

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
10009	\$179.71
10011	\$179.71
10030	\$179.71
10121	\$329.49
10180	\$649.56
11010	\$179.71
11011	\$179.71
11012	\$649.56
11042	\$97.43
11043	\$149.79
11044	\$329.49
11104	\$54.73
11307	\$54.73
11311	\$54.73
11404	\$329.49
11406	\$329.49
11424	\$329.49
11426	\$649.56
11444	\$329.49
11446	\$649.56
11450	\$649.56
11451	\$649.56
11462	\$649.56
11463	\$649.56
11470	\$649.56
11471	\$649.56
11604	\$179.71
11606	\$329.49
11624	\$329.49
11626	\$649.56
11644	\$329.49
11646	\$649.56
11760	\$149.79
11770	\$649.56
11771	\$649.56
11772	\$649.56
11960	\$858.05
11970	\$1,652.54
11971	\$649.56
12005	\$97.43

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
12006	\$97.43
12007	\$54.73
12015	\$54.73
12016	\$97.43
12017	\$97.43
12018	\$54.73
12020	\$149.79
12021	\$97.43
12031	\$97.43
12032	\$97.43
12034	\$97.43
12035	\$97.43
12036	\$149.79
12037	\$480.48
12041	\$97.43
12042	\$97.43
12044	\$149.79
12045	\$149.79
12046	\$97.43
12047	\$480.48
12051	\$97.43
12052	\$97.43
12053	\$97.43
12054	\$97.43
12055	\$97.43
12056	\$97.43
12057	\$97.43
13100	\$149.79
13101	\$149.79
13120	\$149.79
13121	\$149.79
13131	\$97.43
13132	\$149.79
13151	\$149.79
13152	\$149.79
13160	\$480.48
14000	\$480.48
14001	\$480.48
14020	\$480.48
14021	\$480.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
14040	\$480.48
14041	\$480.48
14060	\$480.48
14061	\$480.48
14301	\$858.05
14350	\$480.48
15002	\$480.48
15004	\$149.79
15040	\$480.48
15050	\$149.79
15100	\$480.48
15110	\$480.48
15115	\$480.48
15120	\$858.05
15130	\$480.48
15135	\$858.05
15150	\$480.48
15155	\$858.05
15200	\$480.48
15220	\$480.48
15240	\$480.48
15260	\$480.48
15271	\$480.48
15273	\$858.05
15275	\$480.48
15277	\$480.48
15570	\$480.48
15572	\$858.05
15574	\$480.48
15576	\$480.48
15600	\$858.05
15610	\$480.48
15620	\$480.48
15630	\$480.48
15650	\$480.48
15730	\$858.05
15731	\$858.05
15733	\$858.05
15734	\$858.05
15736	\$480.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
15738	\$858.05
15740	\$480.48
15750	\$858.05
15760	\$480.48
15770	\$858.05
15775	\$97.43
15776	\$97.43
15781	\$179.71
15783	\$97.43
15789	\$149.79
15819	\$480.48
15820	\$480.48
15821	\$480.48
15822	\$480.48
15823	\$480.48
15824	\$480.48
15825	\$858.05
15826	\$858.05
15828	\$858.05
15829	\$858.05
15830	\$1,260.97
15832	\$649.56
15833	\$649.56
15834	\$649.56
15835	\$649.56
15836	\$649.56
15837	\$649.56
15838	\$649.56
15839	\$649.56
15840	\$858.05
15841	\$858.05
15842	\$480.48
15845	\$858.05
15850	\$149.79
15876	\$858.05
15877	\$858.05
15878	\$480.48
15879	\$858.05
15920	\$649.56
15922	\$858.05

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
15931	\$329.49
15933	\$649.56
15934	\$858.05
15935	\$858.05
15936	\$480.48
15937	\$480.48
15940	\$649.56
15941	\$649.56
15944	\$858.05
15945	\$480.48
15946	\$480.48
15950	\$329.49
15951	\$649.56
15952	\$480.48
15953	\$858.05
15956	\$480.48
15958	\$858.05
16025	\$54.73
16030	\$97.43
16035	\$97.43
17106	\$97.43
17107	\$149.79
17270	\$54.73
17271	\$54.73
17311	\$149.79
17313	\$149.79
17380	\$149.79
19020	\$329.49
19081	\$329.49
19083	\$329.49
19085	\$329.49
19100	\$329.49
19101	\$636.76
19105	\$940.86
19110	\$636.76
19112	\$636.76
19120	\$636.76
19125	\$636.76
19296	\$2,306.25
19298	\$1,260.97

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
19300	\$636.76
19301	\$636.76
19302	\$1,260.97
19303	\$1,260.97
19304	\$636.76
19316	\$1,260.97
19318	\$1,260.97
19324	\$1,485.14
19325	\$1,485.14
19328	\$636.76
19330	\$636.76
19340	\$1,260.97
19342	\$1,485.14
19350	\$636.76
19355	\$636.76
19357	\$2,611.53
19366	\$1,260.97
19370	\$636.76
19371	\$636.76
19380	\$1,260.97
19396	\$636.76
20103	\$179.71
20150	\$756.80
20200	\$329.49
20205	\$649.56
20206	\$329.49
20220	\$329.49
20225	\$329.49
20240	\$649.56
20245	\$649.56
20250	\$756.80
20251	\$1,652.54
20525	\$649.56
20555	\$756.80
20650	\$756.80
20662	\$424.57
20663	\$756.80
20665	\$108.00
20670	\$329.49
20680	\$649.56

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
20690	\$2,217.93
20692	\$4,767.89
20693	\$1,652.54
20694	\$424.57
20696	\$6,042.60
20697	\$424.57
20822	\$424.57
20900	\$1,652.54
20902	\$1,652.54
20910	\$149.79
20912	\$858.05
20920	\$480.48
20922	\$480.48
20924	\$1,652.54
20926	\$858.05
20950	\$179.71
20972	\$1,652.54
20973	\$1,652.54
20982	\$1,652.54
20983	\$1,652.54
21010	\$583.43
21012	\$329.49
21014	\$649.56
21015	\$649.56
21016	\$649.56
21025	\$1,310.37
21026	\$1,310.37
21029	\$583.43
21034	\$1,310.37
21040	\$583.43
21044	\$1,310.37
21046	\$1,310.37
21047	\$1,310.37
21048	\$1,310.37
21050	\$1,310.37
21060	\$1,310.37
21070	\$1,310.37
21085	\$63.94
21088	\$583.43
21100	\$1,310.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
21110	\$339.83
21120	\$1,310.37
21121	\$583.43
21122	\$1,310.37
21123	\$583.43
21125	\$1,310.37
21127	\$1,310.37
21137	\$583.43
21138	\$1,310.37
21139	\$1,310.37
21150	\$1,310.37
21181	\$1,310.37
21198	\$1,310.37
21199	\$1,310.37
21206	\$1,310.37
21208	\$1,310.37
21209	\$1,310.37
21210	\$1,310.37
21215	\$1,310.37
21230	\$1,310.37
21235	\$1,310.37
21240	\$1,310.37
21242	\$1,310.37
21243	\$7,254.06
21244	\$1,874.27
21245	\$1,310.37
21246	\$1,310.37
21248	\$1,310.37
21249	\$1,310.37
21260	\$1,310.37
21267	\$1,310.37
21270	\$1,310.37
21275	\$1,310.37
21280	\$583.43
21282	\$583.43
21295	\$339.83
21296	\$583.43
21310	\$69.82
21315	\$339.83
21320	\$583.43

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
21325	\$583.43
21330	\$1,310.37
21335	\$583.43
21336	\$756.80
21337	\$583.43
21338	\$1,889.81
21339	\$1,310.37
21340	\$583.43
21345	\$339.83
21355	\$583.43
21356	\$1,310.37
21360	\$1,310.37
21390	\$1,310.37
21400	\$151.11
21401	\$339.83
21406	\$1,310.37
21407	\$1,310.37
21421	\$583.43
21445	\$1,310.37
21450	\$151.11
21451	\$339.83
21452	\$1,310.37
21453	\$1,310.37
21454	\$1,799.28
21461	\$1,713.81
21462	\$1,805.82
21465	\$1,310.37
21480	\$69.82
21485	\$339.83
21490	\$583.43
21497	\$339.83
21501	\$649.56
21502	\$756.80
21550	\$329.49
21552	\$649.56
21554	\$649.56
21555	\$329.49
21556	\$649.56
21557	\$649.56
21558	\$649.56

