

2025 Uniform Payment System



Payment Category	Specialty Type	Methodology	Grouper Version	Base Rate / % of CMS
Inpatient	PPS Hospitals (Urban)	APR-DRG	41	140% of 10/1/2023 CMS rate
Inpatient	Sole Community Hospitals (SCH)	APR-DRG	41	140% of 10/1/2023 CMS rate
Inpatient	Long Term Acute Care (LTAC)	Per Diem		145% of Modified 2024 CMS DRG Avg Rate
Inpatient	Inpatient Rehabilitation	Per Diem		BCBSND 7/1/2021 Commercial Rate
Inpatient	Residential Treatment Center (RTC)	Per Diem		90% of BCBSND 7/1/2021 Commercial Rate
Inpatient	Social Detox	Per Diem		100% of ND Medicaid
Inpatient	Critical Access Hospitals (CAH)	Per Diem		140% of CMS Interim Rate
Outpatient	PPS Hospitals (Urban)	EAPG	3.18	140% of 1/1/2024 CMS rate
Outpatient	Sole Community Hospitals (SCH)	EAPG	3.18	140% of 1/1/2024 CMS rate
Outpatient	Behavioral Health	EAPG	3.18	Base Rate = \$482
Outpatient	Ambulatory Surgical Centers	EAPG	3.18	Base Rate = \$518
Outpatient	Dialysis	EAPG	3.18	Base Rate = \$600
Outpatient	Outpatient Rehab	EAPG	3.18	Base Rate = \$673
Outpatient	All Other (General)	EAPG	3.18	Base Rate = \$562
Outpatient	Critical Access Hospitals (CAH)	% of Charge		140% of CMS Interim Rate
Outpatient	Home Health	Fee Schedule		140% of 2024 CMS rates
Outpatient	Hospice	Fee Schedule		140% of 2024 CMS rates
Professional & Outpatient	Ambulance - Air & Ground	Fee Schedule		140% of CMS 2024 Rural Rate
Professional & Outpatient	Injectables	Fee Schedule		BCBSND Commercial Rates - updated quarterly
Professional & Outpatient	Specialty Pharmacy	Fee Schedule		
Professional	All (RVU based)	Fee Schedule		Behavioral Health: Rates will not Change Chiropractic Codes: 145% of CMS 2024 CF All Other Codes: 140% of CMS 2024 CF
Professional	Clinical Lab	Fee Schedule		140% of 2024 CMS CLFS
Professional	Blood and Blood Products	Fee Schedule		140% of 2024 CMS APC rates
Professional	Durable Medical Equipment	Fee Schedule		BCBSND 7/1/2024 Commercial Rates
Professional	1915(i) Related Services	Fee Schedule		100% of ND Medicaid
Professional	Non-Emergency Transportation (NEMT)	Fee Schedule		100% of ND Medicaid or contracted rate
Professional	Medication for Opioid Use Disorder (MOUD)	Fee Schedule		100% of ND Medicaid (H0016) or BCBSND Commercial Rate (H0020 & H2010)
Professional	ND Human Service Centers	% of Charge		100% of Charge
Encounter	Indian/Tribal 638 Providers	Fee Schedule		Reconciled to State Provided Per Visit Rate
Encounter	Federally Qualified Health Center (FQHC)	Fee Schedule		
Encounter	Rural Health Clinic (RHC)	Fee Schedule		

Definitions:

1. *CMS* - Center for Medicare and Medicaid Services
2. *APC* - Ambulatory Payment Classification
3. *CF* - Conversion Factor
4. *CLFS* - Clinical Laboratory Fee Schedule
4. *State Provided Per Visit Rate* - Rate shared by the Department of Human Services. Based on a rate established at the Federal level or at the State level.
5. *Sole Community Hospital* - Federal Designation given to qualifying acute care facilities by CMS.
6. *Critical Access Hospital* - Federal Designation given to qualifying rural acute care facilities by CMS.

Rate information as of 1/1/2025