

ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020

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

Code	Modifier	Medicaid Fee
10004		\$52.51
10005		\$133.11
10006		\$61.01
10007		\$308.38
10008		\$174.90
10009		\$488.45
10010		\$293.59
10021		\$100.94
10030		\$643.38
10035		\$472.18
10036		\$401.93
10040		\$113.15
10060		\$124.61
10061		\$214.83
10080		\$217.79
10081		\$313.19
10120		\$156.78
10121		\$279.17
10140		\$175.27
10160		\$134.22
10180		\$260.68
11000		\$58.42
11001		\$24.03
11004		\$579.04
11005		\$778.34
11006		\$707.72
11008		\$273.25
11010		\$487.71
11011		\$540.22
11012		\$691.08

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Code	Modifier	Medicaid Fee
11042		\$129.79
11043		\$237.38
11044		\$319.10
11045		\$42.15
11046		\$74.69
11047		\$123.87
11055		\$65.08
11056		\$76.54
11057		\$84.30
11102		\$103.53
11103		\$54.72
11104		\$130.15
11105		\$62.49
11106		\$157.89
11107		\$74.32
11200		\$91.33
11201		\$18.86
11300		\$103.90
11301		\$125.72
11302		\$145.31
11303		\$160.11
11305		\$109.08
11306		\$127.57
11307		\$149.01
11308		\$159.37
11310		\$119.80
11311		\$141.99
11312		\$164.17
11313		\$191.53
11400		\$129.79
11401		\$157.89
11402		\$174.90
11403		\$201.15
11404		\$227.77
11406		\$323.17

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Code	Modifier	Medicaid Fee
11420		\$130.89
11421		\$164.54
11422		\$184.51
11423		\$209.65
11424		\$241.08
11426		\$343.14
11440		\$144.58
11441		\$176.74
11442		\$196.34
11443		\$232.58
11444		\$290.26
11446		\$398.97
11450		\$418.20
11451		\$520.25
11462		\$408.21
11463		\$529.49
11470		\$443.71
11471		\$540.22
11600		\$203.37
11601		\$236.28
11602		\$254.76
11603		\$289.89
11604		\$322.43
11606		\$458.50
11620		\$204.48
11621		\$237.38
11622		\$262.90
11623		\$307.64
11624		\$347.57
11626		\$417.09
11640		\$209.28
11641		\$245.52
11642		\$278.43
11643		\$326.50
11644		\$401.93

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Code	Modifier	Medicaid Fee
11646		\$521.36
11719		\$14.42
11720		\$33.65
11721		\$46.59
11730		\$114.26
11732		\$34.39
11740		\$55.46
11750		\$162.32
11755		\$126.46
11760		\$201.15
11762		\$306.16
11765		\$175.64
11770		\$319.10
11771		\$613.43
11772		\$743.95
11900		\$56.57
11901		\$70.99
11920		\$191.90
11921		\$218.16
11922		\$61.38
11950		\$80.98
11951		\$109.45
11952		\$147.16
11954		\$161.95
11960		\$1,000.93
11970		\$624.52
11971		\$497.69
11976		\$148.27
11980		\$96.88
11981		\$105.38
11982		\$119.43
11983		\$147.53
12001		\$92.44
12002		\$112.78
12004		\$131.26

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Code	Modifier	Medicaid Fee
12005		\$173.05
12006		\$204.11
12007		\$232.95
12011		\$112.41
12013		\$117.21
12014		\$142.36
12015		\$171.57
12016		\$217.79
12017		\$153.82
12018		\$173.79
12020		\$302.83
12021		\$175.27
12031		\$260.31
12032		\$312.45
12034		\$333.89
12035		\$396.01
12036		\$440.38
12037		\$498.43
12041		\$260.68
12042		\$309.86
12044		\$383.07
12045		\$417.83
12046		\$499.54
12047		\$547.61
12051		\$280.65
12052		\$314.66
12053		\$367.91
12054		\$386.03
12055		\$499.54
12056		\$586.81
12057		\$622.30
13100		\$352.75
13101		\$414.50
13102		\$123.50
13120		\$367.54

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Code	Modifier	Medicaid Fee
13121		\$444.45
13122		\$134.59
13131		\$402.67
13132		\$492.89
13133		\$178.96
13151		\$438.90
13152		\$519.88
13153		\$194.86
13160		\$810.88
14000		\$641.90
14001		\$815.32
14020		\$714.37
14021		\$887.05
14040		\$777.97
14041		\$951.76
14060		\$789.80
14061		\$1,024.60
14301		\$1,105.58
14302		\$221.49
14350		\$707.35
15002		\$359.04
15003		\$73.95
15004		\$411.17
15005		\$123.50
15040		\$268.44
15050		\$601.97
15100		\$882.61
15101		\$193.01
15110		\$818.27
15111		\$114.99
15115		\$815.69
15116		\$169.35
15120		\$870.04
15121		\$216.31
15130		\$737.67

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Code	Modifier	Medicaid Fee
15131		\$100.57
15135		\$894.44
15136		\$99.46
15150		\$707.35
15151		\$119.06
15152		\$155.30
15155		\$818.27
15156		\$159.37
15157		\$177.85
15200		\$856.73
15201		\$150.49
15220		\$791.65
15221		\$139.03
15240		\$955.45
15241		\$186.36
15260		\$1,030.15
15261		\$215.94
15271		\$154.19
15272		\$26.62
15273		\$318.36
15274		\$80.61
15275		\$161.95
15276		\$34.76
15277		\$348.68
15278		\$94.66
15570		\$934.01
15572		\$903.32
15574		\$921.81
15576		\$819.38
15600		\$343.51
15610		\$371.98
15620		\$455.17
15630		\$472.92
15650		\$522.47
15730		\$1,554.46

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Code	Modifier	Medicaid Fee
15731		\$1,146.99
15733		\$1,063.79
15734		\$1,522.66
15736		\$1,244.61
15738		\$1,317.08
15740		\$1,027.19
15750		\$934.01
15756		\$2,331.69
15757		\$2,319.86
15758		\$2,334.28
15760		\$867.82
15769		\$490.67
15770		\$679.98
15771		\$590.13
15772		\$184.88
15773		\$595.68
15774		\$179.33
15775		\$379.00
15776		\$519.51
15777		\$218.90
15780		\$916.63
15781		\$564.25
15782		\$559.44
15783		\$479.95
15786		\$249.96
15787		\$42.15
15788		\$448.15
15789		\$556.12
15792		\$401.56
15793		\$492.89
15819		\$813.10
15820		\$591.24
15821		\$632.29
15822		\$467.74
15823		\$634.13

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Code	Modifier	Medicaid Fee
15830		\$1,194.69
15832		\$937.34
15833		\$893.34
15834		\$910.34
15835		\$953.98
15836		\$762.07
15837		\$888.53
15838		\$657.80
15839		\$904.43
15840		\$1,028.30
15841		\$1,819.95
15842		\$2,766.90
15845		\$1,040.50
15851		\$106.49
15852		\$46.96
15860		\$109.08
15920		\$633.03
15922		\$808.29
15931		\$702.91
15933		\$874.48
15934		\$956.93
15935		\$1,175.46
15936		\$910.71
15937		\$1,058.25
15940		\$709.20
15941		\$931.42
15944		\$926.61
15945		\$1,037.17
15946		\$1,653.93
15950		\$618.97
15951		\$911.82
15952		\$931.42
15953		\$1,025.71
15956		\$1,184.33
15958		\$1,200.97

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Code	Modifier	Medicaid Fee
16000		\$75.06
16020		\$84.67
16025		\$157.15
16030		\$197.82
16035		\$200.41
16036		\$82.46
17000		\$67.30
17003		\$6.29
17004		\$163.43
17106		\$351.64
17107		\$459.24
17108		\$654.47
17110		\$115.73
17111		\$135.70
17250		\$87.63
17260		\$99.46
17261		\$150.49
17262		\$182.29
17263		\$198.19
17264		\$212.24
17266		\$241.82
17270		\$153.45
17271		\$169.35
17272		\$193.38
17273		\$214.83
17274		\$252.91
17276		\$292.48
17280		\$143.47
17281		\$184.14
17282		\$211.13
17283		\$251.44
17284		\$286.19
17286		\$367.54
17311		\$685.90
17312		\$411.91

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Code	Modifier	Medicaid Fee
17313		\$643.01
17314		\$394.16
17315		\$80.24
17340		\$53.61
17360		\$127.57
19000		\$112.78
19001		\$27.73
19020		\$484.38
19030		\$174.90
19081		\$635.24
19082		\$513.96
19083		\$628.59
19084		\$500.28
19085		\$962.48
19086		\$766.88
19100		\$157.15
19101		\$341.66
19105		\$2,853.79
19110		\$498.06
19112		\$470.70
19120		\$510.27
19125		\$562.77
19126		\$160.11
19281		\$254.76
19282		\$180.07
19283		\$282.50
19284		\$215.94
19285		\$476.99
19286		\$407.84
19287		\$813.10
19288		\$647.82
19294		\$164.17
19296		\$4,207.85
19297		\$94.29
19298		\$1,037.54