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
21600	\$1,652.54
21610	\$756.80
21685	\$1,310.37
21700	\$756.80
21720	\$756.80
21725	\$179.71
21820	\$69.82
21925	\$329.49
21930	\$329.49
21931	\$329.49
21932	\$649.56
21933	\$649.56
21935	\$649.56
21936	\$649.56
22102	\$1,652.54
22310	\$69.82
22315	\$756.80
22505	\$424.57
22510	\$756.80
22511	\$756.80
22513	\$1,652.54
22514	\$1,652.54
22551	\$4,617.91
22554	\$4,558.34
22612	\$3,180.42
22856	\$6,828.99
22867	\$6,958.64
22869	\$7,586.05
22900	\$649.56
22901	\$649.56
22902	\$329.49
22903	\$649.56
22904	\$649.56
22905	\$649.56
23000	\$649.56
23020	\$756.80
23030	\$649.56
23031	\$329.49
23035	\$424.57
23040	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
23044	\$756.80
23066	\$649.56
23071	\$329.49
23073	\$649.56
23075	\$329.49
23076	\$649.56
23077	\$649.56
23078	\$649.56
23100	\$756.80
23101	\$756.80
23105	\$1,652.54
23106	\$756.80
23107	\$1,652.54
23120	\$756.80
23125	\$756.80
23130	\$756.80
23140	\$756.80
23145	\$756.80
23146	\$1,652.54
23150	\$756.80
23155	\$1,652.54
23156	\$1,652.54
23170	\$756.80
23172	\$756.80
23174	\$756.80
23180	\$756.80
23182	\$756.80
23184	\$1,652.54
23190	\$756.80
23195	\$1,652.54
23330	\$179.71
23333	\$329.49
23334	\$649.56
23395	\$1,652.54
23397	\$1,652.54
23400	\$1,652.54
23405	\$1,652.54
23406	\$756.80
23410	\$1,652.54
23412	\$1,652.54

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
23415	\$1,652.54
23420	\$1,652.54
23430	\$1,652.54
23440	\$756.80
23450	\$1,652.54
23455	\$1,652.54
23460	\$1,652.54
23462	\$1,652.54
23465	\$1,652.54
23466	\$1,652.54
23480	\$1,652.54
23485	\$4,474.52
23490	\$1,652.54
23491	\$3,180.42
23500	\$69.82
23505	\$424.57
23515	\$2,228.04
23520	\$424.57
23525	\$69.82
23530	\$1,652.54
23532	\$1,652.54
23540	\$69.82
23545	\$69.82
23550	\$1,652.54
23552	\$2,186.04
23570	\$69.82
23575	\$424.57
23585	\$1,652.54
23600	\$69.82
23605	\$424.57
23615	\$4,541.58
23616	\$6,704.87
23620	\$69.82
23625	\$424.57
23630	\$1,652.54
23650	\$69.82
23655	\$424.57
23660	\$1,652.54
23665	\$424.57
23670	\$1,652.54

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
23675	\$424.57
23680	\$4,625.09
23700	\$424.57
23800	\$1,652.54
23802	\$3,180.42
23921	\$480.48
23930	\$329.49
23931	\$329.49
23935	\$756.80
24000	\$756.80
24006	\$756.80
24066	\$649.56
24071	\$649.56
24073	\$649.56
24075	\$329.49
24076	\$649.56
24077	\$649.56
24079	\$649.56
24100	\$756.80
24101	\$756.80
24102	\$756.80
24105	\$756.80
24110	\$756.80
24115	\$2,536.48
24116	\$1,652.54
24120	\$756.80
24125	\$756.80
24126	\$2,484.69
24130	\$756.80
24134	\$1,652.54
24136	\$756.80
24138	\$1,652.54
24140	\$756.80
24145	\$1,652.54
24147	\$756.80
24149	\$1,652.54
24152	\$1,652.54
24155	\$756.80
24160	\$756.80
24164	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
24201	\$649.56
24300	\$424.57
24301	\$1,652.54
24305	\$756.80
24310	\$756.80
24320	\$1,652.54
24330	\$756.80
24331	\$1,652.54
24332	\$756.80
24340	\$1,652.54
24341	\$1,652.54
24342	\$1,652.54
24343	\$756.80
24344	\$2,221.04
24345	\$1,652.54
24346	\$3,180.42
24357	\$756.80
24358	\$756.80
24359	\$756.80
24360	\$1,652.54
24361	\$7,124.42
24362	\$4,925.04
24363	\$7,248.54
24365	\$3,180.42
24366	\$4,943.61
24370	\$4,630.18
24371	\$6,802.21
24400	\$1,652.54
24410	\$3,180.42
24420	\$1,652.54
24430	\$4,405.97
24435	\$4,405.97
24470	\$756.80
24495	\$1,652.54
24498	\$4,536.49
24500	\$69.82
24505	\$424.57
24515	\$4,318.26
24516	\$4,381.12
24530	\$69.82

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
24535	\$424.57
24538	\$1,652.54
24545	\$4,593.37
24546	\$6,413.26
24560	\$69.82
24565	\$424.57
24566	\$424.57
24575	\$3,180.42
24576	\$69.82
24577	\$424.57
24579	\$4,127.87
24582	\$756.80
24586	\$3,180.42
24587	\$4,835.84
24600	\$69.82
24605	\$424.57
24615	\$1,652.54
24620	\$424.57
24635	\$2,279.06
24650	\$69.82
24655	\$424.57
24665	\$1,652.54
24666	\$4,940.61
24670	\$69.82
24675	\$424.57
24685	\$2,139.69
24800	\$1,652.54
24802	\$3,180.42
24925	\$756.80
25000	\$424.57
25001	\$756.80
25020	\$424.57
25023	\$756.80
25024	\$756.80
25025	\$424.57
25028	\$756.80
25031	\$424.57
25035	\$1,652.54
25040	\$756.80
25066	\$649.56

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
25071	\$329.49
25073	\$649.56
25075	\$329.49
25076	\$329.49
25077	\$329.49
25078	\$649.56
25085	\$756.80
25100	\$756.80
25101	\$756.80
25105	\$756.80
25107	\$756.80
25109	\$756.80
25110	\$424.57
25111	\$424.57
25112	\$424.57
25115	\$424.57
25116	\$756.80
25118	\$424.57
25119	\$756.80
25120	\$756.80
25125	\$424.57
25126	\$1,054.05
25130	\$756.80
25135	\$756.80
25136	\$1,652.54
25145	\$756.80
25150	\$756.80
25151	\$756.80
25210	\$756.80
25215	\$756.80
25230	\$756.80
25240	\$756.80
25248	\$424.57
25250	\$424.57
25251	\$756.80
25259	\$424.57
25260	\$756.80
25263	\$756.80
25265	\$756.80
25270	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
25272	\$756.80
25274	\$756.80
25275	\$756.80
25280	\$756.80
25290	\$756.80
25295	\$756.80
25300	\$756.80
25301	\$756.80
25310	\$756.80
25312	\$756.80
25315	\$1,652.54
25316	\$1,652.54
25320	\$1,652.54
25332	\$756.80
25335	\$756.80
25337	\$1,652.54
25350	\$1,652.54
25355	\$756.80
25360	\$1,652.54
25365	\$3,180.42
25370	\$756.80
25375	\$756.80
25390	\$2,219.48
25391	\$4,485.90
25392	\$756.80
25393	\$756.80
25394	\$756.80
25400	\$2,286.84
25405	\$2,239.24
25415	\$2,258.06
25420	\$2,299.13
25425	\$1,652.54
25426	\$756.80
25430	\$756.80
25431	\$1,652.54
25440	\$1,652.54
25441	\$5,101.96
25442	\$7,000.30
25443	\$1,652.54
25444	\$5,434.85

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
25445	\$2,300.21
25446	\$7,432.60
25447	\$756.80
25449	\$1,652.54
25450	\$756.80
25455	\$756.80
25490	\$1,652.54
25491	\$3,180.42
25492	\$756.80
25500	\$69.82
25505	\$424.57
25515	\$2,189.93
25520	\$424.57
25525	\$2,142.80
25526	\$1,652.54
25530	\$69.82
25535	\$69.82
25545	\$1,652.54
25560	\$69.82
25565	\$424.57
25574	\$2,277.66
25575	\$2,296.01
25600	\$69.82
25605	\$424.57
25606	\$756.80
25607	\$2,338.78
25608	\$2,339.10
25609	\$2,357.92
25622	\$69.82
25624	\$424.57
25628	\$1,652.54
25630	\$69.82
25635	\$424.57
25645	\$756.80
25650	\$69.82
25651	\$756.80
25652	\$1,652.54
25660	\$69.82
25670	\$756.80
25671	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
25675	\$69.82
25676	\$1,652.54
25680	\$69.82
25685	\$756.80
25690	\$424.57
25695	\$1,652.54
25800	\$1,652.54
25805	\$2,164.27
25810	\$4,385.91
25820	\$2,308.77
25825	\$2,200.04
25830	\$2,249.97
25907	\$756.80
25922	\$424.57
25929	\$480.48
25931	\$756.80
26010	\$54.73
26011	\$329.49
26020	\$756.80
26025	\$756.80
26030	\$756.80
26034	\$424.57
26035	\$756.80
26037	\$756.80
26040	\$424.57
26045	\$756.80
26055	\$424.57
26060	\$424.57
26070	\$424.57
26075	\$756.80
26080	\$424.57
26100	\$756.80
26105	\$756.80
26110	\$424.57
26111	\$329.49
26113	\$329.49
26115	\$329.49
26116	\$329.49
26117	\$649.56
26118	\$649.56

