20206	\$371.50
20220	\$371.50
20225	\$371.50
20240	\$625.39
20245	\$625.39
20250	\$1,126.46
20251	\$1,829.83
20500	\$465.89
20525	\$625.39
20555	\$1,061.74
20650	\$825.03
20662	\$436.55
20663	\$825.03
20665	\$114.64
20670	\$371.50
20680	\$625.39
20690	\$2,573.16
20692	\$5,271.71
20693	\$1,829.83
20694	\$436.55
20696	\$7,756.26
20697	\$436.55
20822	\$436.55
20900	\$2,513.35
20902	\$1,829.83
20910	\$176.39
20912	\$987.69
20920	\$524.00
20922	\$524.00
20924	\$2,378.74
20950	\$197.04
20972	\$1,829.83

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Code	Medicaid Fee
20973	\$1,829.83
20982	\$2,337.62
20983	\$2,558.17
21010	\$669.88
21012	\$371.50
21014	\$625.39
21015	\$625.39
21016	\$625.39
21025	\$1,486.66
21026	\$1,486.66
21029	\$669.88
21034	\$1,486.66
21040	\$669.88
21044	\$1,486.66
21046	\$1,486.66
21047	\$1,486.66
21048	\$1,486.66
21050	\$1,486.66
21060	\$1,486.66
21070	\$1,486.66
21085	\$63.10
21088	\$669.88
21100	\$1,486.66
21110	\$344.57
21120	\$1,486.66
21121	\$669.88
21122	\$1,911.01
21123	\$669.88
21125	\$1,486.66
21127	\$1,994.92
21137	\$669.88
21138	\$1,486.66

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Code	Medicaid Fee
21139	\$1,486.66
21150	\$1,911.01
21181	\$1,486.66
21198	\$1,486.66
21199	\$1,917.03
21206	\$1,486.66
21209	\$1,486.66
21210	\$2,287.44
21215	\$1,905.12
21230	\$1,486.66
21235	\$1,486.66
21240	\$1,486.66
21242	\$1,486.66
21243	\$9,057.97
21244	\$2,143.57
21245	\$1,911.01
21246	\$1,486.66
21248	\$1,486.66
21249	\$1,486.66
21260	\$1,486.66
21267	\$2,566.95
21270	\$1,486.66
21275	\$1,486.66
21280	\$669.88
21282	\$669.88
21295	\$344.57
21296	\$669.88
21315	\$344.57
21320	\$669.88
21325	\$669.88
21330	\$1,486.66
21335	\$669.88

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Code	Medicaid Fee
21336	\$825.03
21337	\$669.88
21338	\$2,129.75
21339	\$1,486.66
21340	\$669.88
21345	\$344.57
21355	\$669.88
21356	\$1,486.66
21360	\$1,486.66
21365	\$1,939.21
21390	\$1,486.66
21400	\$138.70
21401	\$443.71
21406	\$1,486.66
21407	\$1,486.66
21421	\$669.88
21445	\$1,918.54
21450	\$195.17
21451	\$344.57
21452	\$1,931.82
21453	\$1,947.96
21454	\$1,920.87
21461	\$2,043.51
21462	\$1,984.10
21465	\$1,486.66
21480	\$62.85
21485	\$344.57
21490	\$669.88
21497	\$344.57
21501	\$625.39
21502	\$825.03
21550	\$371.50

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Code	Medicaid Fee
21552	\$625.39
21554	\$625.39
21555	\$371.50
21556	\$625.39
21557	\$625.39
21558	\$625.39
21600	\$1,829.83
21610	\$825.03
21685	\$1,964.12
21700	\$1,829.83
21720	\$825.03
21725	\$197.04
21820	\$62.85
21925	\$371.50
21930	\$371.50
21931	\$371.50
21932	\$625.39
21933	\$625.39
21935	\$625.39
21936	\$625.39
22102	\$1,829.83
22310	\$62.85
22315	\$825.03
22505	\$436.55
22510	\$825.03
22511	\$825.03
22513	\$1,829.83
22514	\$1,829.83
22551	\$5,326.30
22554	\$5,251.68
22612	\$9,272.98
22856	\$8,973.52

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Code	Medicaid Fee
22867	\$9,697.44
22869	\$6,390.68
22900	\$625.39
22901	\$625.39
22902	\$371.50
22903	\$625.39
22904	\$625.39
22905	\$625.39
23000	\$625.39
23020	\$825.03
23030	\$625.39
23031	\$625.39
23035	\$436.55
23040	\$825.03
23044	\$825.03
23066	\$625.39
23071	\$371.50
23073	\$625.39
23075	\$371.50
23076	\$625.39
23077	\$625.39
23078	\$625.39
23100	\$825.03
23101	\$825.03
23105	\$1,829.83
23106	\$825.03
23107	\$1,829.83
23120	\$825.03
23125	\$825.03
23130	\$825.03
23140	\$825.03
23145	\$825.03

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Code	Medicaid Fee
23146	\$1,829.83
23150	\$825.03
23155	\$1,829.83
23156	\$1,829.83
23170	\$825.03
23172	\$825.03
23174	\$1,829.83
23180	\$1,829.83
23182	\$1,829.83
23184	\$1,829.83
23190	\$825.03
23195	\$1,829.83
23330	\$371.50
23333	\$625.39
23334	\$625.39
23395	\$2,428.11
23397	\$1,829.83
23400	\$1,829.83
23405	\$1,829.83
23406	\$2,337.62
23410	\$1,829.83
23412	\$1,829.83
23415	\$1,829.83
23420	\$1,829.83
23430	\$2,401.98
23440	\$1,829.83
23450	\$2,545.87
23455	\$1,829.83
23460	\$1,829.83
23462	\$1,829.83
23465	\$1,829.83
23466	\$1,829.83

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Code	Medicaid Fee
23480	\$1,829.83
23485	\$5,439.27
23490	\$1,829.83
23491	\$5,059.94
23500	\$62.85
23505	\$436.55
23515	\$2,506.11
23520	\$436.55
23525	\$62.85
23530	\$1,829.83
23532	\$1,829.83
23540	\$62.85
23545	\$62.85
23550	\$2,458.26
23552	\$2,375.88
23570	\$62.85
23575	\$436.55
23585	\$2,519.42
23600	\$62.85
23605	\$436.55
23615	\$5,303.85
23616	\$9,188.54
23620	\$62.85
23625	\$436.55
23630	\$2,361.55
23650	\$62.85
23655	\$436.55
23660	\$1,829.83
23665	\$436.55
23670	\$2,344.70
23675	\$436.55
23680	\$5,043.71

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Code	Medicaid Fee
23700	\$436.55
23800	\$1,829.83
23802	\$3,752.01
23921	\$524.00
23930	\$625.39
23931	\$371.50
23935	\$825.03
24000	\$825.03
24006	\$825.03
24066	\$625.39
24071	\$625.39
24073	\$625.39
24075	\$371.50
24076	\$625.39
24077	\$625.39
24079	\$625.39
24100	\$825.03
24101	\$825.03
24102	\$825.03
24105	\$825.03
24110	\$825.03
24115	\$1,829.83
24116	\$1,829.83
24120	\$825.03
24125	\$825.03
24126	\$2,904.56
24130	\$825.03
24134	\$1,829.83
24136	\$825.03
24138	\$1,829.83
24140	\$825.03
24145	\$1,829.83

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Code	Medicaid Fee
24147	\$825.03
24149	\$1,829.83
24152	\$1,829.83
24155	\$825.03
24160	\$825.03
24164	\$825.03
24201	\$625.39
24300	\$436.55
24301	\$1,829.83
24305	\$825.03
24310	\$825.03
24320	\$1,829.83
24330	\$1,829.83
24331	\$1,829.83
24332	\$825.03
24340	\$2,352.12
24341	\$1,829.83
24342	\$1,829.83
24343	\$825.03
24344	\$2,352.12
24345	\$1,829.83
24346	\$3,752.01
24357	\$825.03
24358	\$825.03
24359	\$825.03
24360	\$2,693.63
24361	\$9,150.20
24362	\$5,364.30
24363	\$9,384.10
24365	\$5,736.71
24366	\$5,668.31
24370	\$5,272.40

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Code	Medicaid Fee
24371	\$8,570.18
24400	\$2,352.12
24410	\$3,752.01
24420	\$2,352.12
24430	\$5,159.78
24435	\$5,272.06
24470	\$825.03
24495	\$1,829.83
24498	\$4,993.61
24500	\$62.85
24505	\$436.55
24515	\$5,035.07
24516	\$5,119.36
24530	\$62.85
24535	\$436.55
24538	\$1,829.83
24545	\$5,323.54
24546	\$5,473.12
24560	\$62.85
24565	\$436.55
24566	\$436.55
24575	\$5,073.41
24576	\$62.85
24577	\$436.55
24579	\$5,033.00
24582	\$1,829.83
24586	\$5,250.30
24587	\$5,423.37
24600	\$62.85
24605	\$436.55
24615	\$2,358.52
24620	\$436.55

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Code	Medicaid Fee
24635	\$2,534.08
24650	\$62.85
24655	\$436.55
24665	\$1,829.83
24666	\$5,777.13
24670	\$62.85
24675	\$436.55
24685	\$2,399.80
24800	\$1,829.83
24802	\$3,752.01
24925	\$825.03
25000	\$436.55
25001	\$825.03
25020	\$436.55
25023	\$825.03
25024	\$825.03
25025	\$436.55
25028	\$825.03
25031	\$436.55
25035	\$1,829.83
25040	\$825.03
25066	\$625.39
25071	\$371.50
25073	\$625.39
25075	\$371.50
25076	\$371.50
25077	\$625.39
25078	\$625.39
25085	\$825.03
25100	\$825.03
25101	\$825.03
25105	\$825.03

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Code	Medicaid Fee
25107	\$825.03
25109	\$825.03
25110	\$436.55
25111	\$436.55
25112	\$436.55
25115	\$436.55
25116	\$825.03
25118	\$436.55
25119	\$825.03
25120	\$825.03
25125	\$436.55
25126	\$1,060.52
25130	\$825.03
25135	\$1,829.83
25136	\$1,829.83
25145	\$825.03
25150	\$825.03
25151	\$825.03
25210	\$825.03
25215	\$825.03
25230	\$825.03
25240	\$825.03
25248	\$436.55
25250	\$436.55
25251	\$825.03
25259	\$436.55
25260	\$825.03
25263	\$1,829.83
25265	\$825.03
25270	\$825.03
25272	\$825.03
25274	\$825.03