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Code	Modifier	Medicaid Fee
19300		\$562.77
19301		\$658.54
19302		\$904.80
19303		\$961.37
19305		\$1,142.55
19306		\$1,213.55
19307		\$1,210.22
19316		\$787.58
19318		\$1,118.15
19324		\$546.87
19325		\$662.24
19328		\$511.01
19330		\$647.45
19340		\$1,007.59
19342		\$948.06
19350		\$850.07
19355		\$776.12
19357		\$1,541.52
19361		\$1,601.79
19364		\$2,803.87
19366		\$1,412.85
19367		\$1,812.92
19368		\$2,236.30
19369		\$2,076.93
19370		\$705.13
19371		\$805.70
19380		\$795.72
19396		\$295.81
20100		\$606.77
20101		\$491.78
20102		\$528.01
20103		\$594.57
20150		\$1,018.68
20200		\$217.79
20205		\$301.72

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Code	Modifier	Medicaid Fee
20206		\$248.11
20220		\$257.72
20225		\$436.31
20240		\$149.75
20245		\$353.86
20250		\$393.79
20251		\$427.07
20500		\$117.58
20501		\$143.10
20520		\$217.79
20525		\$491.04
20526		\$80.24
20527		\$86.52
20550		\$55.83
20551		\$57.31
20552		\$56.94
20553		\$65.45
20555		\$337.59
20600		\$51.40
20604		\$78.39
20605		\$53.25
20606		\$86.52
20610		\$63.23
20611		\$96.51
20612		\$63.23
20615		\$257.35
20650		\$218.90
20660		\$237.01
20661		\$502.13
20662		\$523.21
20663		\$481.42
20664		\$854.51
20665		\$116.10
20670		\$384.18
20680		\$631.55

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Code	Modifier	Medicaid Fee
20690		\$605.29
20692		\$1,140.33
20693		\$453.32
20694		\$438.16
20696		\$1,209.48
20697		\$2,136.83
20700		\$85.04
20701		\$63.60
20702		\$141.25
20703		\$101.68
20704		\$147.16
20705		\$121.28
20802		\$2,780.21
20805		\$3,307.12
20808		\$3,994.87
20816		\$2,082.11
20822		\$1,794.07
20824		\$2,085.80
20827		\$1,842.50
20838		\$2,819.77
20900		\$420.78
20902		\$285.45
20910		\$478.47
20912		\$485.86
20920		\$400.45
20922		\$604.55
20924		\$516.55
20931		\$108.71
20932		\$723.99
20933		\$665.19
20934		\$723.62
20937		\$166.02
20938		\$180.81
20939		\$69.14
20950		\$270.29

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Code	Modifier	Medicaid Fee
20955		\$2,510.66
20956		\$2,674.09
20957		\$2,783.17
20962		\$2,695.17
20969		\$2,783.17
20970		\$2,887.81
20972		\$2,880.41
20973		\$3,041.63
20974		\$80.61
20975		\$177.11
20979		\$54.72
20982		\$4,019.27
20983		\$6,000.43
20985		\$147.53
21010		\$775.01
21011		\$373.09
21012		\$342.77
21013		\$544.28
21014		\$530.23
21015		\$717.70
21016		\$1,023.86
21025		\$856.36
21026		\$584.22
21029		\$787.95
21030		\$511.38
21031		\$405.62
21032		\$405.99
21034		\$1,331.87
21040		\$515.44
21044		\$884.46
21045		\$1,236.10
21046		\$1,087.09
21047		\$1,316.71
21048		\$1,101.51
21049		\$1,232.40

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Code	Modifier	Medicaid Fee
21050		\$911.45
21060		\$827.89
21070		\$647.08
21073		\$397.12
21076		\$934.75
21077		\$2,312.84
21079		\$1,575.54
21080		\$1,801.46
21081		\$1,655.41
21082		\$1,534.13
21083		\$1,463.50
21084		\$1,674.63
21085		\$725.83
21086		\$1,721.22
21087		\$1,721.22
21100		\$692.56
21110		\$862.28
21116		\$205.96
21120		\$693.67
21121		\$706.61
21122		\$789.80
21123		\$910.34
21125		\$2,973.59
21127		\$4,237.80
21137		\$769.84
21138		\$939.19
21139		\$1,135.90
21141		\$1,387.70
21142		\$1,425.79
21143		\$1,481.25
21145		\$1,619.54
21146		\$1,690.16
21147		\$1,780.75
21150		\$1,681.66
21151		\$1,850.27

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Code	Modifier	Medicaid Fee
21154		\$1,990.78
21155		\$2,208.19
21159		\$2,645.62
21160		\$2,869.32
21172		\$2,029.60
21175		\$2,268.47
21179		\$1,558.53
21180		\$1,742.30
21181		\$758.74
21182		\$2,171.96
21183		\$2,364.60
21184		\$2,544.67
21188		\$1,680.92
21193		\$1,289.72
21194		\$1,486.80
21195		\$1,428.38
21196		\$1,467.94
21198		\$1,140.70
21199		\$1,075.26
21206		\$1,189.88
21208		\$1,782.60
21209		\$834.54
21210		\$2,070.64
21215		\$4,317.29
21230		\$758.37
21235		\$747.28
21240		\$1,112.23
21242		\$1,054.55
21243		\$1,695.34
21244		\$1,051.96
21245		\$1,255.33
21246		\$890.01
21247		\$1,655.41
21248		\$1,063.79
21249		\$1,453.15

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Code	Modifier	Medicaid Fee
21255		\$1,420.61
21256		\$1,271.23
21260		\$1,423.20
21261		\$2,516.20
21263		\$2,328.00
21267		\$1,664.65
21268		\$2,084.70
21270		\$1,042.72
21275		\$863.02
21280		\$594.94
21282		\$400.45
21295		\$194.12
21296		\$417.09
21310		\$130.52
21315		\$283.23
21320		\$262.16
21325		\$449.63
21330		\$575.34
21335		\$728.79
21336		\$654.84
21337		\$423.37
21338		\$675.18
21339		\$765.40
21340		\$758.74
21343		\$1,097.81
21344		\$1,410.63
21345		\$803.48
21346		\$983.19
21347		\$1,039.76
21348		\$1,103.36
21355		\$441.86
21356		\$513.96
21360		\$522.84
21365		\$1,125.17
21366		\$1,307.09

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Code	Modifier	Medicaid Fee
21385		\$765.77
21386		\$667.78
21387		\$799.05
21390		\$822.34
21395		\$1,035.32
21400		\$208.17
21401		\$534.67
21406		\$594.20
21407		\$661.13
21408		\$924.76
21421		\$699.21
21422		\$660.76
21423		\$785.74
21431		\$724.36
21432		\$738.04
21433		\$1,779.65
21435		\$1,439.84
21436		\$2,088.39
21440		\$656.32
21445		\$809.40
21450		\$601.97
21451		\$787.58
21452		\$739.52
21453		\$1,046.05
21454		\$529.86
21461		\$2,101.70
21462		\$2,247.39
21465		\$869.67
21470		\$1,210.22
21480		\$121.28
21485		\$923.66
21490		\$857.84
21497		\$716.96
21501		\$481.79
21502		\$507.68

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

Code	Modifier	Medicaid Fee
21510		\$450.74
21550		\$272.14
21552		\$449.26
21554		\$737.30
21555		\$438.53
21556		\$535.78
21557		\$964.33
21558		\$1,353.31
21600		\$559.44
21601		\$1,184.33
21602		\$1,598.46
21603		\$1,764.12
21610		\$1,164.37
21615		\$613.80
21616		\$707.35
21620		\$509.53
21627		\$545.02
21630		\$1,223.53
21632		\$1,206.89
21685		\$1,003.15
21700		\$354.23
21705		\$529.49
21720		\$513.96
21725		\$549.83
21740		\$1,024.60
21750		\$678.14
21811		\$592.35
21812		\$722.88
21813		\$981.71
21820		\$149.38
21825		\$545.39
21920		\$265.49
21925		\$478.10
21930		\$502.50
21931		\$473.66