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
26121	\$756.80
26123	\$756.80
26130	\$756.80
26135	\$756.80
26140	\$424.57
26145	\$424.57
26160	\$424.57
26170	\$424.57
26180	\$424.57
26185	\$424.57
26200	\$424.57
26205	\$1,652.54
26210	\$424.57
26215	\$756.80
26230	\$756.80
26235	\$424.57
26236	\$424.57
26250	\$756.80
26260	\$756.80
26262	\$424.57
26320	\$329.49
26340	\$424.57
26350	\$756.80
26352	\$756.80
26356	\$756.80
26357	\$756.80
26358	\$756.80
26370	\$756.80
26372	\$1,652.54
26373	\$756.80
26390	\$1,652.54
26392	\$1,652.54
26410	\$424.57
26412	\$756.80
26415	\$756.80
26416	\$756.80
26418	\$424.57
26420	\$756.80
26426	\$756.80
26428	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
26432	\$424.57
26433	\$756.80
26434	\$756.80
26437	\$756.80
26440	\$424.57
26442	\$756.80
26445	\$756.80
26449	\$756.80
26450	\$756.80
26455	\$424.57
26460	\$424.57
26471	\$756.80
26474	\$424.57
26476	\$756.80
26477	\$756.80
26478	\$756.80
26479	\$756.80
26480	\$756.80
26483	\$756.80
26485	\$756.80
26489	\$756.80
26490	\$756.80
26492	\$756.80
26494	\$756.80
26496	\$756.80
26497	\$756.80
26498	\$756.80
26499	\$756.80
26500	\$1,652.54
26502	\$756.80
26508	\$756.80
26510	\$756.80
26516	\$756.80
26517	\$756.80
26518	\$756.80
26520	\$756.80
26525	\$424.57
26530	\$756.80
26531	\$2,369.43
26535	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
26536	\$2,215.75
26540	\$756.80
26541	\$756.80
26542	\$756.80
26545	\$756.80
26546	\$1,652.54
26548	\$756.80
26550	\$756.80
26555	\$1,652.54
26560	\$424.57
26561	\$756.80
26562	\$756.80
26565	\$756.80
26567	\$756.80
26568	\$1,652.54
26580	\$756.80
26587	\$756.80
26590	\$424.57
26591	\$756.80
26593	\$756.80
26596	\$756.80
26600	\$69.82
26605	\$69.82
26607	\$756.80
26608	\$756.80
26615	\$756.80
26641	\$69.82
26645	\$424.57
26650	\$756.80
26665	\$756.80
26670	\$69.82
26675	\$424.57
26676	\$756.80
26685	\$756.80
26686	\$756.80
26700	\$69.82
26705	\$424.57
26706	\$756.80
26715	\$756.80
26720	\$69.82

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
26725	\$69.82
26727	\$756.80
26735	\$756.80
26740	\$69.82
26742	\$424.57
26746	\$756.80
26755	\$69.82
26756	\$756.80
26765	\$756.80
26770	\$69.82
26775	\$73.08
26776	\$756.80
26785	\$756.80
26820	\$2,409.25
26841	\$1,652.54
26842	\$1,652.54
26843	\$1,652.54
26844	\$2,275.32
26850	\$1,652.54
26852	\$1,652.54
26860	\$756.80
26862	\$756.80
26910	\$756.80
26951	\$756.80
26952	\$756.80
26990	\$756.80
26991	\$424.57
27000	\$424.57
27001	\$756.80
27003	\$1,652.54
27033	\$756.80
27035	\$756.80
27040	\$329.49
27041	\$329.49
27043	\$649.56
27045	\$649.56
27047	\$649.56
27048	\$649.56
27049	\$649.56
27050	\$424.57

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27052	\$424.57
27059	\$649.56
27060	\$756.80
27062	\$756.80
27065	\$756.80
27066	\$756.80
27067	\$1,652.54
27080	\$756.80
27086	\$329.49
27087	\$756.80
27097	\$756.80
27098	\$756.80
27100	\$1,652.54
27105	\$756.80
27110	\$1,652.54
27111	\$756.80
27197	\$69.82
27198	\$69.82
27202	\$756.80
27220	\$69.82
27230	\$69.82
27238	\$424.57
27246	\$69.82
27250	\$69.82
27252	\$424.57
27256	\$69.82
27257	\$424.57
27265	\$69.82
27266	\$424.57
27267	\$756.80
27275	\$424.57
27279	\$7,515.91
27301	\$649.56
27305	\$756.80
27306	\$756.80
27307	\$756.80
27310	\$756.80
27323	\$329.49
27324	\$649.56
27325	\$470.72

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27326	\$470.72
27327	\$329.49
27328	\$649.56
27329	\$649.56
27330	\$756.80
27331	\$756.80
27332	\$756.80
27333	\$756.80
27334	\$756.80
27335	\$1,652.54
27337	\$649.56
27339	\$649.56
27340	\$756.80
27345	\$756.80
27347	\$756.80
27350	\$756.80
27355	\$756.80
27356	\$3,180.42
27357	\$1,652.54
27360	\$756.80
27364	\$649.56
27372	\$649.56
27380	\$1,652.54
27381	\$1,652.54
27385	\$1,652.54
27386	\$1,652.54
27390	\$756.80
27391	\$756.80
27392	\$756.80
27393	\$756.80
27394	\$1,652.54
27395	\$756.80
27396	\$2,691.71
27397	\$1,652.54
27400	\$1,652.54
27403	\$1,071.36
27405	\$1,652.54
27407	\$1,652.54
27409	\$1,652.54
27415	\$5,164.23

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27416	\$2,265.99
27418	\$1,652.54
27420	\$1,652.54
27422	\$1,652.54
27424	\$1,652.54
27425	\$756.80
27427	\$1,652.54
27428	\$3,180.42
27429	\$4,241.33
27430	\$1,652.54
27435	\$756.80
27437	\$1,652.54
27438	\$4,359.87
27440	\$4,452.08
27441	\$3,180.42
27442	\$4,583.79
27443	\$3,180.42
27446	\$4,633.48
27475	\$1,652.54
27479	\$1,652.54
27496	\$756.80
27497	\$756.80
27498	\$424.57
27499	\$756.80
27500	\$69.82
27501	\$69.82
27502	\$424.57
27503	\$424.57
27508	\$69.82
27509	\$2,149.18
27510	\$424.57
27516	\$69.82
27517	\$424.57
27520	\$69.82
27524	\$1,652.54
27530	\$69.82
27532	\$756.80
27538	\$69.82
27550	\$69.82
27552	\$424.57

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27560	\$69.82
27562	\$69.82
27566	\$1,652.54
27570	\$424.57
27594	\$756.80
27600	\$756.80
27601	\$756.80
27602	\$756.80
27603	\$649.56
27604	\$756.80
27605	\$424.57
27606	\$756.80
27607	\$756.80
27610	\$756.80
27612	\$756.80
27614	\$649.56
27615	\$649.56
27616	\$649.56
27618	\$329.49
27619	\$649.56
27620	\$756.80
27625	\$756.80
27626	\$756.80
27630	\$756.80
27632	\$649.56
27634	\$649.56
27635	\$756.80
27637	\$1,652.54
27638	\$1,652.54
27640	\$756.80
27641	\$756.80
27647	\$756.80
27650	\$756.80
27652	\$1,652.54
27654	\$1,652.54
27656	\$756.80
27658	\$756.80
27659	\$1,652.54
27664	\$1,652.54
27665	\$1,652.54

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27675	\$756.80
27676	\$1,652.54
27680	\$756.80
27681	\$756.80
27685	\$756.80
27686	\$756.80
27687	\$756.80
27690	\$1,652.54
27691	\$1,652.54
27695	\$1,652.54
27696	\$2,325.87
27698	\$1,652.54
27700	\$1,652.54
27704	\$756.80
27705	\$2,251.99
27707	\$756.80
27709	\$4,450.88
27720	\$2,290.57
27726	\$2,175.31
27730	\$756.80
27732	\$756.80
27734	\$756.80
27740	\$756.80
27742	\$756.80
27745	\$2,262.42
27750	\$69.82
27752	\$424.57
27756	\$2,334.27
27758	\$4,364.06
27759	\$4,404.17
27760	\$69.82
27762	\$424.57
27766	\$1,652.54
27767	\$69.82
27768	\$424.57
27769	\$1,652.54
27780	\$69.82
27781	\$424.57
27784	\$1,652.54
27786	\$69.82