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Code	Medicaid Fee
25275	\$825.03
25280	\$825.03
25290	\$825.03
25295	\$825.03
25300	\$825.03
25301	\$825.03
25310	\$825.03
25312	\$825.03
25315	\$1,829.83
25316	\$1,829.83
25320	\$1,829.83
25332	\$1,093.80
25335	\$825.03
25337	\$1,829.83
25350	\$2,586.98
25355	\$825.03
25360	\$1,829.83
25365	\$3,752.01
25370	\$825.03
25375	\$825.03
25390	\$2,484.55
25391	\$5,618.22
25392	\$1,829.83
25393	\$2,375.88
25394	\$825.03
25400	\$2,546.37
25405	\$2,516.72
25415	\$2,479.66
25420	\$2,349.25
25425	\$1,829.83
25426	\$1,106.18
25430	\$825.03

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Code	Medicaid Fee
25431	\$1,829.83
25440	\$1,829.83
25441	\$5,847.61
25442	\$9,512.44
25443	\$2,685.88
25444	\$5,988.21
25445	\$2,675.94
25446	\$9,676.89
25447	\$825.03
25449	\$1,829.83
25450	\$825.03
25455	\$825.03
25490	\$1,829.83
25491	\$3,752.01
25492	\$825.03
25500	\$62.85
25505	\$436.55
25515	\$2,426.42
25520	\$436.55
25525	\$2,346.39
25526	\$2,406.36
25530	\$62.85
25535	\$62.85
25545	\$2,406.03
25560	\$62.85
25565	\$436.55
25574	\$2,469.72
25575	\$2,496.67
25600	\$62.85
25605	\$436.55
25606	\$825.03
25607	\$2,569.46

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
25608	\$2,572.32
25609	\$2,576.03
25622	\$62.85
25624	\$436.55
25628	\$1,829.83
25630	\$62.85
25635	\$436.55
25645	\$825.03
25650	\$62.85
25651	\$825.03
25652	\$2,513.35
25660	\$62.85
25670	\$1,829.83
25671	\$825.03
25675	\$62.85
25676	\$1,829.83
25680	\$62.85
25685	\$1,829.83
25690	\$436.55
25695	\$1,829.83
25800	\$2,610.06
25805	\$2,360.20
25810	\$5,174.64
25820	\$2,630.28
25825	\$2,493.30
25830	\$1,829.83
25907	\$825.03
25922	\$436.55
25929	\$524.00
25931	\$825.03
26010	\$54.83
26011	\$371.50

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26020	\$825.03
26025	\$825.03
26030	\$825.03
26034	\$436.55
26035	\$825.03
26037	\$825.03
26040	\$436.55
26045	\$825.03
26055	\$436.55
26060	\$436.55
26070	\$436.55
26075	\$825.03
26080	\$436.55
26100	\$825.03
26105	\$825.03
26110	\$436.55
26111	\$371.50
26113	\$371.50
26115	\$371.50
26116	\$371.50
26117	\$625.39
26118	\$625.39
26121	\$825.03
26123	\$825.03
26130	\$825.03
26135	\$825.03
26140	\$436.55
26145	\$436.55
26160	\$436.55
26170	\$436.55
26180	\$436.55
26185	\$436.55

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26200	\$436.55
26205	\$1,829.83
26210	\$436.55
26215	\$825.03
26230	\$825.03
26235	\$436.55
26236	\$436.55
26250	\$825.03
26260	\$825.03
26262	\$436.55
26320	\$371.50
26340	\$436.55
26350	\$825.03
26352	\$1,829.83
26356	\$825.03
26357	\$825.03
26358	\$1,829.83
26370	\$825.03
26372	\$2,365.42
26373	\$825.03
26390	\$1,829.83
26392	\$1,829.83
26410	\$436.55
26412	\$825.03
26415	\$825.03
26416	\$825.03
26418	\$436.55
26420	\$825.03
26426	\$825.03
26428	\$825.03
26432	\$436.55
26433	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26434	\$825.03
26437	\$825.03
26440	\$436.55
26442	\$825.03
26445	\$825.03
26449	\$825.03
26450	\$825.03
26455	\$436.55
26460	\$436.55
26471	\$825.03
26474	\$436.55
26476	\$825.03
26477	\$825.03
26478	\$825.03
26479	\$825.03
26480	\$825.03
26483	\$825.03
26485	\$825.03
26489	\$825.03
26490	\$825.03
26492	\$825.03
26494	\$825.03
26496	\$825.03
26497	\$825.03
26498	\$825.03
26499	\$825.03
26500	\$1,829.83
26502	\$825.03
26508	\$825.03
26510	\$825.03
26516	\$825.03
26517	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26518	\$2,352.12
26520	\$825.03
26525	\$436.55
26530	\$2,501.56
26531	\$2,597.76
26535	\$825.03
26536	\$2,468.88
26540	\$825.03
26541	\$1,063.41
26542	\$825.03
26545	\$1,189.51
26546	\$1,829.83
26548	\$825.03
26550	\$825.03
26555	\$1,829.83
26560	\$436.55
26561	\$825.03
26562	\$825.03
26565	\$825.03
26567	\$825.03
26568	\$2,872.39
26580	\$825.03
26587	\$825.03
26590	\$436.55
26591	\$825.03
26593	\$825.03
26596	\$825.03
26600	\$62.85
26605	\$62.85
26607	\$825.03
26608	\$825.03
26615	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26641	\$62.85
26645	\$436.55
26650	\$825.03
26665	\$825.03
26670	\$62.85
26675	\$436.55
26676	\$825.03
26685	\$825.03
26686	\$825.03
26700	\$62.85
26705	\$436.55
26706	\$825.03
26715	\$825.03
26720	\$62.85
26725	\$62.85
26727	\$825.03
26735	\$825.03
26740	\$62.85
26742	\$436.55
26746	\$825.03
26750	\$62.85
26755	\$62.85
26756	\$825.03
26765	\$825.03
26770	\$62.85
26775	\$72.84
26776	\$825.03
26785	\$825.03
26820	\$2,592.87
26841	\$1,829.83
26842	\$1,829.83
26843	\$2,385.98

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
26844	\$2,352.12
26850	\$1,829.83
26852	\$1,829.83
26860	\$825.03
26862	\$825.03
26910	\$825.03
26951	\$825.03
26952	\$825.03
26990	\$825.03
26991	\$436.55
27000	\$436.55
27001	\$825.03
27003	\$1,829.83
27033	\$1,829.83
27035	\$825.03
27040	\$371.50
27041	\$371.50
27043	\$625.39
27045	\$625.39
27047	\$625.39
27048	\$625.39
27049	\$625.39
27050	\$436.55
27052	\$436.55
27059	\$625.39
27060	\$1,829.83
27062	\$825.03
27065	\$1,829.83
27066	\$825.03
27067	\$1,829.83
27080	\$825.03
27086	\$625.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27087	\$825.03
27097	\$825.03
27098	\$825.03
27100	\$1,829.83
27105	\$825.03
27110	\$2,653.02
27111	\$825.03
27130	\$5,544.98
27197	\$62.85
27198	\$62.85
27200	\$62.85
27202	\$825.03
27220	\$62.85
27230	\$62.85
27238	\$436.55
27246	\$62.85
27250	\$62.85
27252	\$436.55
27256	\$62.85
27257	\$436.55
27265	\$62.85
27266	\$436.55
27267	\$825.03
27275	\$436.55
27279	\$9,977.45
27301	\$625.39
27305	\$825.03
27306	\$825.03
27307	\$825.03
27310	\$825.03
27323	\$371.50
27324	\$625.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27325	\$497.99
27326	\$497.99
27327	\$371.50
27328	\$625.39
27329	\$625.39
27330	\$825.03
27331	\$825.03
27332	\$825.03
27333	\$825.03
27334	\$825.03
27335	\$1,829.83
27337	\$625.39
27339	\$625.39
27340	\$825.03
27345	\$825.03
27347	\$825.03
27350	\$1,829.83
27355	\$825.03
27356	\$3,752.01
27357	\$2,352.12
27360	\$825.03
27364	\$625.39
27372	\$625.39
27380	\$1,829.83
27381	\$2,344.70
27385	\$1,829.83
27386	\$1,829.83
27390	\$825.03
27391	\$825.03
27392	\$825.03
27393	\$1,829.83
27394	\$1,829.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27395	\$825.03
27396	\$2,535.26
27397	\$1,829.83
27400	\$1,829.83
27403	\$2,782.42
27405	\$1,829.83
27407	\$1,829.83
27409	\$1,829.83
27412	\$2,718.39
27415	\$5,784.73
27416	\$1,829.83
27418	\$2,436.53
27420	\$1,829.83
27422	\$1,829.83
27424	\$1,829.83
27425	\$825.03
27427	\$2,552.95
27428	\$5,205.04
27429	\$5,054.76
27430	\$2,352.12
27435	\$825.03
27437	\$1,829.83
27438	\$4,985.67
27440	\$5,604.05
27441	\$3,752.01
27442	\$5,270.68
27443	\$5,419.92
27446	\$5,364.30
27447	\$5,436.50
27475	\$1,829.83
27479	\$1,829.83
27496	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27497	\$825.03
27498	\$436.55
27499	\$1,829.83
27500	\$62.85
27501	\$62.85
27502	\$436.55
27503	\$436.55
27508	\$62.85
27509	\$2,570.64
27510	\$436.55
27516	\$62.85
27517	\$436.55
27520	\$62.85
27524	\$1,829.83
27530	\$62.85
27532	\$825.03
27538	\$62.85
27550	\$62.85
27552	\$436.55
27560	\$62.85
27562	\$62.85
27566	\$1,829.83
27570	\$436.55
27594	\$825.03
27600	\$825.03
27601	\$825.03
27602	\$825.03
27603	\$625.39
27604	\$825.03
27605	\$436.55
27606	\$825.03
27607	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27610	\$825.03
27612	\$825.03
27614	\$625.39
27615	\$625.39
27616	\$625.39
27618	\$371.50
27619	\$625.39
27620	\$825.03
27625	\$825.03
27626	\$825.03
27630	\$825.03
27632	\$625.39
27634	\$625.39
27635	\$825.03
27637	\$2,531.04
27638	\$1,829.83
27640	\$825.03
27641	\$825.03
27647	\$1,060.52
27650	\$1,829.83
27652	\$2,425.91
27654	\$2,421.70
27656	\$1,195.59
27658	\$825.03
27659	\$1,829.83
27664	\$1,829.83
27665	\$1,829.83
27675	\$825.03
27676	\$1,829.83
27680	\$825.03
27681	\$825.03
27685	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27686	\$825.03
27687	\$825.03
27690	\$1,829.83
27691	\$1,829.83
27695	\$2,394.40
27696	\$2,470.73
27698	\$2,515.21
27700	\$2,427.77
27704	\$825.03
27705	\$2,465.00
27707	\$825.03
27709	\$5,782.66
27720	\$2,463.65
27726	\$2,438.38
27730	\$825.03
27732	\$825.03
27734	\$825.03
27740	\$825.03
27742	\$825.03
27745	\$2,486.57
27750	\$62.85
27752	\$436.55
27756	\$2,616.80
27758	\$5,414.05
27759	\$5,169.11
27760	\$62.85
27762	\$436.55
27766	\$1,829.83
27767	\$62.85
27768	\$615.43
27769	\$1,829.83
27780	\$62.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27781	\$436.55
27784	\$1,829.83
27786	\$62.85
27788	\$62.85
27792	\$2,428.61
27808	\$62.85
27810	\$436.55
27814	\$2,453.88
27816	\$62.85
27818	\$436.55
27822	\$2,427.09
27823	\$2,447.98
27824	\$62.85
27825	\$436.55
27826	\$2,621.69
27827	\$5,097.25
27828	\$5,310.40
27829	\$2,533.57
27830	\$62.85
27831	\$825.03
27832	\$2,492.30
27840	\$62.85
27842	\$436.55
27846	\$2,719.24
27848	\$1,829.83
27860	\$825.03
27870	\$5,484.18
27871	\$5,157.36
27884	\$825.03
27889	\$1,829.83
27892	\$825.03
27893	\$1,829.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
27894	\$825.03
28002	\$436.55
28003	\$825.03
28005	\$825.03
28008	\$825.03
28011	\$436.55
28020	\$825.03
28022	\$825.03
28024	\$436.55
28035	\$497.99
28039	\$625.39
28041	\$625.39
28043	\$371.50
28045	\$625.39
28046	\$625.39
28047	\$625.39
28050	\$825.03
28052	\$825.03
28054	\$825.03
28055	\$497.99
28060	\$825.03
28062	\$825.03
28070	\$1,829.83
28072	\$825.03
28080	\$436.55
28086	\$825.03
28088	\$825.03
28090	\$436.55
28092	\$436.55
28100	\$825.03
28102	\$2,384.30
28103	\$2,366.60