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
21932		\$667.78
21933		\$743.21
21935		\$1,034.58
21936		\$1,420.24
22010		\$956.93
22015		\$945.84
22100		\$855.25
22101		\$867.82
22102		\$825.67
22103		\$139.03
22110		\$1,034.58
22112		\$1,095.22
22114		\$1,095.22
22116		\$138.29
22206		\$2,425.24
22207		\$2,383.46
22208		\$579.04
22210		\$1,772.25
22212		\$1,493.82
22214		\$1,497.89
22216		\$359.77
22220		\$1,619.91
22222		\$1,696.08
22224		\$1,597.35
22226		\$359.40
22310		\$307.64
22315		\$891.49
22318		\$1,596.98
22319		\$1,768.55
22325		\$1,440.21
22326		\$1,474.96
22327		\$1,497.15
22328		\$275.84
22505		\$132.00
22510		\$1,902.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
22511		\$1,884.29
22512		\$893.71
22513		\$6,965.87
22514		\$6,937.77
22515		\$3,889.48
22526		\$2,336.87
22527		\$1,960.09
22532		\$1,777.06
22533		\$1,663.91
22534		\$356.82
22548		\$1,898.34
22551		\$1,680.18
22552		\$389.72
22554		\$1,243.50
22556		\$1,651.34
22558		\$1,528.21
22585		\$323.54
22586		\$1,964.89
22590		\$1,549.29
22595		\$1,479.40
22600		\$1,274.93
22610		\$1,257.92
22612		\$1,581.45
22614		\$385.29
22630		\$1,550.03
22632		\$314.29
22633		\$1,834.00
22634		\$488.08
22800		\$1,359.60
22802		\$2,105.03
22804		\$2,423.76
22808		\$1,824.02
22810		\$2,036.63
22812		\$2,233.71
22818		\$2,187.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
22819		\$2,516.57
22830		\$816.06
22840		\$748.76
22842		\$751.72
22843		\$803.85
22844		\$978.38
22845		\$715.11
22846		\$743.21
22847		\$814.21
22848		\$357.56
22849		\$1,296.00
22850		\$728.05
22852		\$699.95
22853		\$254.39
22854		\$329.45
22855		\$1,099.66
22856		\$1,615.84
22857		\$1,794.07
22858		\$503.24
22859		\$329.45
22861		\$2,241.47
22862		\$2,239.25
22864		\$2,001.50
22865		\$2,185.64
22867		\$971.72
22868		\$239.23
22869		\$459.98
22870		\$127.57
22900		\$567.21
22901		\$671.11
22902		\$468.11
22903		\$442.23
22904		\$1,059.36
22905		\$1,336.31
23000		\$593.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
23020		\$701.80
23030		\$448.15
23031		\$418.20
23035		\$691.82
23040		\$729.90
23044		\$574.97
23065		\$229.99
23066		\$584.59
23071		\$424.11
23073		\$702.54
23075		\$515.44
23076		\$548.35
23077		\$1,135.53
23078		\$1,447.23
23100		\$512.48
23101		\$464.79
23105		\$647.45
23106		\$508.42
23107		\$671.11
23120		\$596.05
23125		\$721.03
23130		\$624.89
23140		\$563.14
23145		\$706.61
23146		\$632.66
23150		\$677.77
23155		\$808.29
23156		\$689.23
23170		\$572.02
23172		\$577.93
23174		\$773.16
23180		\$674.44
23182		\$670.74
23184		\$750.24
23190		\$583.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
23195		\$760.22
23200		\$1,528.21
23210		\$1,793.70
23220		\$1,971.55
23330		\$299.13
23333		\$471.44
23334		\$1,083.76
23335		\$1,289.72
23350		\$159.00
23395		\$1,302.66
23397		\$1,157.34
23400		\$986.14
23405		\$631.55
23406		\$783.52
23410		\$833.43
23412		\$865.60
23415		\$709.20
23420		\$986.88
23430		\$757.63
23440		\$767.99
23450		\$960.63
23455		\$1,009.07
23460		\$1,104.84
23462		\$1,083.39
23465		\$1,133.68
23466		\$1,127.76
23470		\$1,218.35
23472		\$1,471.64
23473		\$1,640.25
23474		\$1,771.88
23480		\$832.70
23485		\$970.61
23490		\$874.11
23491		\$1,029.78
23500		\$225.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
23505		\$364.95
23515		\$732.12
23520		\$242.56
23525		\$400.08
23530		\$583.85
23532		\$635.61
23540		\$237.75
23545		\$351.64
23550		\$583.85
23552		\$664.82
23570		\$238.49
23575		\$415.24
23585		\$993.91
23600		\$338.70
23605		\$478.47
23615		\$897.40
23616		\$1,254.59
23620		\$275.84
23625		\$389.36
23630		\$793.13
23650		\$326.50
23655		\$413.02
23660		\$594.94
23665		\$438.90
23670		\$887.79
23675		\$564.25
23680		\$943.99
23700		\$198.93
23800		\$1,040.87
23802		\$1,299.70
23900		\$1,403.97
23920		\$1,139.22
23921		\$477.73
23930		\$367.54
23931		\$300.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
23935		\$521.36
24000		\$487.34
24006		\$724.73
24065		\$268.81
24066		\$638.94
24071		\$410.06
24073		\$702.91
24075		\$533.56
24076		\$551.68
24077		\$1,049.00
24079		\$1,334.83
24100		\$426.33
24101		\$511.75
24102		\$628.22
24105		\$362.36
24110		\$597.90
24115		\$749.13
24116		\$873.37
24120		\$542.43
24125		\$631.92
24126		\$660.02
24130		\$520.25
24134		\$759.11
24136		\$642.27
24138		\$693.30
24140		\$715.11
24145		\$603.45
24147		\$637.09
24149		\$1,195.80
24150		\$1,568.51
24152		\$1,363.67
24155		\$864.49
24160		\$1,277.14
24164		\$734.71
24200		\$223.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
24201		\$563.51
24220		\$186.73
24300		\$438.90
24301		\$762.07
24305		\$591.24
24310		\$481.06
24320		\$792.76
24330		\$729.16
24331		\$797.94
24332		\$624.15
24340		\$625.63
24341		\$759.48
24342		\$789.06
24343		\$722.88
24344		\$1,113.34
24345		\$716.22
24346		\$1,117.04
24357		\$429.29
24358		\$537.26
24359		\$673.70
24360		\$914.41
24361		\$1,021.64
24362		\$1,074.89
24363		\$1,473.86
24365		\$650.40
24366		\$694.41
24370		\$1,566.29
24371		\$1,805.53
24400		\$836.76
24410		\$1,072.30
24420		\$1,044.57
24430		\$1,071.56
24435		\$1,092.27
24470		\$682.57
24495		\$834.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
24498		\$879.28
24500		\$367.91
24505		\$510.27
24515		\$893.34
24516		\$871.89
24530		\$389.72
24535		\$629.70
24538		\$776.86
24545		\$943.62
24546		\$1,053.81
24560		\$337.96
24565		\$549.46
24566		\$731.38
24575		\$745.80
24576		\$355.71
24577		\$564.99
24579		\$846.01
24582		\$826.04
24586		\$1,103.36
24587		\$1,102.99
24600		\$377.89
24605		\$483.64
24615		\$725.83
24620		\$564.62
24635		\$686.27
24640		\$105.01
24650		\$269.18
24655		\$451.84
24665		\$667.78
24666		\$746.17
24670		\$299.13
24675		\$469.59
24685		\$665.93
24800		\$844.16
24802		\$1,016.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
24900		\$749.87
24920		\$744.32
24925		\$577.19
24930		\$785.74
24931		\$944.73
24935		\$1,205.78
25000		\$348.31
25001		\$352.75
25020		\$658.17
25023		\$1,225.01
25024		\$795.35
25025		\$1,220.20
25028		\$611.21
25031		\$358.67
25035		\$594.57
25040		\$572.02
25065		\$267.34
25066		\$365.69
25071		\$429.29
25073		\$543.54
25075		\$521.73
25076		\$527.64
25077		\$898.88
25078		\$1,173.24
25085		\$458.50
25100		\$354.60
25101		\$413.02
25105		\$495.85
25107		\$628.59
25109		\$548.72
25110		\$349.42
25111		\$329.45
25112		\$395.64
25115		\$772.05
25116		\$614.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
25118		\$390.09
25119		\$507.68
25120		\$511.38
25125		\$603.81
25126		\$608.25
25130		\$459.24
25135		\$569.06
25136		\$505.09
25145		\$528.75
25150		\$576.45
25151		\$594.94
25170		\$1,490.86
25210		\$501.39
25215		\$630.81
25230		\$441.86
25240		\$438.53
25246		\$191.90
25248		\$422.63
25250		\$541.70
25251		\$731.01
25259		\$437.05
25260		\$644.86
25263		\$641.90
25265		\$763.92
25270		\$503.24
25272		\$567.95
25274		\$678.88
25275		\$685.53
25280		\$577.93
25290		\$445.56
25295		\$537.26
25300		\$698.10
25301		\$655.95
25310		\$632.66
25312		\$732.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
25315		\$782.04
25316		\$928.46
25320		\$1,004.26
25332		\$857.84
25335		\$957.67
25337		\$904.06
25350		\$688.49
25355		\$776.86
25360		\$666.67
25365		\$929.20
25370		\$1,024.23
25375		\$967.66
25390		\$783.89
25391		\$1,010.55
25392		\$1,028.30
25393		\$1,144.77
25394		\$796.46
25400		\$817.17
25405		\$1,054.55
25415		\$982.08
25420		\$1,182.12
25425		\$977.27
25426		\$1,138.48
25430		\$742.47
25431		\$800.53
25440		\$782.41
25441		\$951.02
25442		\$823.45
25443		\$795.72
25444		\$840.46
25445		\$735.08
25446		\$1,192.47
25447		\$845.27
25449		\$1,052.33
25450		\$627.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
25455		\$739.89
25490		\$730.27
25491		\$750.61
25492		\$918.85
25500		\$285.82
25505		\$515.81
25515		\$681.46
25520		\$584.96
25525		\$802.37
25526		\$969.51
25530		\$269.92
25535		\$501.76
25545		\$634.87
25560		\$292.11
25565		\$527.64
25574		\$685.90
25575		\$916.63
25600		\$341.66
25605		\$552.42
25606		\$675.92
25607		\$749.50
25608		\$839.72
25609		\$1,067.49
25622		\$313.92
25624		\$495.85
25628		\$733.60
25630		\$313.55
25635		\$471.81
25645		\$580.15
25650		\$334.26
25651		\$498.80
25652		\$634.13
25660		\$423.37
25670		\$618.61
25671		\$542.07