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
27788	\$69.82
27792	\$2,148.56
27808	\$69.82
27810	\$424.57
27814	\$2,180.91
27816	\$69.82
27818	\$424.57
27822	\$2,186.67
27823	\$2,204.71
27824	\$69.82
27825	\$424.57
27826	\$1,652.54
27827	\$4,417.04
27828	\$4,382.03
27829	\$1,652.54
27830	\$69.82
27831	\$756.80
27832	\$1,652.54
27840	\$69.82
27842	\$424.57
27846	\$1,652.54
27848	\$1,652.54
27860	\$756.80
27870	\$4,607.14
27871	\$4,243.12
27884	\$756.80
27889	\$1,652.54
27892	\$756.80
27893	\$1,652.54
27894	\$756.80
28002	\$424.57
28003	\$756.80
28005	\$756.80
28008	\$756.80
28011	\$424.57
28020	\$756.80
28022	\$756.80
28024	\$424.57
28035	\$470.72
28039	\$649.56

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
28041	\$649.56
28043	\$329.49
28045	\$649.56
28046	\$649.56
28047	\$649.56
28050	\$756.80
28052	\$756.80
28054	\$756.80
28055	\$470.72
28060	\$756.80
28062	\$756.80
28070	\$756.80
28072	\$756.80
28080	\$424.57
28086	\$756.80
28088	\$756.80
28090	\$424.57
28092	\$424.57
28100	\$756.80
28102	\$2,178.42
28103	\$1,652.54
28104	\$756.80
28106	\$1,652.54
28107	\$1,652.54
28108	\$424.57
28110	\$756.80
28111	\$756.80
28112	\$756.80
28113	\$756.80
28114	\$756.80
28116	\$756.80
28118	\$756.80
28119	\$756.80
28120	\$756.80
28122	\$756.80
28126	\$756.80
28130	\$756.80
28140	\$756.80
28150	\$756.80
28153	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
28160	\$756.80
28171	\$756.80
28173	\$756.80
28175	\$424.57
28192	\$329.49
28193	\$329.49
28200	\$756.80
28202	\$1,652.54
28208	\$756.80
28210	\$1,652.54
28222	\$756.80
28225	\$756.80
28226	\$756.80
28234	\$424.57
28238	\$1,652.54
28240	\$756.80
28250	\$756.80
28260	\$756.80
28261	\$424.57
28262	\$2,232.24
28264	\$424.57
28270	\$756.80
28280	\$756.80
28285	\$756.80
28286	\$756.80
28288	\$756.80
28289	\$756.80
28291	\$2,409.71
28292	\$756.80
28295	\$756.80
28296	\$756.80
28297	\$2,287.61
28298	\$1,652.54
28299	\$756.80
28300	\$2,150.43
28302	\$1,652.54
28304	\$1,652.54
28305	\$1,652.54
28306	\$1,652.54
28307	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
28308	\$756.80
28309	\$1,652.54
28310	\$756.80
28312	\$756.80
28313	\$756.80
28315	\$756.80
28320	\$4,512.54
28322	\$2,241.26
28340	\$756.80
28341	\$756.80
28344	\$756.80
28345	\$424.57
28400	\$69.82
28405	\$69.82
28406	\$1,652.54
28415	\$2,262.57
28420	\$4,349.09
28430	\$69.82
28435	\$424.57
28436	\$1,652.54
28445	\$1,652.54
28446	\$1,652.54
28450	\$69.82
28456	\$1,652.54
28465	\$2,224.46
28470	\$69.82
28475	\$69.82
28476	\$756.80
28485	\$2,151.36
28495	\$69.82
28496	\$756.80
28505	\$756.80
28525	\$756.80
28531	\$1,652.54
28540	\$69.82
28545	\$756.80
28546	\$424.57
28555	\$2,439.58
28570	\$69.82
28575	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
28576	\$756.80
28585	\$2,447.67
28600	\$69.82
28605	\$69.82
28606	\$756.80
28615	\$2,218.40
28635	\$424.57
28636	\$756.80
28645	\$756.80
28665	\$73.08
28666	\$756.80
28675	\$756.80
28705	\$6,904.65
28715	\$4,687.36
28725	\$4,476.62
28730	\$4,740.65
28735	\$4,614.62
28737	\$4,843.63
28740	\$2,379.23
28750	\$2,344.38
28755	\$1,652.54
28760	\$1,652.54
28810	\$756.80
28820	\$756.80
28825	\$756.80
29000	\$73.08
29010	\$73.08
29015	\$73.08
29035	\$73.08
29040	\$73.08
29044	\$41.76
29046	\$73.08
29055	\$73.08
29305	\$73.08
29325	\$73.08
29584	\$41.76
29800	\$756.80
29804	\$756.80
29805	\$756.80
29806	\$1,652.54

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
29807	\$1,652.54
29819	\$756.80
29820	\$1,652.54
29821	\$756.80
29822	\$756.80
29823	\$756.80
29824	\$756.80
29825	\$756.80
29827	\$1,652.54
29828	\$1,652.54
29830	\$756.80
29834	\$756.80
29835	\$756.80
29836	\$1,652.54
29837	\$756.80
29838	\$756.80
29840	\$756.80
29843	\$756.80
29844	\$756.80
29845	\$756.80
29846	\$756.80
29847	\$1,652.54
29848	\$424.57
29850	\$424.57
29851	\$424.57
29855	\$2,402.09
29856	\$4,522.72
29860	\$1,652.54
29861	\$756.80
29862	\$1,652.54
29863	\$756.80
29866	\$1,652.54
29870	\$756.80
29871	\$756.80
29873	\$756.80
29874	\$756.80
29875	\$756.80
29876	\$756.80
29877	\$756.80
29879	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
29880	\$756.80
29881	\$756.80
29882	\$756.80
29883	\$756.80
29884	\$756.80
29885	\$1,652.54
29886	\$756.80
29887	\$1,652.54
29888	\$2,226.02
29889	\$3,180.42
29891	\$756.80
29892	\$1,652.54
29893	\$756.80
29894	\$756.80
29895	\$756.80
29897	\$756.80
29898	\$756.80
29899	\$2,119.78
29900	\$756.80
29901	\$756.80
29902	\$424.57
29904	\$756.80
29905	\$756.80
29906	\$756.80
29907	\$4,105.12
29914	\$1,652.54
29915	\$1,652.54
29916	\$1,652.54
30000	\$63.94
30115	\$583.43
30117	\$583.43
30118	\$583.43
30120	\$583.43
30124	\$339.83
30125	\$1,310.37
30130	\$583.43
30140	\$583.43
30150	\$1,310.37
30160	\$1,310.37
30220	\$339.83

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
30310	\$583.43
30320	\$339.83
30400	\$1,310.37
30410	\$1,310.37
30420	\$1,310.37
30430	\$1,310.37
30435	\$1,310.37
30450	\$1,310.37
30460	\$1,310.37
30462	\$1,310.37
30465	\$1,310.37
30520	\$583.43
30540	\$1,310.37
30545	\$1,310.37
30560	\$151.11
30580	\$1,310.37
30600	\$1,310.37
30620	\$1,310.37
30630	\$583.43
30801	\$339.83
30802	\$339.83
30903	\$33.03
30905	\$33.03
30906	\$63.94
30915	\$786.48
30920	\$786.48
30930	\$583.43
31000	\$63.94
31002	\$339.83
31020	\$583.43
31030	\$1,310.37
31032	\$1,310.37
31040	\$1,310.37
31050	\$1,310.37
31051	\$1,310.37
31070	\$1,310.37
31075	\$1,310.37
31080	\$1,310.37
31081	\$1,310.37
31084	\$1,310.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
31085	\$1,310.37
31086	\$1,310.37
31087	\$1,310.37
31090	\$1,310.37
31200	\$1,310.37
31201	\$583.43
31205	\$583.43
31231	\$50.86
31233	\$119.89
31235	\$363.66
31237	\$363.66
31238	\$363.66
31239	\$710.93
31240	\$363.66
31253	\$1,078.77
31254	\$1,078.77
31255	\$1,078.77
31256	\$710.93
31257	\$1,078.77
31259	\$1,078.77
31267	\$1,078.77
31276	\$1,078.77
31287	\$1,078.77
31288	\$1,078.77
31295	\$1,078.77
31296	\$1,078.77
31297	\$1,078.77
31298	\$1,078.77
31300	\$583.43
31400	\$1,310.37
31420	\$1,310.37
31500	\$63.94
31502	\$63.94
31510	\$710.93
31511	\$50.86
31512	\$710.93
31513	\$119.89
31515	\$119.89
31520	\$119.89
31525	\$363.66

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
31526	\$363.66
31527	\$710.93
31528	\$710.93
31529	\$710.93
31530	\$363.66
31531	\$710.93
31535	\$710.93
31536	\$710.93
31540	\$710.93
31541	\$710.93
31545	\$710.93
31546	\$1,078.77
31551	\$1,310.37
31552	\$1,310.37
31553	\$1,310.37
31554	\$1,310.37
31560	\$1,078.77
31561	\$1,078.77
31570	\$710.93
31571	\$710.93
31572	\$710.93
31574	\$363.66
31576	\$363.66
31577	\$119.89
31578	\$710.93
31580	\$1,310.37
31590	\$1,310.37
31591	\$1,310.37
31592	\$1,310.37
31603	\$339.83
31605	\$63.94
31611	\$583.43
31612	\$583.43
31613	\$583.43
31614	\$1,310.37
31615	\$151.11
31622	\$363.66
31623	\$363.66
31624	\$363.66
31625	\$363.66