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
28104	\$825.03
28106	\$1,829.83
28107	\$1,829.83
28108	\$436.55
28110	\$825.03
28111	\$825.03
28112	\$825.03
28113	\$825.03
28114	\$825.03
28116	\$825.03
28118	\$825.03
28119	\$825.03
28120	\$825.03
28122	\$825.03
28126	\$825.03
28130	\$2,402.32
28140	\$825.03
28150	\$825.03
28153	\$825.03
28160	\$825.03
28171	\$825.03
28173	\$825.03
28175	\$436.55
28192	\$371.50
28193	\$371.50
28200	\$825.03
28202	\$2,392.22
28208	\$825.03
28210	\$2,420.69
28222	\$825.03
28225	\$825.03
28226	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
28234	\$436.55
28238	\$1,829.83
28240	\$825.03
28250	\$825.03
28260	\$825.03
28261	\$561.16
28262	\$2,932.87
28264	\$436.55
28270	\$825.03
28280	\$825.03
28285	\$825.03
28286	\$825.03
28288	\$825.03
28289	\$825.03
28291	\$2,595.57
28292	\$825.03
28295	\$825.03
28296	\$825.03
28297	\$2,707.28
28298	\$2,430.80
28299	\$2,381.77
28300	\$2,450.34
28302	\$2,752.93
28304	\$1,829.83
28305	\$2,587.15
28306	\$1,829.83
28307	\$1,829.83
28308	\$825.03
28309	\$2,352.12
28310	\$2,352.12
28312	\$825.03
28313	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
28315	\$825.03
28320	\$4,822.96
28322	\$2,454.55
28340	\$825.03
28341	\$825.03
28344	\$825.03
28345	\$436.55
28400	\$62.85
28405	\$62.85
28406	\$2,455.23
28415	\$2,485.38
28420	\$4,822.96
28430	\$62.85
28435	\$436.55
28436	\$2,410.24
28445	\$2,574.85
28446	\$2,735.41
28450	\$62.85
28456	\$1,829.83
28465	\$1,829.83
28470	\$62.85
28475	\$62.85
28476	\$825.03
28485	\$2,437.03
28495	\$62.85
28496	\$825.03
28505	\$825.03
28515	\$62.85
28525	\$825.03
28531	\$1,829.83
28540	\$62.85
28545	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
28546	\$436.55
28555	\$2,428.61
28570	\$62.85
28575	\$825.03
28576	\$1,829.83
28585	\$2,687.40
28600	\$62.85
28605	\$62.85
28606	\$825.03
28615	\$2,401.98
28635	\$436.55
28636	\$825.03
28645	\$825.03
28665	\$72.84
28666	\$825.03
28675	\$825.03
28705	\$8,894.63
28715	\$5,636.18
28725	\$5,418.54
28730	\$5,644.13
28735	\$5,605.09
28737	\$5,665.55
28740	\$2,652.52
28750	\$2,635.17
28755	\$1,829.83
28760	\$1,829.83
28810	\$825.03
28820	\$825.03
28825	\$825.03
29000	\$72.84
29010	\$72.84
29015	\$72.84

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
29035	\$72.84
29040	\$72.84
29044	\$44.26
29046	\$72.84
29055	\$72.84
29305	\$72.84
29325	\$72.84
29800	\$825.03
29804	\$825.03
29805	\$825.03
29806	\$1,829.83
29807	\$1,829.83
29819	\$825.03
29820	\$1,829.83
29821	\$825.03
29822	\$825.03
29823	\$825.03
29824	\$825.03
29825	\$825.03
29827	\$1,829.83
29828	\$1,829.83
29830	\$825.03
29834	\$825.03
29835	\$825.03
29836	\$1,829.83
29837	\$825.03
29838	\$825.03
29840	\$825.03
29843	\$825.03
29844	\$825.03
29845	\$825.03
29846	\$825.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
29847	\$1,829.83
29848	\$436.55
29850	\$436.55
29851	\$436.55
29855	\$2,668.70
29856	\$6,522.30
29860	\$1,829.83
29861	\$1,829.83
29862	\$1,829.83
29863	\$825.03
29866	\$1,829.83
29867	\$4,822.96
29870	\$825.03
29871	\$825.03
29873	\$825.03
29874	\$825.03
29875	\$825.03
29876	\$825.03
29877	\$825.03
29879	\$825.03
29880	\$825.03
29881	\$825.03
29882	\$825.03
29883	\$825.03
29884	\$825.03
29885	\$2,338.64
29886	\$825.03
29887	\$1,829.83
29888	\$2,473.42
29889	\$5,177.74
29891	\$825.03
29892	\$1,829.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
29893	\$825.03
29894	\$825.03
29895	\$825.03
29897	\$825.03
29898	\$825.03
29899	\$2,468.20
29900	\$825.03
29901	\$825.03
29902	\$436.55
29904	\$825.03
29905	\$2,382.78
29906	\$825.03
29907	\$5,453.43
29914	\$1,829.83
29915	\$1,829.83
29916	\$1,829.83
30000	\$63.10
30115	\$669.88
30117	\$669.88
30118	\$669.88
30120	\$669.88
30124	\$344.57
30125	\$1,486.66
30130	\$669.88
30140	\$669.88
30150	\$1,486.66
30160	\$1,486.66
30220	\$344.57
30310	\$669.88
30320	\$344.57
30400	\$1,486.66
30410	\$1,486.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
30420	\$1,486.66
30430	\$1,486.66
30435	\$1,486.66
30450	\$1,486.66
30460	\$1,486.66
30462	\$1,486.66
30465	\$1,486.66
30468	\$2,143.44
30469	\$1,911.01
30520	\$669.88
30540	\$1,486.66
30545	\$1,486.66
30560	\$138.70
30580	\$1,486.66
30600	\$1,486.66
30620	\$1,486.66
30630	\$669.88
30801	\$344.57
30802	\$344.57
30903	\$35.25
30905	\$35.25
30906	\$63.10
30915	\$841.98
30920	\$841.98
30930	\$669.88
31000	\$63.10
31002	\$344.57
31020	\$669.88
31030	\$1,486.66
31032	\$1,486.66
31040	\$1,486.66
31050	\$1,486.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
31051	\$1,486.66
31070	\$1,486.66
31075	\$1,486.66
31080	\$1,486.66
31081	\$1,486.66
31084	\$1,486.66
31085	\$1,966.17
31086	\$1,486.66
31087	\$1,486.66
31090	\$1,486.66
31200	\$1,486.66
31201	\$344.57
31205	\$669.88
31231	\$54.27
31233	\$114.51
31235	\$409.27
31237	\$409.27
31238	\$409.27
31239	\$824.15
31240	\$409.27
31253	\$1,268.46
31254	\$1,268.46
31255	\$1,268.46
31256	\$824.15
31257	\$1,268.46
31259	\$1,268.46
31267	\$1,268.46
31276	\$1,268.46
31287	\$1,268.46
31288	\$1,268.46
31298	\$1,268.46
31300	\$669.88