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
25675		\$452.58
25676		\$643.38
25680		\$535.04
25685		\$746.91
25690		\$495.85
25695		\$644.49
25800		\$745.80
25805		\$859.32
25810		\$882.98
25820		\$646.34
25825		\$792.76
25830		\$1,002.78
25900		\$723.25
25905		\$712.52
25907		\$624.15
25909		\$696.25
25915		\$1,183.60
25920		\$726.94
25922		\$641.16
25924		\$709.57
25927		\$853.03
25929		\$607.51
25931		\$787.21
26010		\$313.55
26011		\$453.32
26020		\$566.47
26025		\$430.03
26030		\$501.02
26034		\$557.96
26035		\$872.26
26037		\$576.82
26040		\$321.32
26045		\$479.95
26055		\$566.84
26060		\$265.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
26070		\$329.08
26075		\$343.51
26080		\$403.04
26100		\$344.61
26105		\$346.83
26110		\$330.93
26111		\$424.48
26113		\$558.70
26115		\$550.20
26116		\$536.52
26117		\$756.89
26118		\$1,070.45
26121		\$610.47
26123		\$851.92
26125		\$275.47
26130		\$474.77
26135		\$564.62
26140		\$517.29
26145		\$525.43
26160		\$592.35
26170		\$416.72
26180		\$457.76
26185		\$562.77
26200		\$461.09
26205		\$614.54
26210		\$454.80
26215		\$574.97
26230		\$510.64
26235		\$503.24
26236		\$450.74
26250		\$1,081.17
26260		\$811.25
26262		\$641.53
26320		\$356.08
26340		\$352.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
26341		\$109.82
26350		\$747.65
26352		\$835.28
26356		\$812.73
26357		\$905.91
26358		\$1,000.93
26370		\$787.95
26372		\$917.37
26373		\$881.87
26390		\$869.30
26392		\$1,005.00
26410		\$596.05
26412		\$708.09
26415		\$847.12
26416		\$917.74
26418		\$614.17
26420		\$740.63
26426		\$512.85
26428		\$790.54
26432		\$529.49
26433		\$561.29
26434		\$682.57
26437		\$656.32
26440		\$650.03
26442		\$994.28
26445		\$606.40
26449		\$708.83
26450		\$439.64
26455		\$436.31
26460		\$426.33
26471		\$648.93
26474		\$636.35
26476		\$628.22
26477		\$614.17
26478		\$654.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
26479		\$661.50
26480		\$786.48
26483		\$875.59
26485		\$839.72
26489		\$967.66
26490		\$829.00
26492		\$918.48
26494		\$832.33
26496		\$889.64
26497		\$898.14
26498		\$1,176.57
26499		\$863.02
26500		\$654.47
26502		\$743.95
26508		\$666.67
26510		\$633.40
26516		\$736.56
26517		\$857.84
26518		\$868.93
26520		\$682.20
26525		\$683.68
26530		\$550.20
26531		\$640.79
26535		\$444.08
26536		\$748.02
26540		\$691.82
26541		\$833.06
26542		\$713.26
26545		\$741.36
26546		\$1,033.10
26548		\$793.87
26550		\$1,672.05
26551		\$3,335.96
26553		\$3,314.14
26554		\$3,861.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
26555		\$1,400.27
26556		\$3,443.93
26560		\$623.04
26561		\$976.90
26562		\$1,374.76
26565		\$710.31
26567		\$714.74
26568		\$932.90
26580		\$1,544.48
26587		\$1,056.40
26590		\$1,437.25
26591		\$470.70
26593		\$634.50
26596		\$797.57
26600		\$305.05
26605		\$334.26
26607		\$495.85
26608		\$490.67
26615		\$587.55
26641		\$391.57
26645		\$440.75
26650		\$490.30
26665		\$638.57
26670		\$351.27
26675		\$469.59
26676		\$517.66
26685		\$587.55
26686		\$634.50
26700		\$339.07
26705		\$432.25
26706		\$451.84
26715		\$584.96
26720		\$203.37
26725		\$348.31
26727		\$482.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
26735		\$607.14
26740		\$236.65
26742		\$381.22
26746		\$756.89
26750		\$190.06
26755		\$325.76
26756		\$432.62
26765		\$513.22
26770		\$287.30
26775		\$395.27
26776		\$457.76
26785		\$557.96
26820		\$820.49
26841		\$760.96
26842		\$816.06
26843		\$771.32
26844		\$851.92
26850		\$725.83
26852		\$828.63
26860		\$598.64
26861		\$104.27
26862		\$758.37
26863		\$229.99
26910		\$753.94
26951		\$686.27
26952		\$677.03
26990		\$667.04
26991		\$729.16
26992		\$1,004.26
27000		\$417.83
27001		\$550.57
27003		\$607.51
27005		\$735.45
27006		\$734.34
27025		\$931.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27027		\$908.50
27030		\$951.02
27033		\$986.88
27035		\$1,204.67
27036		\$1,026.82
27040		\$357.19
27041		\$709.57
27043		\$471.81
27045		\$746.54
27047		\$494.00
27048		\$615.65
27049		\$1,341.48
27050		\$410.43
27052		\$587.92
27054		\$698.10
27057		\$1,026.45
27059		\$1,830.67
27060		\$473.29
27062		\$462.57
27065		\$530.23
27066		\$823.45
27067		\$1,049.37
27070		\$892.97
27071		\$962.11
27075		\$2,115.39
27076		\$2,558.36
27077		\$2,853.79
27078		\$2,085.07
27080		\$516.92
27086		\$317.25
27087		\$623.41
27090		\$843.79
27091		\$1,615.47
27093		\$227.40
27095		\$304.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27096		\$167.87
27097		\$693.30
27098		\$705.87
27100		\$840.83
27105		\$881.50
27110		\$984.30
27111		\$914.78
27120		\$1,315.97
27122		\$1,116.30
27125		\$1,147.73
27130		\$1,371.43
27132		\$1,694.97
27134		\$1,934.57
27137		\$1,488.65
27138		\$1,547.07
27140		\$907.76
27146		\$1,294.15
27147		\$1,484.21
27151		\$1,605.12
27156		\$1,730.10
27158		\$1,418.39
27161		\$1,236.47
27165		\$1,391.77
27170		\$1,189.51
27175		\$675.92
27176		\$933.64
27177		\$1,129.61
27178		\$933.64
27179		\$991.69
27181		\$1,135.90
27185		\$729.16
27187		\$1,009.81
27197		\$130.52
27198		\$311.71
27200		\$189.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27202		\$538.00
27215		\$629.33
27216		\$932.53
27217		\$875.22
27218		\$1,205.78
27220		\$438.16
27222		\$987.99
27226		\$1,070.08
27227		\$1,674.26
27228		\$1,900.56
27230		\$492.15
27232		\$755.05
27235		\$921.07
27236		\$1,210.96
27238		\$473.29
27240		\$966.55
27244		\$1,246.08
27245		\$1,244.98
27246		\$396.01
27248		\$756.89
27250		\$182.29
27252		\$765.40
27253		\$954.72
27254		\$1,289.35
27256		\$307.64
27257		\$366.06
27258		\$1,125.91
27259		\$1,566.29
27265		\$411.17
27266		\$592.35
27267		\$445.56
27268		\$550.57
27269		\$1,259.77
27275		\$186.36
27279		\$875.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27280		\$1,349.99
27282		\$870.41
27284		\$1,629.52
27286		\$1,667.61
27290		\$1,645.05
27295		\$1,270.86
27301		\$692.19
27303		\$651.88
27305		\$489.93
27306		\$355.34
27307		\$488.82
27310		\$743.21
27323		\$285.82
27324		\$409.69
27325		\$571.28
27326		\$528.01
27327		\$499.54
27328		\$631.18
27329		\$1,050.11
27330		\$420.41
27331		\$483.64
27332		\$654.84
27333		\$597.16
27334		\$696.25
27335		\$777.23
27337		\$422.63
27339		\$761.70
27340		\$379.37
27345		\$492.89
27347		\$536.89
27350		\$664.09
27355		\$615.28
27356		\$750.98
27357		\$829.00
27358		\$279.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27360		\$893.71
27364		\$1,574.80
27365		\$2,084.33
27369		\$163.80
27372		\$618.24
27380		\$620.82
27381		\$823.82
27385		\$602.71
27386		\$860.80
27390		\$457.02
27391		\$575.34
27392		\$723.99
27393		\$518.40
27394		\$665.19
27395		\$893.34
27396		\$627.11
27397		\$928.46
27400		\$706.24
27403		\$654.10
27405		\$687.38
27407		\$807.55
27409		\$980.60
27412		\$1,670.94
27415		\$1,391.40
27416		\$993.91
27418		\$842.68
27420		\$756.16
27422		\$756.52
27424		\$759.85
27425		\$459.24
27427		\$723.62
27428		\$1,131.83
27429		\$1,273.08
27430		\$753.94
27435		\$822.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27437		\$670.00
27438		\$854.14
27440		\$810.14
27441		\$836.39
27442		\$885.20
27443		\$825.30
27445		\$1,271.23
27446		\$1,172.87
27447		\$1,369.95
27448		\$833.80
27450		\$1,030.15
27454		\$1,312.64
27455		\$966.55
27457		\$975.05
27465		\$1,266.79
27466		\$1,200.23
27468		\$1,359.23
27470		\$1,194.32
27472		\$1,280.84
27475		\$673.33
27477		\$744.69
27479		\$932.16
27485		\$681.83
27486		\$1,425.05
27487		\$1,779.28
27488		\$1,217.24
27495		\$1,143.29
27496		\$555.75
27497		\$590.87
27498		\$665.93
27499		\$712.15
27500		\$530.97
27501		\$515.07
27502		\$768.73
27503		\$812.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27506		\$1,355.53
27507		\$983.56
27508		\$535.41
27509		\$674.44
27510		\$689.97
27511		\$1,011.66
27513		\$1,255.33
27514		\$980.60
27516		\$523.95
27517		\$698.47
27519		\$903.69
27520		\$331.30
27524		\$765.03
27530		\$312.08
27532		\$628.59
27535		\$909.97
27536		\$1,204.30
27538		\$488.82
27540		\$823.08
27550		\$533.93
27552		\$640.05
27556		\$889.27
27557		\$1,060.47
27558		\$1,207.63
27560		\$381.96
27562		\$495.48
27566		\$906.28
27570		\$153.82
27580		\$1,480.88
27590		\$792.02
27591		\$978.75
27592		\$676.66
27594		\$516.18
27596		\$716.59
27598		\$713.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27600		\$409.32
27601		\$454.06
27602		\$484.75
27603		\$548.35
27604		\$492.15
27605		\$357.93
27606		\$283.23
27607		\$617.87
27610		\$661.87
27612		\$572.76
27613		\$261.79
27614		\$597.90
27615		\$1,036.06
27616		\$1,283.43
27618		\$486.60
27619		\$472.18
27620		\$459.61
27625		\$591.24
27626		\$620.08
27630		\$571.28
27632		\$418.20
27634		\$691.82
27635		\$593.83
27637		\$762.07
27638		\$779.45
27640		\$846.01
27641		\$675.55
27645		\$1,793.70
27646		\$1,558.16
27647		\$1,054.92
27648		\$209.28
27650		\$673.70
27652		\$684.05
27654		\$731.01
27656		\$657.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27658		\$379.74
27659		\$483.64
27664		\$370.13
27665		\$425.59
27675		\$504.35
27676		\$612.32
27680		\$434.84
27681		\$528.75
27685		\$686.27
27686		\$553.53
27687		\$466.63
27690		\$656.32
27691		\$760.96
27692		\$105.38
27695		\$486.97
27696		\$573.49
27698		\$652.99
27700		\$630.07
27702		\$980.97
27703		\$1,134.79
27704		\$585.33
27705		\$771.32
27707		\$408.58
27709		\$1,183.23
27712		\$1,117.41
27715		\$1,086.35
27720		\$889.64
27722		\$906.28
27724		\$1,275.30
27725		\$1,232.77
27726		\$972.46
27727		\$1,052.33
27730		\$597.16
27732		\$458.87
27734		\$667.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27740		\$719.18
27742		\$789.80
27745		\$772.79
27750		\$354.60
27752		\$546.50
27756		\$585.70
27758		\$908.13
27759		\$1,012.77
27760		\$342.77
27762		\$488.82
27766		\$616.39
27767		\$295.44
27768		\$452.21
27769		\$741.36
27780		\$315.40
27781		\$442.60
27784		\$723.99
27786		\$322.80
27788		\$434.84
27792		\$659.65
27808		\$343.14
27810		\$478.84
27814		\$780.56
27816		\$335.37
27818		\$496.58
27822		\$884.09
27823		\$997.98
27824		\$325.39
27825		\$557.23
27826		\$869.67
27827		\$1,131.09
27828		\$1,341.85
27829		\$716.22
27830		\$395.64
27831		\$412.28