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
31626	\$1,078.77
31628	\$710.93
31629	\$710.93
31630	\$710.93
31631	\$1,078.77
31634	\$1,078.77
31635	\$363.66
31636	\$1,544.22
31638	\$1,078.77
31640	\$710.93
31641	\$710.93
31643	\$363.66
31645	\$363.66
31646	\$119.89
31647	\$1,078.77
31648	\$710.93
31649	\$363.66
31652	\$710.93
31653	\$710.93
31717	\$119.89
31730	\$363.66
31750	\$1,310.37
31755	\$1,310.37
31820	\$583.43
31825	\$583.43
31830	\$583.43
32400	\$329.49
32405	\$329.49
32550	\$808.95
32552	\$192.33
32553	\$369.73
32554	\$192.33
32555	\$192.33
32556	\$387.03
32557	\$339.24
32960	\$192.33
32994	\$1,282.35
32998	\$1,282.35
33010	\$339.24
33011	\$339.24

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
33206	\$4,781.43
33207	\$4,769.72
33208	\$4,856.79
33210	\$2,229.93
33211	\$3,393.77
33212	\$3,539.63
33213	\$4,870.74
33214	\$4,747.67
33215	\$786.48
33216	\$3,207.60
33217	\$3,551.81
33218	\$971.08
33220	\$971.08
33221	\$7,694.48
33222	\$480.48
33223	\$480.48
33224	\$4,768.88
33226	\$786.48
33227	\$3,511.51
33228	\$4,742.37
33229	\$7,698.45
33230	\$11,949.62
33231	\$16,296.89
33233	\$2,229.93
33234	\$971.08
33235	\$971.08
33240	\$11,984.57
33241	\$971.08
33249	\$16,293.35
33262	\$11,610.48
33263	\$11,781.35
33264	\$16,331.38
33270	\$16,263.28
33271	\$3,792.13
33273	\$971.08
33274	\$6,393.98
33275	\$786.48
33285	\$3,838.73
33286	\$179.71
34490	\$786.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
35188	\$1,353.97
35207	\$786.48
35761	\$786.48
35875	\$1,353.97
35876	\$1,353.97
36002	\$192.33
36260	\$2,390.32
36261	\$1,664.82
36262	\$971.08
36440	\$118.77
36450	\$118.77
36455	\$118.77
36465	\$480.48
36466	\$480.48
36473	\$786.48
36475	\$786.48
36478	\$786.48
36482	\$1,353.97
36511	\$386.82
36512	\$386.82
36513	\$118.77
36514	\$386.82
36522	\$1,216.75
36555	\$339.24
36556	\$339.24
36557	\$1,353.97
36558	\$786.48
36560	\$786.48
36561	\$786.48
36563	\$1,353.97
36565	\$786.48
36566	\$1,353.97
36568	\$192.33
36569	\$339.24
36570	\$786.48
36571	\$786.48
36572	\$192.33
36573	\$339.24
36575	\$192.33
36576	\$339.24

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
36578	\$786.48
36580	\$443.49
36581	\$1,045.13
36582	\$786.48
36583	\$1,353.97
36584	\$339.24
36585	\$786.48
36589	\$192.33
36590	\$192.33
36595	\$1,024.48
36596	\$339.24
36597	\$339.24
36640	\$786.48
36800	\$1,353.97
36810	\$786.48
36815	\$1,353.97
36818	\$1,353.97
36819	\$1,353.97
36820	\$1,353.97
36821	\$786.48
36825	\$1,353.97
36830	\$1,353.97
36831	\$1,353.97
36832	\$1,353.97
36833	\$1,353.97
36835	\$786.48
36860	\$192.33
36861	\$1,353.97
36902	\$1,206.28
36903	\$3,614.65
36904	\$1,206.28
36905	\$2,443.68
36906	\$5,856.49
37184	\$1,754.11
37187	\$1,638.98
37188	\$786.48
37197	\$786.48
37200	\$1,353.97
37211	\$1,353.97
37212	\$786.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
37220	\$1,206.28
37221	\$3,513.45
37224	\$1,738.89
37225	\$3,860.76
37226	\$3,747.60
37227	\$6,235.72
37228	\$3,303.22
37229	\$5,894.56
37230	\$5,784.08
37231	\$5,933.01
37236	\$3,457.56
37238	\$3,536.91
37241	\$2,443.68
37242	\$3,485.39
37243	\$2,443.68
37246	\$1,206.28
37248	\$1,206.28
37500	\$1,353.97
37607	\$786.48
37609	\$329.49
37650	\$786.48
37700	\$786.48
37718	\$786.48
37722	\$786.48
37735	\$786.48
37760	\$786.48
37761	\$339.24
37780	\$339.24
37785	\$786.48
37790	\$824.23
38206	\$386.82
38230	\$386.82
38232	\$1,216.75
38241	\$386.82
38242	\$386.82
38243	\$386.82
38300	\$329.49
38305	\$329.49
38308	\$636.76
38500	\$636.76

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
38505	\$329.49
38510	\$636.76
38520	\$636.76
38525	\$636.76
38530	\$636.76
38542	\$1,282.35
38550	\$636.76
38555	\$1,260.97
38570	\$1,282.35
38571	\$2,064.31
38572	\$2,064.31
38573	\$2,064.31
38700	\$1,260.97
38740	\$1,282.35
38745	\$1,282.35
38760	\$1,260.97
40500	\$583.43
40510	\$583.43
40520	\$583.43
40525	\$583.43
40527	\$1,310.37
40530	\$583.43
40650	\$151.11
40652	\$151.11
40654	\$339.83
40700	\$1,310.37
40701	\$1,310.37
40702	\$1,310.37
40720	\$583.43
40761	\$1,310.37
40801	\$151.11
40814	\$583.43
40816	\$583.43
40818	\$151.11
40819	\$339.83
40830	\$63.94
40831	\$151.11
40840	\$1,310.37
40842	\$1,310.37
40843	\$1,310.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
40844	\$1,310.37
40845	\$1,310.37
41005	\$63.94
41006	\$339.83
41007	\$339.83
41008	\$583.43
41009	\$151.11
41010	\$339.83
41015	\$151.11
41016	\$1,310.37
41017	\$583.43
41018	\$339.83
41019	\$1,310.37
41112	\$583.43
41113	\$583.43
41114	\$583.43
41116	\$583.43
41120	\$1,310.37
41251	\$63.94
41252	\$63.94
41510	\$583.43
41512	\$1,310.37
41520	\$583.43
41820	\$583.43
41821	\$339.83
41827	\$1,310.37
41850	\$339.83
41870	\$583.43
42000	\$63.94
42107	\$1,310.37
42120	\$1,310.37
42140	\$583.43
42145	\$1,310.37
42180	\$151.11
42182	\$1,310.37
42200	\$1,310.37
42205	\$583.43
42210	\$1,310.37
42215	\$1,310.37
42220	\$1,310.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
42225	\$1,310.37
42226	\$1,310.37
42227	\$1,310.37
42235	\$1,310.37
42260	\$1,310.37
42281	\$1,310.37
42300	\$339.83
42305	\$583.43
42310	\$151.11
42320	\$151.11
42340	\$583.43
42405	\$583.43
42408	\$583.43
42409	\$583.43
42410	\$1,310.37
42415	\$1,310.37
42420	\$1,310.37
42425	\$1,310.37
42440	\$1,310.37
42450	\$1,310.37
42500	\$1,310.37
42505	\$1,310.37
42507	\$1,310.37
42509	\$1,310.37
42510	\$583.43
42600	\$583.43
42665	\$583.43
42700	\$63.94
42720	\$583.43
42725	\$1,310.37
42804	\$583.43
42806	\$583.43
42808	\$583.43
42810	\$583.43
42815	\$1,310.37
42820	\$1,310.37
42821	\$583.43
42825	\$1,310.37
42826	\$583.43
42830	\$583.43

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
42831	\$583.43
42835	\$583.43
42836	\$583.43
42860	\$583.43
42870	\$1,310.37
42890	\$1,310.37
42892	\$1,310.37
42900	\$339.83
42950	\$1,310.37
42955	\$339.83
42960	\$151.11
42962	\$583.43
42970	\$63.94
42972	\$583.43
43030	\$1,310.37
43130	\$1,310.37
43180	\$1,310.37
43191	\$387.03
43192	\$387.03
43193	\$387.03
43194	\$387.03
43195	\$750.35
43196	\$750.35
43200	\$236.23
43201	\$387.03
43202	\$387.03
43204	\$387.03
43205	\$387.03
43206	\$387.03
43210	\$2,064.31
43211	\$387.03
43212	\$1,782.91
43213	\$387.03
43214	\$387.03
43215	\$387.03
43216	\$387.03
43217	\$387.03
43220	\$387.03
43226	\$387.03
43227	\$387.03