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
31400	\$1,486.66
31420	\$1,486.66
31500	\$63.10
31502	\$63.10
31510	\$824.15
31511	\$54.27
31512	\$824.15
31513	\$114.51
31515	\$114.51
31520	\$114.51
31525	\$409.27
31526	\$409.27
31527	\$824.15
31528	\$824.15
31529	\$824.15
31530	\$409.27
31531	\$824.15
31535	\$824.15
31536	\$824.15
31540	\$824.15
31541	\$824.15
31545	\$824.15
31546	\$1,268.46
31551	\$1,486.66
31552	\$1,486.66
31553	\$1,486.66
31554	\$1,486.66
31560	\$1,268.46
31561	\$1,268.46
31570	\$824.15
31571	\$824.15
31572	\$824.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
31574	\$409.27
31575	\$54.27
31576	\$409.27
31577	\$114.51
31578	\$824.15
31580	\$1,486.66
31590	\$1,486.66
31591	\$1,486.66
31592	\$1,486.66
31603	\$344.57
31605	\$63.10
31611	\$669.88
31612	\$669.88
31613	\$669.88
31614	\$1,486.66
31615	\$138.70
31622	\$409.27
31623	\$409.27
31624	\$409.27
31625	\$409.27
31626	\$1,268.46
31628	\$824.15
31629	\$824.15
31630	\$824.15
31631	\$1,268.46
31634	\$1,268.46
31635	\$409.27
31636	\$1,794.61
31638	\$1,268.46
31640	\$824.15
31641	\$824.15
31643	\$409.27

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
31645	\$409.27
31646	\$114.51
31647	\$1,749.64
31648	\$824.15
31649	\$409.27
31652	\$824.15
31653	\$824.15
31717	\$114.51
31730	\$409.27
31750	\$1,486.66
31755	\$1,486.66
31820	\$669.88
31825	\$669.88
31830	\$669.88
32400	\$371.50
32408	\$371.50
32550	\$1,293.28
32552	\$175.65
32553	\$407.05
32554	\$175.65
32555	\$175.65
32556	\$438.80
32557	\$340.02
32960	\$175.65
32994	\$2,051.98
32998	\$1,457.01
33016	\$340.02
33206	\$4,407.02
33207	\$4,390.79
33208	\$4,503.08
33210	\$2,443.74
33211	\$3,691.40

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
33212	\$3,827.31
33213	\$4,498.37
33214	\$4,353.62
33215	\$841.98
33216	\$3,473.15
33217	\$3,771.06
33218	\$1,017.40
33220	\$1,340.78
33221	\$6,753.39
33222	\$524.00
33223	\$524.00
33224	\$4,504.65
33226	\$1,082.30
33227	\$3,737.75
33228	\$4,401.26
33229	\$6,910.66
33230	\$11,498.69
33231	\$15,058.87
33233	\$3,498.12
33234	\$1,382.84
33235	\$1,327.20
33240	\$11,796.13
33241	\$1,017.40
33249	\$14,898.26
33262	\$11,302.92
33263	\$11,274.05
33264	\$14,903.94
33270	\$14,857.70
33271	\$3,635.60
33273	\$1,017.40
33274	\$7,284.15
33275	\$1,452.95

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
33285	\$4,109.92
33286	\$197.04
33900	\$3,432.42
33901	\$3,432.42
33902	\$5,704.15
33903	\$3,432.42
34490	\$841.98
35188	\$1,540.07
35207	\$841.98
35875	\$1,540.07
35876	\$1,540.07
36002	\$175.65
36260	\$1,540.07
36261	\$1,017.40
36262	\$1,017.40
36440	\$123.80
36450	\$123.80
36455	\$123.80
36465	\$524.00
36466	\$524.00
36475	\$841.98
36478	\$841.98
36511	\$412.87
36512	\$412.87
36513	\$123.80
36514	\$412.87
36522	\$1,263.06
36555	\$841.98
36556	\$841.98
36557	\$1,540.07
36558	\$841.98
36560	\$841.98

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
36561	\$841.98
36563	\$2,672.50
36565	\$841.98
36566	\$1,540.07
36568	\$340.02
36569	\$340.02
36570	\$841.98
36571	\$841.98
36572	\$175.65
36573	\$340.02
36575	\$175.65
36576	\$340.02
36578	\$841.98
36580	\$436.60
36581	\$1,092.38
36582	\$841.98
36583	\$2,697.31
36584	\$340.02
36585	\$841.98
36589	\$175.65
36590	\$340.02
36596	\$340.02
36597	\$340.02
36640	\$841.98
36800	\$1,540.07
36810	\$841.98
36815	\$1,540.07
36818	\$1,540.07
36819	\$1,540.07
36820	\$1,540.07
36821	\$841.98
36825	\$1,540.07

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
36830	\$1,540.07
36831	\$1,540.07
36832	\$1,540.07
36833	\$1,540.07
36835	\$1,230.69
36836	\$6,036.74
36837	\$6,678.63
36860	\$340.02
36861	\$2,050.13
36901	\$340.02
36902	\$1,356.93
36903	\$3,986.10
36904	\$1,790.60
36905	\$3,444.71
36906	\$6,557.68
37184	\$3,827.27
37187	\$4,269.58
37188	\$1,451.09
37193	\$841.98
37197	\$841.98
37200	\$1,540.07
37211	\$1,979.66
37212	\$841.98
37220	\$1,792.59
37221	\$3,848.17
37224	\$1,883.43
37225	\$4,114.93
37226	\$4,063.79
37227	\$6,876.38
37228	\$3,548.71
37229	\$6,484.14
37230	\$6,620.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
37231	\$6,602.63
37236	\$3,723.77
37238	\$3,766.55
37241	\$3,434.39
37242	\$3,918.98
37243	\$2,670.25
37246	\$1,770.98
37248	\$1,356.93
37500	\$1,540.07
37607	\$841.98
37609	\$371.50
37650	\$841.98
37700	\$841.98
37718	\$841.98
37722	\$841.98
37735	\$841.98
37760	\$841.98
37761	\$841.98
37780	\$841.98
37785	\$841.98
37790	\$872.66
38206	\$412.87
38222	\$625.39
38230	\$412.87
38232	\$1,263.06
38241	\$412.87
38242	\$412.87
38243	\$412.87
38300	\$625.39
38305	\$625.39
38308	\$757.37
38500	\$757.37

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
38505	\$371.50
38510	\$757.37
38520	\$757.37
38525	\$757.37
38530	\$757.37
38531	\$757.37
38542	\$1,457.01
38550	\$757.37
38555	\$1,404.86
38570	\$1,457.01
38571	\$2,495.76
38572	\$2,495.76
38573	\$2,495.76
38700	\$1,404.86
38740	\$1,457.01
38745	\$1,457.01
38760	\$1,404.86
40500	\$669.88
40510	\$669.88
40520	\$669.88
40525	\$669.88
40527	\$1,486.66
40530	\$669.88
40650	\$138.70
40652	\$138.70
40654	\$344.57
40700	\$1,486.66
40701	\$1,486.66
40702	\$1,486.66
40720	\$669.88
40761	\$1,486.66
40801	\$138.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
40814	\$669.88
40816	\$669.88
40818	\$138.70
40819	\$344.57
40830	\$63.10
40831	\$138.70
40840	\$1,486.66
40842	\$1,486.66
40843	\$1,486.66
40844	\$1,486.66
40845	\$1,486.66
41005	\$63.10
41006	\$344.57
41007	\$344.57
41008	\$669.88
41009	\$138.70
41010	\$344.57
41015	\$138.70
41016	\$1,486.66
41017	\$669.88
41018	\$344.57
41019	\$1,486.66
41112	\$669.88
41113	\$669.88
41114	\$669.88
41116	\$669.88
41120	\$1,486.66
41251	\$63.10
41252	\$63.10
41510	\$669.88
41512	\$1,911.01
41520	\$669.88

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
41820	\$669.88
41821	\$344.57
41827	\$1,486.66
41850	\$344.57
41870	\$344.57
42000	\$63.10
42107	\$1,486.66
42120	\$1,486.66
42140	\$669.88
42145	\$1,486.66
42180	\$138.70
42182	\$1,486.66
42200	\$1,486.66
42205	\$669.88
42210	\$1,486.66
42215	\$1,486.66
42220	\$1,486.66
42225	\$1,486.66
42226	\$1,486.66
42227	\$1,486.66
42235	\$1,486.66
42260	\$1,486.66
42281	\$1,486.66
42300	\$344.57
42305	\$669.88
42310	\$138.70
42320	\$138.70
42340	\$669.88
42405	\$344.57
42408	\$669.88
42409	\$669.88
42410	\$1,486.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
42415	\$1,486.66
42420	\$1,486.66
42425	\$1,486.66
42440	\$1,486.66
42450	\$1,486.66
42500	\$1,486.66
42505	\$1,486.66
42507	\$1,486.66
42509	\$1,486.66
42510	\$669.88
42600	\$669.88
42665	\$669.88
42700	\$63.10
42720	\$669.88
42725	\$1,486.66
42804	\$669.88
42806	\$669.88
42808	\$669.88
42810	\$669.88
42815	\$1,486.66
42820	\$1,486.66
42821	\$669.88
42825	\$1,486.66
42826	\$669.88
42830	\$669.88
42831	\$669.88
42835	\$669.88
42836	\$669.88
42860	\$669.88
42870	\$1,486.66
42890	\$1,486.66
42892	\$1,486.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
42900	\$596.79
42950	\$1,486.66
42955	\$344.57
42960	\$138.70
42962	\$669.88
42970	\$63.10
42972	\$669.88
42975	\$54.27
43030	\$1,486.66
43130	\$1,486.66
43180	\$1,486.66
43191	\$438.80
43192	\$438.80
43193	\$438.80
43194	\$438.80
43195	\$875.47
43196	\$875.47
43200	\$250.64
43201	\$438.80
43202	\$438.80
43204	\$438.80
43205	\$438.80
43206	\$438.80
43210	\$3,280.05
43211	\$438.80
43212	\$2,052.36
43213	\$438.80
43214	\$438.80
43215	\$438.80
43216	\$438.80
43217	\$438.80
43220	\$438.80