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
27832		\$768.73
27840		\$383.44
27842		\$502.13
27846		\$727.68
27848		\$813.84
27860		\$174.16
27870		\$1,040.13
27871		\$701.43
27880		\$907.76
27881		\$862.65
27882		\$596.79
27884		\$575.71
27886		\$658.91
27888		\$662.98
27889		\$642.27
27892		\$557.60
27893		\$621.56
27894		\$850.07
28001		\$292.85
28002		\$461.09
28003		\$728.42
28005		\$598.27
28008		\$454.06
28010		\$242.19
28011		\$328.35
28020		\$560.92
28022		\$509.90
28024		\$478.84
28035		\$549.83
28039		\$516.55
28041		\$467.74
28043		\$411.54
28045		\$509.90
28046		\$739.15
28047		\$1,063.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
28050		\$443.71
28052		\$466.26
28054		\$392.68
28055		\$400.45
28060		\$546.50
28062		\$609.36
28070		\$552.79
28072		\$510.27
28080		\$552.05
28086		\$560.18
28088		\$453.69
28090		\$489.56
28092		\$444.08
28100		\$636.35
28102		\$618.61
28103		\$405.99
28104		\$552.79
28106		\$445.56
28107		\$537.26
28108		\$460.35
28110		\$485.86
28111		\$510.27
28112		\$510.64
28113		\$614.91
28114		\$1,097.81
28116		\$793.87
28118		\$625.26
28119		\$548.35
28120		\$704.02
28122		\$621.56
28124		\$501.76
28126		\$411.91
28130		\$649.30
28140		\$610.47
28150		\$441.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
28153		\$433.73
28160		\$435.94
28171		\$1,125.17
28173		\$765.03
28175		\$492.52
28190		\$264.75
28192		\$489.93
28193		\$554.64
28200		\$516.55
28202		\$631.92
28208		\$503.98
28210		\$614.91
28220		\$472.55
28222		\$543.17
28225		\$437.79
28226		\$636.72
28230		\$456.65
28232		\$404.52
28234		\$430.03
28238		\$694.04
28240		\$469.59
28250		\$604.55
28260		\$727.31
28261		\$1,231.66
28262		\$1,436.14
28264		\$1,038.28
28270		\$515.81
28272		\$410.06
28280		\$537.63
28285		\$561.66
28286		\$469.22
28288		\$637.46
28289		\$746.54
28291		\$764.29
28292		\$758.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
28295		\$1,036.80
28296		\$953.61
28297		\$1,098.92
28298		\$882.61
28299		\$1,057.88
28300		\$665.93
28302		\$727.31
28304		\$849.33
28305		\$688.49
28306		\$632.29
28307		\$648.93
28308		\$595.68
28309		\$904.43
28310		\$572.39
28312		\$526.54
28313		\$547.61
28315		\$504.35
28320		\$628.22
28322		\$810.88
28340		\$602.34
28341		\$697.73
28344		\$446.67
28345		\$545.02
28360		\$1,109.64
28400		\$255.13
28405		\$398.97
28406		\$553.90
28415		\$1,143.66
28420		\$1,305.99
28430		\$246.63
28435		\$373.83
28436		\$479.21
28445		\$1,057.51
28446		\$1,240.17
28450		\$219.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
28455		\$298.39
28456		\$349.42
28465		\$648.56
28470		\$225.92
28475		\$265.49
28476		\$379.74
28485		\$570.17
28490		\$147.53
28495		\$184.88
28496		\$472.55
28505		\$689.97
28510		\$125.72
28515		\$169.35
28525		\$597.53
28530		\$119.80
28531		\$355.71
28540		\$202.63
28545		\$310.60
28546		\$606.77
28555		\$882.61
28570		\$236.28
28575		\$380.48
28576		\$394.90
28585		\$899.25
28600		\$223.70
28605		\$343.51
28606		\$397.86
28615		\$833.43
28630		\$160.84
28635		\$181.92
28636		\$324.28
28645		\$684.05
28660		\$122.02
28665		\$159.00
28666		\$173.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
28675		\$594.94
28705		\$1,255.33
28715		\$959.89
28725		\$796.46
28730		\$753.20
28735		\$795.35
28737		\$709.94
28740		\$871.15
28750		\$828.26
28755		\$533.19
28760		\$814.58
28800		\$548.72
28805		\$738.41
28810		\$436.68
28820		\$581.63
28825		\$557.23
28890		\$333.89
29000		\$342.77
29010		\$274.36
29015		\$294.70
29035		\$256.98
29040		\$293.59
29044		\$288.04
29046		\$315.40
29049		\$99.83
29055		\$223.33
29058		\$124.61
29065		\$96.88
29075		\$87.26
29085		\$96.14
29086		\$80.24
29105		\$82.83
29125		\$65.45
29126		\$78.76
29130		\$41.78