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
43229	\$750.35
43231	\$387.03
43232	\$387.03
43233	\$387.03
43235	\$236.23
43236	\$236.23
43237	\$387.03
43238	\$387.03
43239	\$236.23
43240	\$1,120.43
43241	\$387.03
43242	\$387.03
43243	\$387.03
43244	\$387.03
43245	\$387.03
43246	\$387.03
43247	\$236.23
43248	\$236.23
43249	\$387.03
43250	\$387.03
43251	\$387.03
43252	\$750.35
43253	\$387.03
43254	\$387.03
43255	\$387.03
43257	\$750.35
43259	\$387.03
43260	\$750.35
43261	\$750.35
43262	\$750.35
43263	\$750.35
43264	\$750.35
43265	\$1,161.65
43266	\$1,837.03
43270	\$387.03
43274	\$1,161.65
43275	\$750.35
43276	\$1,161.65
43277	\$750.35
43278	\$750.35

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
43284	\$3,100.12
43285	\$1,282.35
43450	\$236.23
43453	\$387.03
43653	\$1,282.35
43752	\$108.00
43755	\$42.17
43756	\$236.23
43757	\$236.23
43761	\$71.78
43762	\$71.78
43763	\$71.78
43870	\$750.35
43886	\$858.05
43887	\$480.48
43888	\$858.05
44100	\$236.23
44312	\$858.05
44340	\$858.05
44360	\$387.03
44361	\$387.03
44363	\$387.03
44364	\$387.03
44365	\$387.03
44366	\$387.03
44369	\$387.03
44370	\$1,698.17
44372	\$387.03
44373	\$387.03
44376	\$387.03
44377	\$387.03
44378	\$387.03
44379	\$1,161.65
44380	\$236.23
44381	\$387.03
44382	\$236.23
44384	\$750.35
44385	\$231.06
44386	\$231.06
44388	\$231.06

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
44389	\$303.93
44390	\$303.93
44391	\$303.93
44392	\$303.93
44394	\$303.93
44401	\$303.93
44402	\$1,749.46
44403	\$303.93
44404	\$303.93
44405	\$303.93
44406	\$303.93
44407	\$303.93
44408	\$231.06
44500	\$236.23
45000	\$303.93
45005	\$303.93
45020	\$686.31
45100	\$686.31
45108	\$686.31
45150	\$303.93
45160	\$686.31
45171	\$686.31
45172	\$686.31
45190	\$686.31
45303	\$303.93
45305	\$303.93
45307	\$686.31
45308	\$686.31
45309	\$303.93
45315	\$303.93
45317	\$303.93
45320	\$686.31
45321	\$686.31
45327	\$1,161.65
45331	\$231.06
45332	\$303.93
45333	\$231.06
45334	\$303.93
45335	\$231.06
45337	\$303.93

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
45338	\$303.93
45340	\$303.93
45341	\$303.93
45342	\$303.93
45346	\$303.93
45347	\$1,903.19
45349	\$303.93
45350	\$303.93
45378	\$231.06
45379	\$303.93
45380	\$303.93
45381	\$303.93
45382	\$303.93
45384	\$303.93
45385	\$303.93
45386	\$303.93
45388	\$303.93
45389	\$1,848.08
45390	\$303.93
45391	\$303.93
45392	\$303.93
45393	\$303.93
45398	\$303.93
45500	\$686.31
45505	\$686.31
45541	\$686.31
45560	\$686.31
45900	\$231.06
45905	\$303.93
45910	\$303.93
45915	\$303.93
45990	\$686.31
46020	\$686.31
46030	\$303.93
46040	\$303.93
46045	\$686.31
46050	\$231.06
46060	\$686.31
46070	\$686.31
46080	\$686.31

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
46083	\$71.78
46200	\$686.31
46220	\$303.93
46230	\$686.31
46250	\$686.31
46255	\$686.31
46257	\$686.31
46258	\$686.31
46260	\$686.31
46261	\$686.31
46262	\$686.31
46270	\$686.31
46275	\$686.31
46280	\$686.31
46285	\$686.31
46288	\$686.31
46505	\$303.93
46604	\$303.93
46607	\$303.93
46608	\$231.06
46610	\$686.31
46611	\$231.06
46612	\$686.31
46615	\$686.31
46700	\$686.31
46706	\$686.31
46707	\$686.31
46750	\$686.31
46753	\$686.31
46754	\$686.31
46760	\$686.31
46761	\$686.31
46900	\$97.43
46916	\$54.73
46917	\$686.31
46922	\$686.31
46924	\$686.31
46946	\$686.31
46947	\$686.31
47000	\$329.49

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
47382	\$1,282.35
47383	\$1,759.12
47533	\$808.95
47534	\$808.95
47535	\$808.95
47536	\$808.95
47537	\$236.23
47538	\$1,889.35
47539	\$1,836.72
47540	\$1,916.38
47541	\$808.95
47552	\$808.95
47553	\$808.95
47554	\$1,282.35
47555	\$808.95
47556	\$1,835.88
47562	\$1,282.35
47563	\$1,282.35
47564	\$1,282.35
48102	\$329.49
49082	\$236.23
49083	\$236.23
49084	\$236.23
49180	\$329.49
49250	\$808.95
49320	\$1,282.35
49321	\$1,282.35
49322	\$1,282.35
49324	\$1,282.35
49325	\$1,282.35
49402	\$808.95
49406	\$329.49
49407	\$329.49
49418	\$808.95
49419	\$1,353.97
49421	\$808.95
49422	\$786.48
49423	\$387.03
49426	\$808.95
49429	\$786.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
49436	\$387.03
49440	\$387.03
49441	\$387.03
49442	\$303.93
49446	\$387.03
49450	\$236.23
49451	\$236.23
49452	\$236.23
49460	\$236.23
49465	\$71.52
49495	\$808.95
49496	\$808.95
49500	\$808.95
49501	\$808.95
49505	\$808.95
49507	\$808.95
49520	\$808.95
49521	\$808.95
49525	\$808.95
49540	\$1,282.35
49550	\$808.95
49553	\$808.95
49555	\$808.95
49557	\$808.95
49560	\$808.95
49561	\$808.95
49565	\$1,282.35
49566	\$1,282.35
49570	\$808.95
49572	\$808.95
49580	\$808.95
49582	\$808.95
49585	\$808.95
49587	\$808.95
49590	\$808.95
49600	\$808.95
49650	\$1,282.35
49651	\$1,282.35
49652	\$1,282.35
49653	\$1,282.35

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
49654	\$2,064.31
49655	\$2,064.31
49656	\$2,064.31
49657	\$2,064.31
50080	\$2,316.69
50081	\$2,316.69
50200	\$329.49
50382	\$473.11
50384	\$473.11
50385	\$473.11
50387	\$473.11
50389	\$174.41
50390	\$179.71
50396	\$174.41
50432	\$473.11
50433	\$473.11
50434	\$628.57
50435	\$473.11
50436	\$473.11
50437	\$824.23
50551	\$1,152.10
50553	\$1,152.10
50555	\$1,152.10
50557	\$2,316.69
50561	\$1,152.10
50562	\$2,316.69
50570	\$824.23
50572	\$174.41
50574	\$473.11
50575	\$1,152.10
50576	\$1,152.10
50580	\$1,152.10
50590	\$824.23
50592	\$1,282.35
50593	\$2,734.06
50686	\$42.17
50688	\$473.11
50693	\$473.11
50694	\$824.23
50695	\$824.23

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
50727	\$824.23
50947	\$1,282.35
50948	\$2,064.31
50951	\$473.11
50953	\$824.23
50955	\$1,152.10
50957	\$1,152.10
50961	\$1,152.10
50970	\$473.11
50972	\$824.23
50974	\$1,152.10
50976	\$1,152.10
50980	\$1,152.10
51020	\$473.11
51030	\$824.23
51040	\$473.11
51045	\$473.11
51050	\$1,152.10
51065	\$824.23
51080	\$649.56
51102	\$473.11
51500	\$1,282.35
51520	\$473.11
51535	\$824.23
51703	\$42.17
51710	\$174.41
51715	\$1,083.73
51725	\$71.78
51726	\$71.78
51785	\$71.78
51880	\$824.23
51992	\$1,706.01
52000	\$174.41
52001	\$824.23
52005	\$473.11
52007	\$824.23
52010	\$174.41
52204	\$473.11
52214	\$473.11
52224	\$473.11