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
43226	\$438.80
43227	\$438.80
43229	\$1,335.26
43231	\$438.80
43232	\$438.80
43233	\$438.80
43235	\$250.64
43236	\$250.64
43237	\$438.80
43238	\$438.80
43239	\$250.64
43240	\$2,202.25
43241	\$438.80
43242	\$438.80
43243	\$438.80
43244	\$438.80
43245	\$438.80
43246	\$438.80
43247	\$250.64
43248	\$250.64
43249	\$438.80
43250	\$438.80
43251	\$438.80
43252	\$875.47
43253	\$438.80
43254	\$438.80
43255	\$438.80
43257	\$1,140.51
43259	\$438.80
43260	\$875.47
43261	\$875.47
43262	\$875.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
43263	\$875.47
43264	\$875.47
43265	\$1,325.63
43266	\$2,103.63
43270	\$568.81
43274	\$1,731.97
43275	\$875.47
43276	\$1,741.98
43277	\$875.47
43278	\$875.47
43284	\$3,657.38
43285	\$1,457.01
43290	\$438.80
43291	\$250.64
43450	\$250.64
43453	\$438.80
43653	\$1,457.01
43752	\$114.64
43755	\$44.15
43756	\$250.64
43757	\$250.64
43761	\$65.24
43762	\$65.24
43763	\$65.24
43774	\$875.47
43870	\$875.47
43886	\$987.69
43887	\$524.00
43888	\$987.69
44100	\$250.64
44312	\$987.69
44340	\$987.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
44360	\$438.80
44361	\$438.80
44363	\$438.80
44364	\$438.80
44365	\$438.80
44366	\$438.80
44369	\$438.80
44370	\$2,281.71
44372	\$438.80
44373	\$438.80
44376	\$438.80
44377	\$438.80
44378	\$438.80
44379	\$1,325.63
44380	\$250.64
44381	\$438.80
44382	\$250.64
44384	\$875.47
44385	\$252.32
44386	\$252.32
44388	\$252.32
44389	\$328.79
44390	\$353.03
44391	\$328.79
44392	\$328.79
44394	\$328.79
44401	\$328.79
44402	\$2,232.40
44403	\$328.79
44404	\$328.79
44405	\$457.69
44406	\$328.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
44407	\$328.79
44408	\$252.32
44500	\$250.64
45000	\$328.79
45005	\$328.79
45020	\$720.05
45100	\$720.05
45108	\$720.05
45150	\$328.79
45160	\$720.05
45171	\$720.05
45172	\$720.05
45190	\$720.05
45303	\$328.79
45305	\$328.79
45307	\$720.05
45308	\$720.05
45309	\$328.79
45315	\$328.79
45317	\$328.79
45320	\$720.05
45321	\$720.05
45327	\$2,130.60
45331	\$252.32
45332	\$328.79
45333	\$252.32
45334	\$328.79
45335	\$252.32
45337	\$252.32
45338	\$328.79
45340	\$328.79
45341	\$252.32

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
45342	\$328.79
45346	\$328.79
45347	\$2,144.15
45349	\$720.05
45350	\$328.79
45378	\$252.32
45379	\$328.79
45380	\$328.79
45381	\$328.79
45382	\$328.79
45384	\$328.79
45385	\$328.79
45386	\$328.79
45388	\$328.79
45389	\$2,152.45
45390	\$720.05
45391	\$328.79
45392	\$328.79
45393	\$328.79
45398	\$328.79
45500	\$720.05
45505	\$720.05
45541	\$720.05
45560	\$720.05
45900	\$252.32
45905	\$328.79
45910	\$328.79
45915	\$328.79
45990	\$720.05
46020	\$720.05
46030	\$328.79
46040	\$328.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
46045	\$720.05
46050	\$252.32
46060	\$720.05
46070	\$720.05
46080	\$720.05
46083	\$65.24
46200	\$720.05
46220	\$328.79
46230	\$720.05
46250	\$720.05
46255	\$720.05
46257	\$720.05
46258	\$720.05
46260	\$720.05
46261	\$720.05
46262	\$720.05
46270	\$720.05
46275	\$720.05
46280	\$720.05
46285	\$720.05
46288	\$720.05
46505	\$328.79
46604	\$328.79
46607	\$328.79
46608	\$252.32
46610	\$720.05
46611	\$252.32
46612	\$720.05
46615	\$720.05
46700	\$720.05
46706	\$931.01
46707	\$980.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
46750	\$720.05
46753	\$720.05
46754	\$720.05
46760	\$720.05
46761	\$720.05
46916	\$54.83
46917	\$720.05
46922	\$720.05
46924	\$720.05
46945	\$720.05
46946	\$720.05
46947	\$720.05
46948	\$720.05
47000	\$371.50
47382	\$1,457.01
47383	\$2,123.76
47533	\$971.45
47534	\$971.45
47535	\$971.45
47536	\$971.45
47537	\$250.64
47538	\$2,075.33
47539	\$2,056.41
47540	\$2,118.65
47541	\$971.45
47552	\$971.45
47553	\$1,248.74
47554	\$1,908.17
47555	\$1,296.59
47556	\$2,157.97
47562	\$1,457.01
47563	\$1,457.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
47564	\$1,457.01
48102	\$371.50
49082	\$250.64
49083	\$250.64
49084	\$250.64
49180	\$371.50
49250	\$971.45
49320	\$1,457.01
49321	\$1,457.01
49322	\$1,457.01
49324	\$1,457.01
49325	\$1,457.01
49402	\$971.45
49406	\$371.50
49407	\$371.50
49418	\$971.45
49419	\$2,083.03
49421	\$971.45
49422	\$841.98
49423	\$438.80
49426	\$971.45
49429	\$841.98
49436	\$438.80
49440	\$438.80
49441	\$438.80
49442	\$328.79
49446	\$438.80
49450	\$250.64
49451	\$250.64
49452	\$250.64
49460	\$250.64
49465	\$70.90

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
49495	\$971.45
49496	\$971.45
49500	\$971.45
49501	\$971.45
49505	\$971.45
49507	\$971.45
49520	\$971.45
49521	\$971.45
49525	\$971.45
49540	\$1,457.01
49550	\$971.45
49553	\$971.45
49555	\$971.45
49557	\$971.45
49591	\$971.45
49592	\$1,457.01
49593	\$971.45
49594	\$1,457.01
49595	\$971.45
49600	\$971.45
49613	\$971.45
49614	\$1,457.01
49615	\$971.45
49650	\$1,457.01
49651	\$1,457.01
50080	\$2,496.28
50081	\$2,496.28
50200	\$371.50
50382	\$494.49
50384	\$494.49
50385	\$494.49
50387	\$494.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
50389	\$164.93
50390	\$197.04
50396	\$164.93
50432	\$494.49
50433	\$872.66
50434	\$633.18
50435	\$494.49
50436	\$872.66
50437	\$872.66
50551	\$1,319.97
50553	\$1,956.95
50555	\$2,496.28
50557	\$2,496.28
50561	\$1,319.97
50562	\$2,496.28
50570	\$1,121.74
50572	\$164.93
50574	\$872.66
50575	\$1,319.97
50576	\$2,496.28
50580	\$1,319.97
50590	\$872.66
50592	\$1,457.01
50593	\$3,615.33
50686	\$44.15
50688	\$494.49
50693	\$872.66
50694	\$872.66
50695	\$872.66
50727	\$872.66
50947	\$1,457.01
50948	\$2,495.76

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
50951	\$872.66
50953	\$872.66
50955	\$1,319.97
50957	\$1,319.97
50961	\$1,319.97
50970	\$872.66
50972	\$872.66
50974	\$1,319.97
50976	\$1,319.97
50980	\$1,319.97
51020	\$872.66
51030	\$872.66
51040	\$494.49
51045	\$494.49
51050	\$1,319.97
51065	\$872.66
51080	\$625.39
51102	\$494.49
51500	\$1,457.01
51520	\$872.66
51535	\$872.66
51703	\$44.15
51710	\$164.93
51715	\$1,190.20
51725	\$65.24
51726	\$65.24
51785	\$65.24
51880	\$872.66
51992	\$2,048.77
52000	\$164.93
52001	\$872.66
52005	\$494.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
52007	\$872.66
52010	\$164.93
52204	\$494.49
52214	\$872.66
52224	\$872.66
52234	\$872.66
52235	\$872.66
52240	\$1,319.97
52250	\$872.66
52260	\$494.49
52270	\$494.49
52275	\$494.49
52276	\$494.49
52277	\$872.66
52281	\$494.49
52282	\$872.66
52283	\$494.49
52285	\$164.93
52287	\$494.49
52290	\$494.49
52300	\$872.66
52301	\$872.66
52305	\$1,319.97
52310	\$494.49
52315	\$494.49
52317	\$872.66
52318	\$872.66
52320	\$872.66
52325	\$1,319.97
52327	\$1,870.65
52330	\$872.66
52332	\$872.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
52334	\$872.66
52341	\$872.66
52342	\$872.66
52343	\$872.66
52344	\$872.66
52345	\$872.66
52346	\$1,319.97
52351	\$872.66
52352	\$872.66
52353	\$1,319.97
52354	\$1,319.97
52355	\$1,319.97
52356	\$1,319.97
52400	\$872.66
52402	\$872.66
52450	\$872.66
52500	\$872.66
52601	\$1,319.97
52630	\$1,319.97
52640	\$872.66
52647	\$1,319.97
52648	\$1,319.97
52649	\$1,319.97
52700	\$872.66
53000	\$494.49
53010	\$1,319.97
53020	\$494.49
53025	\$494.49
53040	\$872.66
53080	\$164.93
53085	\$494.49
53200	\$494.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
53210	\$872.66
53215	\$1,319.97
53220	\$872.66
53230	\$1,319.97
53235	\$1,319.97
53240	\$872.66
53250	\$872.66
53260	\$872.66
53265	\$494.49
53270	\$872.66
53275	\$872.66
53400	\$1,319.97
53405	\$1,319.97
53410	\$1,319.97
53420	\$1,319.97
53425	\$1,319.97
53430	\$1,319.97
53431	\$1,319.97
53440	\$5,650.41
53442	\$1,319.97
53444	\$9,490.86
53445	\$9,722.32
53446	\$1,319.97
53447	\$9,544.85
53449	\$2,496.28
53450	\$872.66
53451	\$6,068.00
53452	\$4,086.80
53453	\$872.66
53454	\$65.24
53460	\$872.66
53502	\$872.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
53505	\$1,319.97
53510	\$1,319.97
53515	\$1,319.97
53520	\$1,319.97
53605	\$872.66
53621	\$65.24
53665	\$494.49
53860	\$494.49
54000	\$872.66
54001	\$494.49
54015	\$371.50
54057	\$524.00
54060	\$524.00
54065	\$524.00
54100	\$371.50
54105	\$625.39
54110	\$872.66
54111	\$1,319.97
54112	\$2,496.28
54115	\$625.39
54120	\$872.66
54150	\$494.49
54160	\$164.93
54161	\$494.49
54162	\$494.49
54163	\$494.49
54164	\$494.49
54205	\$1,319.97
54220	\$65.24
54300	\$872.66
54304	\$872.66
54308	\$1,319.97