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
29131		\$52.88
29200		\$34.02
29240		\$32.17
29260		\$31.06
29280		\$31.43
29305		\$248.48
29325		\$275.10
29345		\$137.18
29355		\$143.84
29358		\$161.58
29365		\$123.87
29405		\$81.35
29425		\$78.02
29435		\$116.10
29440		\$44.37
29445		\$133.48
29450		\$147.90
29505		\$86.89
29515		\$72.10
29520		\$36.61
29530		\$31.80
29540		\$29.21
29550		\$19.60
29580		\$65.08
29581		\$93.55
29584		\$87.26
29700		\$63.97
29705		\$65.08
29710		\$123.50
29720		\$85.41
29730		\$62.86
29740		\$99.83
29750		\$108.34
29800		\$537.63
29804		\$641.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
29805		\$478.84
29806		\$1,073.78
29807		\$1,050.48
29819		\$596.79
29820		\$546.13
29821		\$603.45
29822		\$587.18
29823		\$638.57
29824		\$687.01
29825		\$596.79
29826		\$176.00
29827		\$1,086.35
29828		\$932.53
29830		\$464.42
29834		\$501.39
29835		\$517.66
29836		\$594.94
29837		\$537.26
29838		\$603.45
29840		\$460.72
29843		\$494.00
29844		\$510.27
29845		\$594.94
29846		\$533.19
29847		\$552.79
29848		\$520.99
29850		\$633.77
29851		\$943.62
29855		\$794.98
29856		\$1,004.26
29860		\$677.03
29861		\$733.23
29862		\$826.41
29863		\$828.63
29866		\$1,066.01

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
29867		\$1,296.00
29868		\$1,692.75
29870		\$588.65
29871		\$522.84
29873		\$540.22
29874		\$546.87
29875		\$505.46
29876		\$664.46
29877		\$631.55
29879		\$672.59
29880		\$571.65
29881		\$550.94
29882		\$703.65
29883		\$854.14
29884		\$629.33
29885		\$766.51
29886		\$646.34
29887		\$763.18
29888		\$995.39
29889		\$1,240.17
29891		\$685.90
29892		\$670.74
29893		\$667.04
29894		\$510.64
29895		\$477.73
29897		\$511.38
29898		\$576.82
29899		\$1,048.26
29900		\$508.42
29901		\$546.50
29902		\$579.78
29904		\$647.45
29905		\$538.37
29906		\$679.25
29907		\$889.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
29914		\$1,009.81
29915		\$1,038.65
29916		\$1,039.39
30000		\$261.42
30020		\$264.01
30100		\$146.79
30110		\$247.74
30115		\$458.13
30117		\$970.24
30118		\$791.28
30120		\$525.80
30124		\$299.50
30125		\$645.23
30130		\$408.21
30140		\$290.63
30150		\$803.85
30160		\$810.14
30200		\$115.36
30210		\$153.82
30220		\$317.25
30300		\$197.08
30310		\$209.28
30320		\$478.84
30400		\$1,233.51
30410		\$1,426.90
30420		\$1,445.75
30430		\$1,071.93
30435		\$1,348.88
30450		\$1,775.95
30460		\$848.59
30462		\$1,630.63
30465		\$1,022.75
30520		\$663.72
30540		\$727.68
30545		\$992.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
30560		\$305.05
30580		\$646.34
30600		\$609.73
30620		\$658.54
30630		\$662.98
30801		\$225.55
30802		\$285.45
30901		\$147.90
30903		\$234.80
30905		\$349.79
30906		\$364.21
30915		\$600.49
30920		\$870.41
30930		\$121.28
31000		\$188.21
31002		\$195.60
31020		\$492.15
31030		\$670.37
31032		\$595.31
31040		\$804.22
31050		\$510.27
31051		\$683.68
31070		\$466.26
31075		\$820.12
31080		\$1,079.69
31081		\$1,159.93
31084		\$1,201.34
31085		\$1,239.80
31086		\$1,169.54
31087		\$1,118.15
31090		\$1,093.74
31200		\$621.56
31201		\$789.43
31205		\$956.56
31225		\$1,859.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
31230		\$2,060.66
31231		\$200.04
31233		\$269.92
31235		\$308.01
31237		\$259.94
31238		\$255.50
31239		\$626.37
31240		\$160.47
31241		\$451.47
31253		\$508.79
31254		\$432.25
31255		\$329.08
31256		\$183.03
31257		\$453.32
31259		\$479.58
31267		\$269.55
31276		\$384.18
31287		\$204.48
31288		\$237.38
31290		\$1,159.19
31291		\$1,230.92
31292		\$1,009.81
31293		\$1,090.42
31294		\$1,247.56
31295		\$1,972.66
31296		\$1,998.54
31297		\$1,957.50
31298		\$3,763.77
31300		\$1,294.52
31360		\$2,110.95
31365		\$2,607.16
31367		\$2,235.93
31368		\$2,479.60
31370		\$2,103.55
31375		\$1,997.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
31380		\$1,969.33
31382		\$2,158.65
31390		\$2,887.81
31395		\$3,046.07
31400		\$1,005.74
31420		\$838.98
31500		\$144.95
31502		\$35.50
31505		\$89.85
31510		\$218.90
31511		\$217.42
31512		\$216.31
31513		\$132.37
31515		\$213.72
31520		\$157.52
31525		\$257.35
31526		\$158.26
31527		\$196.71
31528		\$145.31
31529		\$162.69
31530		\$201.52
31531		\$214.09
31535		\$190.80
31536		\$212.61
31540		\$244.04
31541		\$266.23
31545		\$365.69
31546		\$555.38
31551		\$1,555.94
31552		\$1,501.22
31553		\$1,712.35
31554		\$1,712.72
31560		\$316.14
31561		\$344.98
31570		\$347.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
31571		\$251.44
31572		\$537.63
31573		\$283.23
31574		\$1,049.00
31575		\$126.83
31576		\$277.32
31577		\$287.30
31578		\$312.08
31579		\$197.08
31580		\$1,303.40
31584		\$1,439.10
31587		\$1,211.70
31590		\$902.21
31591		\$1,101.88
31592		\$1,749.69
31600		\$309.49
31601		\$457.02
31603		\$324.65
31605		\$335.00
31610		\$975.05
31611		\$543.17
31612		\$88.74
31613		\$446.30
31614		\$743.21
31615		\$175.64
31622		\$249.59
31623		\$279.17
31624		\$260.31
31625		\$357.19
31626		\$872.63
31627		\$1,339.26
31628		\$379.37
31629		\$469.59
31630		\$203.37
31631		\$232.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
31632		\$65.45
31633		\$81.72
31634		\$1,802.57
31635		\$292.48
31636		\$225.18
31637		\$79.50
31638		\$255.13
31640		\$257.35
31641		\$262.90
31643		\$181.18
31645		\$273.25
31646		\$146.42
31647		\$215.94
31648		\$204.85
31649		\$69.88
31651		\$76.54
31652		\$1,148.47
31653		\$1,197.28
31654		\$126.46
31660		\$201.89
31661		\$214.09
31717		\$283.97
31720		\$56.57
31725		\$80.98
31730		\$1,241.28
31750		\$1,402.12
31755		\$1,773.36
31760		\$1,363.67
31766		\$1,761.90
31770		\$1,318.93
31775		\$1,386.96
31780		\$1,213.55
31781		\$1,373.28
31785		\$1,091.90
31786		\$1,429.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
31800		\$731.38
31805		\$812.73
31820		\$446.67
31825		\$615.28
31830		\$475.88
32035		\$727.31
32036		\$778.71
32096		\$796.83
32097		\$797.57
32098		\$756.16
32100		\$805.70
32110		\$1,460.17
32120		\$869.67
32124		\$922.18
32140		\$984.67
32141		\$1,510.83
32150		\$1,000.57
32151		\$999.09
32160		\$793.50
32200		\$1,131.46
32215		\$795.35
32220		\$1,581.45
32225		\$989.47
32310		\$908.13
32320		\$1,588.11
32400		\$165.65
32405		\$415.98
32440		\$1,555.20
32442		\$3,029.80
32445		\$3,501.24
32480		\$1,468.68
32482		\$1,574.80
32484		\$1,421.72
32486		\$2,332.06
32488		\$2,371.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
32491		\$1,461.28
32501		\$240.34
32503		\$1,781.49
32504		\$2,028.49
32505		\$926.61
32506		\$154.56
32507		\$154.56
32540		\$1,721.22
32550		\$820.12
32551		\$158.63
32552		\$188.58
32553		\$552.42
32554		\$230.36
32555		\$323.54
32556		\$699.21
32557		\$643.75
32560		\$268.44
32561		\$95.77
32562		\$86.15
32601		\$306.53
32604		\$475.14
32606		\$458.50
32607		\$306.16
32608		\$375.67
32609		\$256.61
32650		\$664.09
32651		\$1,088.20
32652		\$1,648.38
32653		\$1,055.66
32654		\$1,162.52
32655		\$949.54
32656		\$798.68
32658		\$710.31
32659		\$728.42
32661		\$793.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
32662		\$887.05
32663		\$1,388.81
32664		\$842.31
32665		\$1,222.42
32666		\$864.86
32667		\$154.93
32668		\$154.93
32669		\$1,332.98
32670		\$1,591.81
32671		\$1,759.68
32672		\$1,511.20
32673		\$1,208.74
32674		\$212.61
32701		\$214.09
32800		\$941.40
32810		\$895.55
32815		\$2,774.29
32820		\$1,321.88
32851		\$3,246.48
32852		\$3,525.64
32853		\$4,538.41
32854		\$4,818.69
32900		\$1,413.58
32905		\$1,324.84
32906		\$1,634.70
32940		\$1,224.27
32960		\$130.89
32994		\$5,744.56
32997		\$353.86
32998		\$3,666.52
33016		\$235.91
33017		\$245.52
33018		\$281.76
33019		\$227.40
33020		\$821.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33025		\$766.14
33030		\$1,984.12
33031		\$2,455.93
33050		\$999.09
33120		\$2,078.04
33130		\$1,358.49
33140		\$1,547.81
33141		\$130.52
33202		\$766.88
33203		\$802.01
33206		\$457.39
33207		\$481.79
33208		\$523.58
33210		\$163.43
33211		\$168.98
33212		\$323.54
33213		\$337.59
33214		\$481.42
33215		\$312.45
33216		\$375.30
33217		\$369.39
33218		\$390.09
33220		\$378.26
33221		\$364.21
33222		\$343.51
33223		\$412.65
33224		\$516.18
33225		\$469.59
33226		\$495.85
33227		\$340.92
33228		\$356.45
33229		\$377.52
33230		\$384.92
33231		\$404.15
33233		\$234.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33234		\$488.82
33235		\$642.27
33236		\$779.08
33237		\$835.28
33238		\$938.45
33240		\$367.17
33241		\$217.05
33243		\$1,364.41
33244		\$869.67
33249		\$921.81
33250		\$1,446.49
33251		\$1,615.10
33254		\$1,344.07
33255		\$1,616.58
33256		\$1,924.96
33257		\$579.78
33258		\$647.45
33259		\$841.20
33261		\$1,601.05
33262		\$376.04
33263		\$391.20
33264		\$408.21
33265		\$1,350.36
33266		\$1,832.89
33270		\$569.80
33271		\$454.80
33272		\$349.79
33273		\$400.82
33274		\$489.19
33275		\$534.67
33285		\$5,279.40
33286		\$134.22
33289		\$329.45
33300		\$2,431.90
33305		\$4,060.31