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
52234	\$824.23
52235	\$824.23
52240	\$1,152.10
52250	\$824.23
52260	\$473.11
52270	\$473.11
52275	\$473.11
52276	\$473.11
52277	\$824.23
52281	\$473.11
52282	\$824.23
52283	\$473.11
52285	\$174.41
52287	\$473.11
52290	\$473.11
52300	\$824.23
52301	\$824.23
52305	\$1,152.10
52310	\$473.11
52315	\$473.11
52317	\$824.23
52318	\$824.23
52320	\$824.23
52325	\$1,152.10
52327	\$1,589.00
52330	\$824.23
52332	\$824.23
52334	\$824.23
52341	\$473.11
52342	\$824.23
52343	\$473.11
52344	\$824.23
52345	\$824.23
52346	\$1,152.10
52351	\$473.11
52352	\$824.23
52353	\$1,152.10
52354	\$1,152.10
52355	\$1,152.10
52356	\$1,152.10

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
52400	\$824.23
52402	\$824.23
52450	\$824.23
52500	\$824.23
52601	\$1,152.10
52630	\$1,152.10
52640	\$824.23
52647	\$1,152.10
52648	\$1,152.10
52649	\$1,152.10
52700	\$824.23
53000	\$473.11
53010	\$1,152.10
53020	\$473.11
53025	\$473.11
53040	\$473.11
53080	\$174.41
53085	\$473.11
53200	\$473.11
53210	\$824.23
53215	\$1,152.10
53220	\$824.23
53230	\$1,152.10
53235	\$1,152.10
53240	\$473.11
53250	\$824.23
53260	\$473.11
53265	\$473.11
53270	\$473.11
53275	\$473.11
53400	\$1,152.10
53405	\$1,152.10
53410	\$1,152.10
53420	\$1,152.10
53425	\$1,152.10
53430	\$1,152.10
53431	\$1,152.10
53440	\$3,709.41
53442	\$1,152.10
53444	\$7,830.67

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
53445	\$8,300.08
53446	\$1,152.10
53447	\$8,143.61
53449	\$1,152.10
53450	\$473.11
53460	\$473.11
53502	\$824.23
53505	\$1,152.10
53510	\$1,152.10
53515	\$1,152.10
53520	\$1,152.10
53605	\$473.11
53665	\$473.11
53850	\$824.23
53854	\$473.11
53860	\$473.11
54000	\$473.11
54001	\$473.11
54015	\$329.49
54057	\$480.48
54060	\$480.48
54065	\$480.48
54100	\$329.49
54105	\$649.56
54110	\$824.23
54111	\$1,152.10
54112	\$2,316.69
54115	\$649.56
54120	\$824.23
54150	\$473.11
54160	\$174.41
54161	\$473.11
54162	\$473.11
54163	\$473.11
54164	\$473.11
54205	\$1,152.10
54220	\$71.78
54300	\$824.23
54304	\$824.23
54308	\$1,152.10

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
54312	\$824.23
54316	\$1,152.10
54318	\$824.23
54322	\$824.23
54324	\$824.23
54326	\$473.11
54328	\$824.23
54340	\$824.23
54344	\$1,152.10
54348	\$1,152.10
54352	\$1,152.10
54360	\$824.23
54380	\$473.11
54385	\$473.11
54400	\$8,082.99
54401	\$8,281.28
54405	\$8,333.91
54406	\$824.23
54408	\$1,152.10
54410	\$8,207.98
54415	\$824.23
54416	\$8,197.18
54420	\$473.11
54435	\$473.11
54437	\$824.23
54440	\$824.23
54450	\$71.78
54500	\$649.56
54505	\$824.23
54512	\$824.23
54520	\$473.11
54522	\$473.11
54530	\$808.95
54550	\$808.95
54560	\$473.11
54600	\$473.11
54620	\$824.23
54640	\$808.95
54660	\$1,647.77
54670	\$473.11

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
54680	\$473.11
54690	\$1,282.35
54692	\$1,282.35
54700	\$473.11
54800	\$329.49
54830	\$473.11
54840	\$473.11
54860	\$473.11
54861	\$824.23
54865	\$473.11
54900	\$473.11
54901	\$824.23
55040	\$808.95
55041	\$808.95
55060	\$473.11
55100	\$329.49
55110	\$824.23
55120	\$473.11
55150	\$473.11
55175	\$824.23
55180	\$1,152.10
55200	\$473.11
55250	\$473.11
55400	\$824.23
55500	\$473.11
55520	\$473.11
55530	\$824.23
55535	\$808.95
55540	\$808.95
55550	\$1,282.35
55600	\$473.11
55680	\$824.23
55700	\$473.11
55705	\$473.11
55706	\$473.11
55720	\$473.11
55725	\$824.23
55860	\$1,152.10
55873	\$3,517.30
55874	\$1,152.10

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
55875	\$1,152.10
55920	\$1,111.92
56440	\$696.82
56441	\$696.82
56442	\$696.82
56515	\$480.48
56620	\$696.82
56625	\$696.82
56700	\$696.82
56740	\$696.82
56800	\$696.82
56805	\$696.82
56810	\$696.82
57000	\$696.82
57010	\$696.82
57020	\$696.82
57022	\$329.49
57023	\$649.56
57065	\$696.82
57105	\$696.82
57120	\$1,111.92
57130	\$696.82
57135	\$696.82
57155	\$696.82
57156	\$84.68
57180	\$51.47
57200	\$696.82
57210	\$696.82
57220	\$1,111.92
57230	\$696.82
57240	\$1,111.92
57250	\$1,111.92
57260	\$1,111.92
57265	\$1,111.92
57268	\$696.82
57287	\$696.82
57288	\$1,490.25
57289	\$1,478.83
57291	\$696.82
57295	\$696.82

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
57300	\$696.82
57310	\$1,478.83
57320	\$1,111.92
57400	\$696.82
57410	\$696.82
57415	\$696.82
57426	\$1,478.83
57513	\$696.82
57520	\$696.82
57522	\$696.82
57530	\$696.82
57550	\$696.82
57556	\$1,111.92
57558	\$696.82
57700	\$696.82
57720	\$696.82
58120	\$696.82
58145	\$696.82
58260	\$1,111.92
58262	\$1,111.92
58346	\$696.82
58353	\$1,111.92
58541	\$1,282.35
58542	\$2,064.31
58543	\$2,064.31
58544	\$2,064.31
58545	\$1,282.35
58546	\$2,064.31
58550	\$1,282.35
58552	\$2,064.31
58553	\$2,064.31
58554	\$2,064.31
58555	\$696.82
58558	\$696.82
58559	\$1,111.92
58560	\$1,111.92
58561	\$1,111.92
58562	\$696.82
58563	\$1,111.92
58565	\$1,488.58

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
58570	\$2,064.31
58571	\$2,064.31
58572	\$2,064.31
58573	\$2,064.31
58600	\$696.82
58615	\$696.82
58660	\$1,282.35
58661	\$1,282.35
58662	\$1,282.35
58670	\$1,282.35
58671	\$1,282.35
58672	\$1,282.35
58673	\$1,282.35
58674	\$2,064.31
58800	\$696.82
58805	\$696.82
58820	\$696.82
58900	\$696.82
58970	\$173.10
58976	\$84.68
59001	\$84.68
59012	\$84.68
59070	\$84.68
59072	\$84.68
59074	\$84.68
59076	\$84.68
59100	\$696.82
59150	\$1,282.35
59151	\$1,282.35
59160	\$696.82
59320	\$696.82
59412	\$696.82
59414	\$696.82
59812	\$696.82
59820	\$696.82
59821	\$696.82
59840	\$696.82
59841	\$696.82
59866	\$84.68
59870	\$696.82

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
59871	\$696.82
60000	\$339.83
60200	\$1,282.35
60210	\$1,282.35
60212	\$1,282.35
60220	\$1,282.35
60225	\$1,282.35
60240	\$1,282.35
60280	\$1,282.35
60281	\$1,282.35
60500	\$1,310.37
61000	\$185.75
61001	\$185.75
61020	\$237.25
61026	\$185.75
61050	\$76.77
61055	\$76.77
61070	\$185.75
61215	\$1,156.66
61330	\$583.43
61770	\$1,156.66
61790	\$470.72
61791	\$470.72
61880	\$893.31
61885	\$10,206.51
61886	\$13,639.40
61888	\$2,731.56
62194	\$470.72
62225	\$1,156.66
62230	\$1,156.66
62263	\$237.25
62264	\$237.25
62267	\$179.71
62268	\$237.25
62269	\$329.49
62270	\$185.75
62272	\$185.75
62273	\$185.75
62280	\$237.25
62281	\$237.25

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
62282	\$237.25
62287	\$1,156.66
62292	\$470.72
62294	\$237.25
62320	\$185.75
62321	\$185.75
62322	\$185.75
62323	\$185.75
62324	\$237.25
62325	\$237.25
62326	\$237.25
62327	\$237.25
62350	\$1,493.82
62355	\$470.72
62360	\$8,020.25
62361	\$7,775.29
62362	\$8,151.98
62365	\$1,156.66
62380	\$1,652.54
63001	\$1,652.54
63003	\$1,652.54
63005	\$1,652.54
63020	\$1,652.54
63030	\$1,652.54
63042	\$1,652.54
63045	\$1,652.54
63046	\$1,652.54
63047	\$1,652.54
63055	\$1,652.54
63056	\$1,652.54
63600	\$470.72
63610	\$686.97
63650	\$2,679.63
63655	\$9,479.72
63661	\$470.72
63662	\$893.31
63663	\$2,463.91
63664	\$8,516.86
63685	\$13,597.61
63688	\$893.31