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
54312	\$872.66
54316	\$2,496.28
54318	\$872.66
54322	\$872.66
54324	\$872.66
54326	\$872.66
54328	\$872.66
54340	\$872.66
54344	\$2,496.28
54348	\$1,319.97
54352	\$1,319.97
54360	\$872.66
54380	\$494.49
54385	\$494.49
54400	\$5,808.40
54401	\$9,678.48
54405	\$9,622.90
54406	\$872.66
54408	\$1,319.97
54410	\$9,425.64
54415	\$872.66
54416	\$9,442.75
54420	\$872.66
54435	\$1,130.66
54437	\$872.66
54440	\$872.66
54450	\$65.24
54500	\$625.39
54505	\$872.66
54512	\$872.66
54520	\$872.66
54522	\$872.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
54530	\$971.45
54550	\$971.45
54560	\$494.49
54600	\$872.66
54620	\$872.66
54640	\$971.45
54650	\$971.45
54660	\$1,759.57
54670	\$872.66
54680	\$872.66
54690	\$1,457.01
54692	\$1,457.01
54700	\$494.49
54800	\$371.50
54830	\$872.66
54840	\$494.49
54860	\$872.66
54861	\$872.66
54865	\$872.66
54900	\$494.49
54901	\$872.66
55040	\$971.45
55041	\$971.45
55060	\$872.66
55100	\$371.50
55110	\$872.66
55120	\$494.49
55150	\$872.66
55175	\$872.66
55180	\$1,319.97
55200	\$872.66
55250	\$494.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
55400	\$872.66
55500	\$872.66
55520	\$872.66
55530	\$872.66
55535	\$971.45
55540	\$971.45
55550	\$1,457.01
55600	\$494.49
55680	\$872.66
55700	\$494.49
55705	\$872.66
55706	\$872.66
55720	\$872.66
55725	\$872.66
55860	\$1,319.97
55873	\$3,761.11
55874	\$2,078.24
55875	\$1,319.97
55876	\$526.54
55880	\$2,496.28
55920	\$1,170.72
56420	\$54.08
56440	\$838.58
56441	\$838.58
56442	\$838.58
56515	\$524.00
56620	\$838.58
56625	\$838.58
56700	\$838.58
56740	\$838.58
56800	\$838.58
56805	\$838.58

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
56810	\$838.58
57000	\$838.58
57010	\$838.58
57020	\$1,170.72
57022	\$625.39
57023	\$625.39
57065	\$838.58
57105	\$838.58
57120	\$1,170.72
57130	\$838.58
57135	\$838.58
57155	\$1,170.72
57156	\$88.64
57180	\$54.08
57200	\$838.58
57210	\$838.58
57220	\$1,170.72
57230	\$838.58
57240	\$1,170.72
57250	\$1,170.72
57260	\$1,170.72
57265	\$1,170.72
57268	\$1,170.72
57282	\$1,635.85
57283	\$1,635.85
57287	\$838.58
57288	\$1,551.35
57289	\$1,635.85
57291	\$1,170.72
57295	\$838.58
57300	\$838.58
57310	\$1,635.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
57320	\$1,170.72
57400	\$838.58
57410	\$838.58
57415	\$838.58
57425	\$2,495.76
57426	\$1,635.85
57513	\$838.58
57520	\$838.58
57522	\$838.58
57530	\$1,170.72
57550	\$1,170.72
57556	\$1,170.72
57558	\$838.58
57700	\$838.58
57720	\$838.58
58120	\$838.58
58145	\$838.58
58260	\$1,170.72
58262	\$1,170.72
58345	\$838.58
58346	\$1,170.72
58350	\$1,170.72
58353	\$1,170.72
58541	\$1,457.01
58542	\$2,495.76
58543	\$2,495.76
58544	\$2,495.76
58545	\$1,457.01
58546	\$2,495.76
58550	\$1,457.01
58552	\$2,495.76
58553	\$2,495.76

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
58554	\$2,495.76
58555	\$838.58
58558	\$838.58
58559	\$1,170.72
58560	\$1,170.72
58561	\$1,170.72
58562	\$838.58
58563	\$1,170.72
58565	\$1,504.88
58570	\$2,495.76
58571	\$2,495.76
58572	\$2,495.76
58573	\$2,495.76
58600	\$838.58
58615	\$838.58
58660	\$1,457.01
58661	\$1,457.01
58662	\$1,457.01
58670	\$1,457.01
58671	\$1,457.01
58672	\$1,457.01
58673	\$1,457.01
58674	\$2,495.76
58800	\$838.58
58805	\$838.58
58820	\$838.58
58900	\$838.58
58970	\$213.59
58974	\$213.59
58976	\$88.64
59001	\$88.64
59012	\$88.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
59070	\$88.64
59072	\$121.81
59074	\$88.64
59076	\$88.64
59100	\$1,170.72
59150	\$1,457.01
59151	\$1,457.01
59160	\$838.58
59320	\$838.58
59412	\$838.58
59414	\$838.58
59812	\$838.58
59820	\$838.58
59821	\$838.58
59840	\$838.58
59841	\$838.58
59866	\$88.64
59870	\$838.58
59871	\$838.58
60000	\$344.57
60200	\$1,457.01
60210	\$1,457.01
60212	\$1,457.01
60220	\$1,457.01
60225	\$1,457.01
60240	\$1,457.01
60280	\$1,457.01
60281	\$1,457.01
60500	\$1,486.66
61000	\$195.63
61001	\$195.63
61020	\$258.74

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
61026	\$195.63
61050	\$82.55
61055	\$82.55
61070	\$195.63
61215	\$1,534.52
61330	\$669.88
61770	\$1,534.52
61790	\$497.99
61791	\$497.99
61880	\$1,058.93
61885	\$11,480.38
61886	\$14,476.63
61888	\$6,116.92
62194	\$497.99
62225	\$1,534.52
62230	\$1,976.19
62263	\$258.74
62264	\$258.74
62267	\$197.04
62268	\$258.74
62269	\$371.50
62270	\$195.63
62272	\$195.63
62273	\$195.63
62280	\$258.74
62281	\$258.74
62282	\$258.74
62287	\$497.99
62292	\$497.99
62294	\$258.74
62320	\$195.63
62321	\$195.63

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
62322	\$258.74
62323	\$195.63
62324	\$258.74
62325	\$258.74
62326	\$258.74
62327	\$258.74
62328	\$195.63
62329	\$195.63
62350	\$2,076.51
62355	\$497.99
62360	\$8,233.42
62361	\$7,888.99
62362	\$8,249.89
62365	\$1,534.52
62380	\$1,829.83
63001	\$1,829.83
63003	\$1,829.83
63005	\$1,829.83
63020	\$1,829.83
63030	\$1,829.83
63042	\$1,829.83
63045	\$1,829.83
63046	\$1,829.83
63047	\$1,829.83
63055	\$1,829.83
63056	\$1,829.83
63600	\$497.99
63610	\$721.80
63650	\$2,864.77
63655	\$10,467.75
63661	\$497.99
63662	\$1,058.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
63663	\$2,968.20
63664	\$5,709.67
63685	\$14,413.91
63688	\$1,058.93
63744	\$2,086.26
63746	\$497.99
64415	\$258.74
64416	\$258.74
64417	\$258.74
64420	\$195.63
64421	\$258.74
64430	\$258.74
64446	\$258.74
64448	\$340.50
64449	\$258.74
64451	\$195.63
64461	\$195.63
64463	\$195.63
64479	\$258.74
64483	\$258.74
64490	\$258.74
64493	\$258.74
64510	\$258.74
64517	\$258.74
64520	\$258.74
64530	\$258.74
64553	\$5,831.70
64555	\$3,263.14
64561	\$2,909.35
64568	\$14,444.53
64569	\$6,709.02
64570	\$1,534.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
64575	\$6,584.82
64580	\$10,925.42
64581	\$3,107.37
64582	\$14,684.19
64583	\$5,040.31
64584	\$1,534.52
64585	\$1,058.93
64590	\$11,274.68
64595	\$1,364.79
64600	\$258.74
64605	\$497.99
64610	\$497.99
64620	\$258.74
64624	\$497.99
64625	\$497.99
64628	\$5,760.20
64630	\$258.74
64633	\$497.99
64635	\$497.99
64680	\$258.74
64681	\$258.74
64702	\$497.99
64704	\$497.99
64708	\$497.99
64712	\$497.99
64713	\$497.99
64714	\$497.99
64716	\$757.19
64718	\$497.99
64719	\$497.99
64721	\$497.99
64722	\$497.99

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
64726	\$497.99
64732	\$497.99
64734	\$497.99
64736	\$497.99
64738	\$497.99
64740	\$497.99
64742	\$497.99
64744	\$497.99
64746	\$497.99
64763	\$497.99
64766	\$497.99
64771	\$497.99
64772	\$497.99
64774	\$497.99
64776	\$497.99
64782	\$497.99
64784	\$497.99
64786	\$1,534.52
64788	\$497.99
64790	\$497.99
64792	\$1,534.52
64795	\$497.99
64802	\$640.14
64820	\$497.99
64821	\$825.03
64822	\$825.03
64823	\$825.03
64831	\$497.99
64834	\$1,534.52
64835	\$1,534.52
64836	\$1,534.52
64840	\$1,534.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
64856	\$1,534.52
64857	\$1,534.52
64858	\$863.53
64861	\$497.99
64862	\$1,534.52
64864	\$1,534.52
64865	\$1,972.52
64885	\$1,534.52
64886	\$2,551.39
64890	\$1,534.52
64891	\$1,972.52
64892	\$1,972.52
64893	\$1,972.52
64895	\$1,534.52
64896	\$1,534.52
64897	\$2,134.29
64898	\$1,534.52
64905	\$1,534.52
64907	\$1,534.52
64910	\$2,218.65
64912	\$2,366.15
65091	\$820.44
65093	\$820.44
65101	\$820.44
65103	\$820.44
65105	\$820.44
65110	\$820.44
65112	\$820.44
65114	\$820.44
65125	\$526.83
65130	\$820.44
65135	\$820.44