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33310		\$1,162.52
33315		\$1,898.34
33320		\$1,046.78
33321		\$1,180.64
33322		\$1,382.16
33330		\$1,415.43
33335		\$1,856.55
33340		\$789.06
33361		\$1,204.67
33362		\$1,311.53
33363		\$1,359.97
33364		\$1,357.75
33365		\$1,439.10
33366		\$1,564.45
33367		\$624.52
33368		\$735.82
33369		\$971.35
33390		\$1,916.09
33391		\$2,276.23
33404		\$1,737.12
33405		\$2,253.31
33406		\$2,856.01
33410		\$2,523.97
33411		\$3,331.15
33412		\$3,127.41
33413		\$3,202.84
33414		\$2,130.55
33415		\$2,019.62
33416		\$2,007.79
33417		\$1,655.78
33418		\$1,794.81
33419		\$423.37
33420		\$1,441.69
33422		\$1,653.56
33425		\$2,710.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33426		\$2,364.97
33427		\$2,425.61
33430		\$2,780.21
33440		\$3,397.34
33460		\$2,384.57
33463		\$3,069.36
33464		\$2,424.87
33465		\$2,737.32
33468		\$2,430.42
33470		\$1,230.55
33471		\$1,315.97
33474		\$2,160.87
33475		\$2,317.27
33476		\$1,512.31
33477		\$1,351.10
33478		\$1,562.60
33496		\$1,654.30
33500		\$1,551.50
33501		\$1,110.01
33502		\$1,269.75
33503		\$1,319.67
33504		\$1,456.85
33505		\$2,044.02
33506		\$2,035.89
33507		\$1,708.28
33508		\$16.27
33510		\$1,921.26
33511		\$2,108.36
33512		\$2,400.84
33513		\$2,464.07
33514		\$2,589.05
33516		\$2,685.18
33517		\$185.62
33518		\$407.47
33519		\$539.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33521		\$647.08
33522		\$725.47
33523		\$824.19
33530		\$520.62
33533		\$1,858.03
33534		\$2,182.31
33535		\$2,432.64
33536		\$2,621.21
33542		\$2,606.79
33545		\$3,047.92
33548		\$2,936.99
33572		\$227.77
33600		\$1,706.43
33602		\$1,656.52
33606		\$1,765.22
33608		\$1,787.78
33610		\$1,762.64
33611		\$1,934.94
33612		\$1,985.97
33615		\$1,981.90
33617		\$2,146.45
33619		\$2,718.83
33620		\$1,636.18
33621		\$924.40
33622		\$3,402.51
33641		\$1,626.20
33645		\$1,717.53
33647		\$1,802.20
33660		\$1,742.67
33665		\$1,897.60
33670		\$1,955.28
33675		\$1,955.28
33676		\$2,006.31
33677		\$2,084.33
33681		\$1,829.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33684		\$1,873.19
33688		\$1,868.02
33690		\$1,194.32
33692		\$1,939.38
33694		\$1,934.94
33697		\$2,037.74
33702		\$1,536.34
33710		\$2,033.67
33720		\$1,537.08
33722		\$1,615.10
33724		\$1,526.73
33726		\$2,015.18
33730		\$1,990.04
33732		\$1,637.29
33735		\$1,288.61
33736		\$1,398.05
33737		\$1,290.09
33750		\$1,254.96
33755		\$1,309.68
33762		\$1,274.56
33764		\$1,309.68
33766		\$1,324.84
33767		\$1,412.85
33768		\$411.91
33770		\$2,098.75
33771		\$2,158.65
33774		\$1,787.04
33775		\$1,840.29
33776		\$1,946.04
33777		\$1,878.00
33778		\$2,330.58
33779		\$2,304.70
33780		\$2,346.85
33781		\$2,291.76
33782		\$3,199.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33783		\$3,458.72
33786		\$2,258.11
33788		\$1,522.66
33800		\$980.60
33802		\$1,079.32
33803		\$1,144.40
33813		\$1,233.51
33814		\$1,513.79
33820		\$962.48
33822		\$1,014.25
33824		\$1,174.35
33840		\$1,232.03
33845		\$1,326.32
33851		\$1,265.31
33852		\$1,390.29
33853		\$1,819.95
33858		\$3,367.76
33859		\$2,420.44
33863		\$3,124.46
33864		\$3,191.75
33866		\$915.52
33871		\$3,235.38
33875		\$2,717.35
33877		\$3,575.93
33880		\$1,775.21
33881		\$1,523.40
33883		\$1,105.95
33884		\$387.88
33886		\$947.69
33889		\$777.60
33891		\$946.21
33910		\$2,639.70
33915		\$1,368.47
33916		\$4,179.37
33917		\$1,447.97