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
63744	\$1,564.59
63746	\$470.72
64410	\$237.25
64415	\$237.25
64416	\$237.25
64417	\$237.25
64420	\$185.75
64421	\$237.25
64430	\$237.25
64446	\$237.25
64448	\$237.25
64449	\$237.25
64461	\$185.75
64463	\$185.75
64479	\$237.25
64483	\$237.25
64490	\$237.25
64493	\$237.25
64510	\$237.25
64517	\$237.25
64520	\$237.25
64530	\$237.25
64553	\$2,756.68
64555	\$2,736.15
64561	\$2,762.29
64568	\$13,699.59
64569	\$3,174.88
64570	\$1,156.66
64575	\$8,929.59
64580	\$5,636.23
64581	\$2,904.17
64585	\$893.31
64590	\$10,211.28
64595	\$1,186.50
64600	\$237.25
64605	\$470.72
64610	\$470.72
64620	\$237.25
64630	\$237.25
64633	\$470.72

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
64635	\$470.72
64680	\$237.25
64681	\$237.25
64702	\$470.72
64704	\$470.72
64708	\$470.72
64712	\$470.72
64713	\$470.72
64714	\$470.72
64716	\$470.72
64718	\$470.72
64719	\$470.72
64721	\$470.72
64722	\$470.72
64726	\$470.72
64732	\$470.72
64734	\$470.72
64736	\$470.72
64738	\$470.72
64740	\$470.72
64742	\$470.72
64744	\$470.72
64746	\$470.72
64763	\$470.72
64766	\$1,156.66
64771	\$470.72
64772	\$470.72
64774	\$470.72
64776	\$470.72
64782	\$470.72
64784	\$470.72
64786	\$1,156.66
64788	\$470.72
64790	\$470.72
64792	\$1,156.66
64795	\$470.72
64802	\$470.72
64820	\$470.72
64821	\$756.80
64822	\$756.80

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
64823	\$756.80
64831	\$1,156.66
64834	\$1,156.66
64835	\$1,156.66
64836	\$1,156.66
64840	\$1,156.66
64856	\$1,156.66
64857	\$1,156.66
64858	\$1,156.66
64861	\$1,156.66
64862	\$1,156.66
64864	\$1,156.66
64865	\$1,156.66
64885	\$2,153.03
64886	\$1,910.25
64890	\$1,851.79
64891	\$1,156.66
64892	\$1,156.66
64893	\$1,156.66
64895	\$1,156.66
64896	\$1,156.66
64897	\$1,156.66
64898	\$1,156.66
64905	\$1,156.66
64907	\$1,156.66
64910	\$1,573.85
64912	\$1,156.66
65091	\$784.90
65093	\$784.90
65101	\$784.90
65103	\$784.90
65105	\$784.90
65110	\$784.90
65112	\$784.90
65114	\$784.90
65125	\$484.83
65130	\$784.90
65135	\$784.90
65140	\$784.90
65150	\$784.90

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
65155	\$784.90
65175	\$784.90
65235	\$588.51
65260	\$588.51
65265	\$588.51
65270	\$484.83
65272	\$484.83
65275	\$784.90
65280	\$1,066.89
65285	\$1,066.89
65290	\$784.90
65400	\$250.42
65410	\$484.83
65420	\$484.83
65426	\$484.83
65450	\$87.95
65710	\$1,066.89
65730	\$1,066.89
65750	\$1,066.89
65755	\$1,066.89
65756	\$1,066.89
65770	\$4,657.39
65772	\$250.42
65775	\$484.83
65780	\$784.90
65781	\$1,066.89
65782	\$784.90
65785	\$1,066.89
65800	\$588.51
65810	\$588.51
65815	\$588.51
65820	\$1,066.89
65850	\$588.51
65865	\$588.51
65870	\$588.51
65875	\$588.51
65880	\$1,066.89
65900	\$588.51
65920	\$588.51
65930	\$588.51

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
66020	\$588.51
66030	\$588.51
66130	\$484.83
66150	\$1,066.89
66155	\$1,066.89
66160	\$588.51
66170	\$588.51
66172	\$588.51
66174	\$1,066.89
66175	\$1,066.89
66179	\$1,066.89
66180	\$1,423.38
66183	\$1,422.28
66184	\$588.51
66185	\$588.51
66225	\$1,066.89
66250	\$484.83
66500	\$588.51
66505	\$588.51
66600	\$1,066.89
66605	\$588.51
66625	\$588.51
66630	\$588.51
66635	\$588.51
66680	\$588.51
66682	\$588.51
66700	\$588.51
66710	\$484.83
66711	\$588.51
66720	\$484.83
66740	\$484.83
66762	\$153.91
66770	\$153.91
66820	\$588.51
66821	\$153.91
66825	\$588.51
66830	\$588.51
66840	\$588.51
66850	\$588.51
66852	\$1,066.89

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
66920	\$588.51
66930	\$1,066.89
66940	\$588.51
66982	\$588.51
66983	\$588.51
66984	\$588.51
66985	\$588.51
66986	\$588.51
67005	\$588.51
67010	\$588.51
67015	\$588.51
67025	\$588.51
67027	\$971.92
67030	\$588.51
67031	\$153.91
67036	\$1,066.89
67039	\$1,066.89
67040	\$1,066.89
67041	\$1,066.89
67042	\$1,066.89
67043	\$1,066.89
67107	\$1,066.89
67108	\$1,066.89
67113	\$1,066.89
67115	\$1,066.89
67120	\$588.51
67121	\$588.51
67141	\$87.95
67145	\$153.91
67208	\$87.95
67210	\$153.91
67218	\$784.90
67220	\$153.91
67229	\$153.91
67250	\$484.83
67255	\$588.51
67311	\$484.83
67312	\$784.90
67314	\$484.83
67316	\$484.83

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
67318	\$484.83
67343	\$484.83
67346	\$784.90
67400	\$784.90
67405	\$484.83
67412	\$484.83
67413	\$484.83
67414	\$784.90
67415	\$484.83
67420	\$784.90
67430	\$784.90
67440	\$784.90
67445	\$784.90
67450	\$784.90
67500	\$87.95
67550	\$784.90
67560	\$784.90
67570	\$784.90
67700	\$87.95
67715	\$484.83
67808	\$484.83
67830	\$250.42
67835	\$484.83
67875	\$250.42
67880	\$484.83
67882	\$484.83
67900	\$484.83
67901	\$484.83
67902	\$784.90
67903	\$484.83
67904	\$484.83
67906	\$784.90
67908	\$484.83
67909	\$484.83
67911	\$484.83
67912	\$484.83
67914	\$484.83
67916	\$484.83
67917	\$484.83
67921	\$484.83

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
67923	\$484.83
67924	\$484.83
67935	\$484.83
67938	\$87.95
67950	\$484.83
67961	\$484.83
67966	\$484.83
67971	\$484.83
67973	\$484.83
67974	\$784.90
67975	\$484.83
68115	\$484.83
68130	\$484.83
68320	\$484.83
68325	\$784.90
68326	\$784.90
68328	\$484.83
68330	\$588.51
68335	\$784.90
68340	\$484.83
68360	\$784.90
68362	\$484.83
68371	\$484.83
68500	\$784.90
68505	\$784.90
68510	\$484.83
68520	\$784.90
68525	\$484.83
68530	\$87.95
68540	\$484.83
68550	\$784.90
68700	\$484.83
68705	\$87.95
68720	\$784.90
68745	\$784.90
68750	\$784.90
68770	\$484.83
68810	\$87.95
68811	\$484.83
68815	\$484.83

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2019

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

CODE	MEDICAID FEE
68816	\$484.83
69110	\$649.56
69120	\$1,310.37
69140	\$1,310.37
69145	\$649.56
69150	\$1,310.37
69205	\$329.49
69300	\$583.43
69310	\$1,310.37
69320	\$1,310.37
69420	\$63.94
69421	\$583.43
69436	\$339.83
69440	\$583.43
69450	\$583.43
69501	\$1,310.37
69502	\$1,310.37
69505	\$1,310.37
69511	\$1,310.37
69530	\$1,310.37
69550	\$1,310.37
69552	\$1,310.37
69601	\$1,310.37
69602	\$1,310.37
69603	\$1,310.37
69604	\$1,310.37
69605	\$1,310.37
69620	\$583.43
69631	\$1,310.37
69632	\$1,310.37
69633	\$1,310.37
69635	\$1,310.37
69636	\$1,310.37
69637	\$1,310.37
69641	\$1,310.37
69642	\$1,310.37
69643	\$1,310.37