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
65140	\$820.44
65150	\$820.44
65155	\$820.44
65175	\$820.44
65235	\$642.10
65260	\$642.10
65265	\$642.10
65270	\$526.83
65272	\$526.83
65275	\$820.44
65280	\$1,148.08
65285	\$1,148.08
65290	\$820.44
65400	\$264.95
65410	\$526.83
65420	\$526.83
65426	\$526.83
65450	\$80.37
65710	\$1,148.08
65730	\$1,148.08
65750	\$1,148.08
65755	\$1,148.08
65756	\$1,148.08
65770	\$4,209.09
65772	\$264.95
65775	\$526.83
65780	\$1,053.11
65781	\$1,779.48
65782	\$820.44
65785	\$1,148.08
65800	\$642.10
65810	\$642.10

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
65815	\$642.10
65820	\$1,148.08
65850	\$642.10
65865	\$642.10
65870	\$642.10
65875	\$642.10
65880	\$1,148.08
65900	\$642.10
65920	\$642.10
65930	\$642.10
66020	\$642.10
66030	\$642.10
66130	\$526.83
66150	\$1,148.08
66155	\$1,624.72
66160	\$642.10
66170	\$642.10
66172	\$642.10
66174	\$1,148.08
66175	\$1,475.78
66179	\$1,487.51
66180	\$1,522.61
66183	\$1,692.38
66184	\$642.10
66185	\$642.10
66225	\$1,148.08
66250	\$526.83
66500	\$642.10
66505	\$642.10
66600	\$1,148.08
66605	\$642.10
66625	\$642.10

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
66630	\$642.10
66635	\$642.10
66680	\$642.10
66682	\$642.10
66700	\$642.10
66710	\$526.83
66711	\$642.10
66720	\$526.83
66740	\$526.83
66762	\$161.15
66770	\$161.15
66820	\$642.10
66821	\$161.15
66825	\$642.10
66830	\$642.10
66840	\$642.10
66850	\$642.10
66852	\$1,148.08
66920	\$642.10
66930	\$1,148.08
66940	\$642.10
66982	\$642.10
66983	\$642.10
66984	\$642.10
66985	\$642.10
66986	\$642.10
66987	\$1,148.08
66988	\$1,148.08
66989	\$1,908.78
66991	\$1,908.78
67005	\$642.10
67010	\$642.10

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
67015	\$642.10
67025	\$642.10
67027	\$995.47
67030	\$642.10
67031	\$161.15
67036	\$1,148.08
67039	\$1,148.08
67040	\$1,148.08
67041	\$1,148.08
67042	\$1,148.08
67043	\$1,148.08
67107	\$1,148.08
67108	\$1,148.08
67113	\$1,148.08
67115	\$1,148.08
67120	\$642.10
67121	\$642.10
67141	\$80.37
67208	\$80.37
67210	\$161.15
67218	\$820.44
67220	\$161.15
67229	\$161.15
67250	\$526.83
67255	\$642.10
67311	\$526.83
67312	\$820.44
67314	\$526.83
67316	\$526.83
67318	\$526.83
67343	\$526.83
67346	\$820.44

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
67400	\$820.44
67405	\$526.83
67412	\$526.83
67413	\$526.83
67414	\$820.44
67415	\$526.83
67420	\$820.44
67430	\$820.44
67440	\$820.44
67445	\$820.44
67450	\$820.44
67550	\$820.44
67560	\$820.44
67570	\$820.44
67700	\$80.37
67715	\$526.83
67808	\$526.83
67810	\$80.37
67830	\$264.95
67835	\$526.83
67875	\$264.95
67880	\$526.83
67882	\$526.83
67900	\$526.83
67901	\$526.83
67902	\$820.44
67903	\$526.83
67904	\$526.83
67906	\$820.44
67908	\$526.83
67909	\$526.83
67911	\$526.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
67912	\$526.83
67914	\$526.83
67916	\$526.83
67917	\$526.83
67921	\$526.83
67923	\$526.83
67924	\$526.83
67935	\$526.83
67938	\$80.37
67950	\$526.83
67961	\$526.83
67966	\$526.83
67971	\$526.83
67973	\$526.83
67974	\$820.44
67975	\$526.83
68115	\$526.83
68130	\$526.83
68320	\$526.83
68325	\$820.44
68326	\$820.44
68328	\$526.83
68330	\$642.10
68335	\$820.44
68340	\$526.83
68360	\$820.44
68362	\$526.83
68371	\$526.83
68500	\$820.44
68505	\$820.44
68510	\$526.83
68520	\$820.44

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
68525	\$526.83
68530	\$80.37
68540	\$526.83
68550	\$820.44
68700	\$526.83
68705	\$80.37
68720	\$820.44
68745	\$820.44
68750	\$820.44
68760	\$80.37
68770	\$526.83
68810	\$80.37
68811	\$526.83
68815	\$526.83
68816	\$526.83
69110	\$625.39
69120	\$1,486.66
69140	\$1,486.66
69145	\$625.39
69150	\$1,486.66
69205	\$371.50
69300	\$669.88
69310	\$1,486.66
69320	\$1,486.66
69420	\$63.10
69421	\$669.88
69436	\$344.57
69440	\$669.88
69450	\$669.88
69501	\$1,486.66
69502	\$1,486.66
69505	\$1,486.66

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
69511	\$1,486.66
69530	\$1,486.66
69550	\$1,486.66
69552	\$1,486.66
69601	\$1,486.66
69602	\$1,486.66
69603	\$1,486.66
69604	\$1,486.66
69620	\$669.88
69631	\$1,486.66
69632	\$1,486.66
69633	\$1,486.66
69635	\$1,486.66
69636	\$1,486.66
69637	\$1,486.66
69641	\$1,486.66
69642	\$1,486.66
69643	\$1,486.66
69644	\$1,486.66
69645	\$1,486.66
69646	\$1,486.66
69650	\$669.88
69660	\$1,486.66
69661	\$1,486.66
69662	\$1,486.66
69666	\$669.88
69667	\$669.88
69670	\$1,486.66
69676	\$669.88
69700	\$344.57
69705	\$2,144.67
69706	\$2,120.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
69711	\$669.88
69714	\$5,927.41
69716	\$4,822.96
69717	\$2,946.18
69719	\$4,822.96
69720	\$1,486.66
69726	\$825.03
69727	\$825.03
69728	\$825.03
69729	\$4,822.96
69730	\$4,822.96
69740	\$1,486.66
69745	\$1,486.66
69805	\$1,486.66
69806	\$1,486.66
69905	\$1,486.66
69910	\$1,486.66
69915	\$669.88
69930	\$17,563.66
70336	\$70.90
70450	\$32.45
70460	\$54.75
70470	\$54.75
70480	\$32.45
70481	\$54.75
70482	\$54.75
70486	\$32.45
70487	\$54.75
70488	\$54.75
70490	\$32.45
70491	\$54.75
70492	\$54.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
70496	\$54.75
70498	\$54.75
70540	\$70.90
70542	\$111.86
70543	\$111.86
70544	\$70.90
70546	\$111.86
70547	\$70.90
70549	\$111.86
70551	\$70.90
70552	\$111.86
70553	\$111.86
70554	\$70.90
70555	\$70.90
70557	\$152.76
70558	\$54.75
70559	\$54.75
71250	\$32.45
71260	\$54.75
71270	\$54.75
71275	\$54.75
71550	\$70.90
71552	\$111.86
72083	\$32.45
72084	\$32.45
72125	\$32.45
72127	\$54.75
72128	\$32.45
72129	\$54.75
72130	\$54.75
72131	\$32.45
72133	\$54.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
72141	\$70.90
72142	\$111.86
72146	\$70.90
72147	\$111.86
72148	\$70.90
72149	\$111.86
72156	\$111.86
72157	\$111.86
72158	\$111.86
72191	\$54.75
72192	\$32.45
72193	\$54.75
72194	\$54.75
72195	\$70.90
72196	\$111.86
72197	\$111.86
73200	\$32.45
73202	\$54.75
73206	\$54.75
73218	\$70.90
73219	\$111.86
73220	\$111.86
73221	\$70.90
73223	\$111.86
73700	\$32.45
73701	\$54.75
73702	\$54.75
73706	\$54.75
73718	\$70.90
73719	\$111.86
73720	\$111.86
73721	\$70.90

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
73723	\$111.86
74150	\$32.45
74160	\$54.75
74170	\$54.75
74174	\$111.86
74175	\$54.75
74177	\$111.86
74178	\$111.86
74181	\$70.90
74182	\$111.86
74183	\$111.86
74230	\$54.75
74246	\$54.75
74251	\$54.75
74261	\$32.45
74262	\$54.75
74283	\$54.75
74400	\$54.75
74410	\$54.75
74415	\$54.75
74420	\$111.86
74712	\$70.90
74775	\$70.90
75557	\$70.90
75561	\$111.86
75572	\$54.75
75573	\$54.75
75574	\$54.75
75803	\$340.02
75805	\$841.98
75810	\$841.98
75898	\$841.98

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
76145	\$146.78
76390	\$26.38
76391	\$70.90
76498	\$26.38
76700	\$32.45
76705	\$32.45
76770	\$32.45
76776	\$32.45
76801	\$32.45
76805	\$32.45
76818	\$32.45
76830	\$32.45
76856	\$32.45
76872	\$32.45
76873	\$32.45
76936	\$85.03
76978	\$54.75
76981	\$32.45
76982	\$32.45
77046	\$70.90
77047	\$70.90
77078	\$26.38
77084	\$70.90
77280	\$40.49
77285	\$108.92
77290	\$108.92
77299	\$40.49
77301	\$407.05
77317	\$108.92
77318	\$108.92
77333	\$40.49
77336	\$40.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
77338	\$108.92
77370	\$40.49
77385	\$173.81
77386	\$173.81
77399	\$40.49
77402	\$37.16
77407	\$79.83
77412	\$79.83
77424	\$1,194.67
77425	\$1,194.67
77520	\$173.81
77522	\$401.76
77523	\$401.76
77525	\$401.76
77600	\$79.83
77605	\$219.13
77610	\$173.81
77615	\$173.81
77620	\$173.81
77767	\$79.83
77768	\$79.83
77771	\$219.13
77772	\$219.13
77778	\$219.13
77789	\$37.16
77799	\$37.16
78012	\$118.01
78013	\$118.01
78014	\$118.01
78015	\$118.01
78016	\$118.01
78018	\$153.17

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
78070	\$118.01
78071	\$118.01
78072	\$153.17
78075	\$402.98
78099	\$118.01
78102	\$118.01
78103	\$118.01
78104	\$118.01
78110	\$402.98
78111	\$402.98
78120	\$118.01
78121	\$153.17
78122	\$153.17
78130	\$118.01
78140	\$118.01
78185	\$118.01
78191	\$118.01
78195	\$153.17
78199	\$118.01
78201	\$153.17
78202	\$153.17
78215	\$118.01
78216	\$118.01
78226	\$118.01
78227	\$153.17
78230	\$118.01
78231	\$118.01
78232	\$118.01
78258	\$118.01
78261	\$118.01
78262	\$118.01
78264	\$118.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
78265	\$118.01
78266	\$153.17
78278	\$118.01
78282	\$118.01
78290	\$118.01
78291	\$118.01
78299	\$118.01
78300	\$118.01
78305	\$118.01
78306	\$118.01
78315	\$118.01
78399	\$118.01
78414	\$153.17
78428	\$118.01
78429	\$452.19
78430	\$452.19
78431	\$835.10
78432	\$561.85
78433	\$592.21
78445	\$118.01
78451	\$402.98
78452	\$402.98
78453	\$402.98
78454	\$402.98
78456	\$402.98
78457	\$153.17
78458	\$118.01
78459	\$402.98
78466	\$118.01
78468	\$153.17
78469	\$153.17
78472	\$118.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
78473	\$118.01
78481	\$153.17
78483	\$153.17
78491	\$452.19
78492	\$452.19
78494	\$118.01
78499	\$118.01
78579	\$118.01
78580	\$118.01
78582	\$153.17
78597	\$118.01
78598	\$153.17
78599	\$118.01
78600	\$118.01
78601	\$118.01
78605	\$153.17
78606	\$153.17
78608	\$452.19
78610	\$153.17
78630	\$153.17
78635	\$153.17
78645	\$153.17
78650	\$402.98
78660	\$118.01
78699	\$118.01
78700	\$118.01
78701	\$118.01
78707	\$153.17
78708	\$153.17
78709	\$153.17
78725	\$118.01
78740	\$118.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
78761	\$118.01
78799	\$118.01
78800	\$118.01
78801	\$118.01
78802	\$402.98
78803	\$402.98
78804	\$402.98
78811	\$402.98
78812	\$452.19
78813	\$452.19
78814	\$452.19
78815	\$452.19
78816	\$452.19
78830	\$402.98
78831	\$402.98
78832	\$452.19
78999	\$118.01
79300	\$75.82
79445	\$75.82
79999	\$75.82
91035	\$146.78
92920	\$1,909.29
92928	\$3,696.72
93451	\$868.00
93452	\$868.00
93453	\$868.00
93454	\$868.00
93455	\$868.00
93456	\$868.00
93457	\$868.00
93458	\$868.00
93459	\$868.00

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
93460	\$868.00
93461	\$868.00
93985	\$70.90
93986	\$32.45
0101T	\$825.03
0102T	\$825.03
0200T	\$2,432.65
0201T	\$1,829.83
0213T	\$258.74
0216T	\$258.74
0238T	\$5,704.15
0253T	\$1,649.78
0263T	\$1,263.06
0264T	\$1,263.06
0265T	\$1,263.06
0266T	\$8,108.76
0268T	\$15,000.75
0269T	\$1,534.52
0270T	\$1,058.93
0271T	\$1,058.93
0274T	\$1,829.83
0275T	\$2,809.54
0308T	\$8,981.16
0331T	\$402.98
0332T	\$402.98
0335T	\$2,816.62
0338T	\$1,356.93
0339T	\$1,356.93
0342T	\$1,263.06
0394T	\$79.83
0395T	\$219.13
0402T	\$526.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
0404T	\$2,102.78
0408T	\$15,948.71
0409T	\$12,484.49
0410T	\$3,141.26
0411T	\$3,141.26
0412T	\$1,017.40
0413T	\$1,017.40
0414T	\$8,760.30
0415T	\$175.65
0416T	\$524.00
0419T	\$176.39
0420T	\$176.39
0421T	\$3,321.87
0422T	\$26.38
0424T	\$29,734.77
0425T	\$6,188.04
0426T	\$5,040.31
0427T	\$14,592.35
0428T	\$1,058.93
0429T	\$1,058.93
0430T	\$1,058.93
0431T	\$13,826.32
0432T	\$1,361.18
0433T	\$1,058.93
0434T	\$30.30
0440T	\$497.99
0441T	\$497.99
0442T	\$2,443.44
0446T	\$524.00
0447T	\$54.83
0448T	\$524.00
0449T	\$1,738.68

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
0465T	\$100.99
0479T	\$176.39
0499T	\$872.66
0508T	\$32.45
0510T	\$825.03
0511T	\$2,655.56
0512T	\$54.83
0524T	\$1,145.41
0525T	\$3,654.23
0526T	\$3,141.26
0527T	\$4,394.77
0530T	\$1,017.40
0531T	\$1,017.40
0532T	\$1,017.40
0581T	\$757.37
0583T	\$442.92
0587T	\$3,499.07
0588T	\$1,058.93
0594T	\$2,352.12
0596T	\$164.93
0597T	\$164.93
0598T	\$85.03
0600T	\$4,127.09
0601T	\$3,208.13
0609T	\$70.90
0611T	\$70.90
0614T	\$11,713.30
0616T	\$8,811.60
0617T	\$9,161.04
0618T	\$8,727.55
0619T	\$1,696.74
0620T	\$7,796.11

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
0627T	\$5,429.60
0629T	\$5,429.60
0632T	\$5,704.15
0633T	\$32.45
0634T	\$54.75
0635T	\$54.75
0636T	\$70.90
0637T	\$111.86
0638T	\$111.86
0644T	\$2,050.22
0647T	\$564.05
0648T	\$288.59
0651T	\$322.18
0652T	\$564.05
0653T	\$564.05
0654T	\$875.47
0655T	\$872.66
0671T	\$949.71
0673T	\$371.50
0686T	\$3,795.39
0689T	\$26.38
0697T	\$288.59
0698T	\$288.59
0699T	\$642.10
0707T	\$1,060.52
0714T	\$1,319.97
0775T	\$7,945.15
0793T	\$5,704.15
0797T	\$5,704.15
0800T	\$1,082.30
0803T	\$5,704.15
0809T	\$7,756.26

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
C5271	\$176.39
C5273	\$524.00
C5275	\$176.39
C5277	\$176.39
C7500	\$625.39
C7501	\$625.39
C7502	\$625.39
C7503	\$1,404.86
C7504	\$1,829.83
C7505	\$1,829.83
C7506	\$1,829.83
C7507	\$3,752.01
C7508	\$3,752.01
C7509	\$824.15
C7510	\$824.15
C7511	\$824.15
C7512	\$824.15
C7513	\$841.98
C7514	\$841.98
C7515	\$841.98
C7516	\$1,356.93
C7517	\$1,356.93
C7518	\$1,356.93
C7519	\$1,356.93
C7520	\$1,356.93
C7521	\$1,356.93
C7522	\$1,356.93
C7523	\$1,356.93
C7524	\$1,356.93
C7525	\$1,356.93
C7526	\$1,356.93
C7527	\$1,356.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
C7528	\$1,356.93
C7529	\$1,356.93
C7530	\$2,670.25
C7531	\$3,196.74
C7532	\$3,084.30
C7533	\$3,222.60
C7534	\$5,882.22
C7535	\$5,831.08
C7537	\$5,888.47
C7538	\$5,872.24
C7539	\$5,984.53
C7540	\$5,882.71
C7541	\$1,325.63
C7542	\$1,325.63
C7543	\$1,325.63
C7544	\$1,325.63
C7545	\$1,325.63
C7546	\$872.66
C7547	\$1,011.34
C7548	\$872.66
C7549	\$872.66
C7550	\$872.66
C7551	\$1,534.52
C7552	\$1,356.93
C7553	\$1,356.93
C7554	\$494.49
C7555	\$2,495.76
C8900	\$111.86
C8901	\$70.90
C8902	\$111.86
C8903	\$54.75
C8905	\$111.86

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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Code	Medicaid Fee
C8906	\$111.86
C8908	\$111.86
C8909	\$111.86
C8910	\$70.90
C8911	\$111.86
C8912	\$111.86
C8913	\$70.90
C8914	\$111.86
C8918	\$111.86
C8919	\$70.90
C8920	\$111.86
C8931	\$111.86
C8932	\$70.90
C8933	\$111.86
C8934	\$111.86
C8935	\$70.90
C8936	\$111.86
C9600	\$3,784.25
C9725	\$252.32
C9727	\$344.57
C9728	\$550.41
C9739	\$2,099.51
C9740	\$4,209.53
C9757	\$4,885.49
C9761	\$2,496.28
C9762	\$152.76
C9763	\$152.76
C9764	\$4,114.19
C9765	\$6,969.54
C9766	\$7,153.81
C9767	\$7,359.74
C9769	\$4,242.41

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2023**

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

Code	Medicaid Fee
C9770	\$1,138.72
C9771	\$2,128.24
C9772	\$3,960.04
C9773	\$6,408.96
C9774	\$6,864.13
C9775	\$6,518.46
C9777	\$1,125.36
C9778	\$1,504.88
C9781	\$4,822.96
G0105	\$252.32
G0121	\$252.32
G0186	\$161.15
G0235	\$118.01
G0260	\$195.63
G0276	\$1,829.83