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33920		\$1,797.02
33922		\$1,380.68
33924		\$282.86
33925		\$1,703.11
33926		\$2,394.92
33927		\$2,524.71
33935		\$4,906.69
33945		\$4,820.90
33946		\$308.38
33947		\$341.66
33948		\$242.19
33949		\$234.43
33951		\$420.05
33952		\$425.59
33953		\$468.48
33954		\$472.18
33955		\$821.23
33956		\$826.78
33957		\$183.03
33958		\$183.03
33959		\$231.84
33962		\$231.84
33963		\$463.31
33964		\$488.82
33965		\$183.03
33966		\$235.91
33967		\$257.72
33968		\$33.65
33969		\$270.29
33970		\$351.27
33971		\$701.80
33973		\$509.53
33974		\$885.94
33975		\$1,294.52
33976		\$1,571.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
33977		\$1,115.93
33978		\$1,319.30
33979		\$1,927.18
33980		\$1,762.64
33981		\$823.45
33982		\$1,934.94
33983		\$2,286.58
33984		\$281.39
33985		\$508.79
33986		\$518.40
33987		\$206.32
33988		\$769.84
33989		\$488.82
33990		\$422.63
33991		\$620.08
33992		\$198.19
33993		\$173.79
34001		\$900.36
34051		\$986.88
34101		\$593.09
34111		\$597.16
34151		\$1,376.61
34201		\$1,014.62
34203		\$940.29
34401		\$1,452.04
34421		\$738.04
34451		\$1,411.74
34471		\$1,061.21
34490		\$635.61
34501		\$879.28
34502		\$1,539.67
34510		\$1,005.00
34520		\$973.94
34530		\$925.87
34701		\$1,233.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
34702		\$1,836.96
34703		\$1,358.49
34704		\$2,258.11
34705		\$1,517.49
34706		\$2,285.10
34707		\$1,151.43
34708		\$1,836.59
34709		\$319.84
34710		\$797.20
34711		\$294.70
34712		\$658.17
34713		\$123.50
34714		\$268.07
34715		\$295.44
34716		\$368.28
34717		\$438.90
34718		\$1,227.97
34808		\$195.97
34812		\$204.11
34813		\$233.32
34820		\$344.98
34830		\$1,732.32
34831		\$1,899.45
34832		\$1,862.47
34833		\$397.49
34834		\$127.57
35001		\$1,111.12
35002		\$1,118.89
35005		\$979.86
35011		\$993.17
35013		\$1,250.15
35021		\$1,252.37
35022		\$1,432.07
35045		\$972.09
35081		\$1,709.76

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
35082		\$2,157.91
35091		\$1,763.01
35092		\$2,569.45
35102		\$1,854.71
35103		\$2,205.98
35111		\$1,306.36
35112		\$1,606.97
35121		\$1,554.46
35122		\$1,858.40
35131		\$1,360.34
35132		\$1,606.97
35141		\$1,090.79
35142		\$1,315.60
35151		\$1,222.79
35152		\$1,374.39
35180		\$874.85
35182		\$1,777.06
35184		\$949.17
35188		\$1,240.91
35189		\$1,484.21
35190		\$758.37
35201		\$937.71
35206		\$779.08
35207		\$767.25
35211		\$1,382.16
35216		\$2,065.10
35221		\$1,458.33
35226		\$826.04
35231		\$1,269.75
35236		\$1,001.67
35241		\$1,425.79
35246		\$1,553.72
35251		\$1,734.17
35256		\$1,016.09
35261		\$964.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
35266		\$859.32
35271		\$1,372.54
35276		\$1,447.97
35281		\$1,614.36
35286		\$927.35
35301		\$1,120.00
35302		\$1,108.90
35303		\$1,225.01
35304		\$1,259.40
35305		\$1,210.59
35306		\$437.05
35311		\$1,546.33
35321		\$884.09
35331		\$1,436.14
35341		\$1,359.23
35351		\$1,268.64
35355		\$1,018.68
35361		\$1,496.78
35363		\$1,596.62
35371		\$809.03
35372		\$967.66
35390		\$157.52
35400		\$146.42
35500		\$314.66
35501		\$1,435.77
35506		\$1,252.74
35508		\$1,305.62
35509		\$1,389.55
35510		\$1,208.74
35511		\$1,102.25
35512		\$1,185.81
35515		\$1,305.62
35516		\$1,199.49
35518		\$1,123.32
35521		\$1,206.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
35522		\$1,202.82
35523		\$1,268.64
35525		\$1,122.59
35526		\$1,719.00
35531		\$1,915.72
35533		\$1,481.25
35535		\$1,870.98
35536		\$1,661.69
35537		\$2,049.20
35538		\$2,295.83
35539		\$2,154.95
35540		\$2,401.95
35556		\$1,385.11
35558		\$1,217.98
35560		\$1,675.74
35563		\$1,301.18
35565		\$1,293.78
35566		\$1,650.23
35570		\$1,449.08
35571		\$1,309.68
35572		\$341.29
35583		\$1,426.53
35585		\$1,652.45
35587		\$1,346.29
35600		\$253.65
35601		\$1,379.94
35606		\$1,159.56
35612		\$1,027.93
35616		\$1,084.13
35621		\$1,084.13
35623		\$1,291.93
35626		\$1,577.76
35631		\$1,826.97
35632		\$1,776.32
35633		\$1,953.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
35634		\$1,738.60
35636		\$1,567.77
35637		\$1,631.74
35638		\$1,723.81
35642		\$971.35
35645		\$931.79
35646		\$1,696.45
35647		\$1,529.32
35650		\$1,005.00
35654		\$1,354.05
35656		\$1,069.34
35661		\$1,073.41
35663		\$1,197.65
35665		\$1,161.04
35666		\$1,261.98
35671		\$1,113.34
35681		\$79.87
35682		\$347.94
35683		\$401.19
35685		\$195.60
35686		\$157.89
35691		\$930.68
35693		\$822.34
35694		\$972.46
35695		\$1,009.07
35697		\$145.31
35700		\$150.12
35701		\$444.45
35702		\$410.43
35703		\$414.13
35800		\$724.73
35820		\$1,996.32
35840		\$1,198.76
35860		\$830.48
35870		\$1,225.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
35875		\$590.87
35876		\$937.71
35879		\$915.52
35881		\$1,009.44
35883		\$1,187.29
35884		\$1,219.09
35901		\$467.37
35903		\$563.51
35905		\$1,753.76
35907		\$1,876.15
36000		\$28.84
36002		\$158.63
36005		\$309.49
36010		\$548.72
36011		\$902.95
36012		\$916.26
36013		\$837.13
36014		\$869.30
36015		\$943.25
36100		\$536.52
36140		\$498.43
36160		\$570.17
36200		\$611.58
36215		\$1,125.54
36216		\$1,186.18
36217		\$1,971.55
36218		\$238.49
36221		\$1,095.22
36222		\$1,292.30
36223		\$1,662.43
36224		\$2,149.03
36225		\$1,592.55
36226		\$2,031.45
36227		\$253.28
36228		\$1,372.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
36245		\$1,397.32
36246		\$889.64
36247		\$1,578.87
36248		\$142.73
36251		\$1,453.52
36252		\$1,555.94
36253		\$2,312.84
36254		\$2,248.87
36260		\$654.10
36261		\$408.58
36262		\$312.45
36400		\$27.36
36405		\$24.03
36406		\$17.01
36410		\$17.75
36415		\$3.33
36416		\$7.40
36420		\$47.33
36425		\$40.67
36430		\$36.24
36440		\$52.88
36450		\$177.85
36455		\$125.35
36456		\$105.38
36460		\$353.49
36465		\$1,579.24
36466		\$1,751.91
36470		\$112.04
36471		\$201.52
36473		\$1,481.62
36474		\$297.66
36475		\$1,419.13
36476		\$315.40
36478		\$1,099.66
36479		\$333.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
36481		\$2,007.79
36482		\$1,984.86
36483		\$157.52
36500		\$184.14
36510		\$85.78
36511		\$113.89
36512		\$112.78
36513		\$112.04
36514		\$705.87
36516		\$2,045.13
36522		\$2,016.66
36555		\$194.86
36556		\$220.75
36557		\$1,137.01
36558		\$845.27
36560		\$1,356.27
36561		\$1,114.08
36563		\$1,227.97
36565		\$901.47
36566		\$4,866.39
36568		\$95.03
36569		\$97.62
36570		\$1,541.15
36571		\$1,351.47
36572		\$453.32
36573		\$417.09
36575		\$167.13
36576		\$348.68
36578		\$485.49
36580		\$227.03
36581		\$839.72
36582		\$1,029.04
36583		\$1,309.68
36584		\$364.58
36585		\$1,146.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
36589		\$170.09
36590		\$226.29
36591		\$25.51
36592		\$28.84
36593		\$32.54
36595		\$654.47
36596		\$126.46
36597		\$137.92
36598		\$125.72
36600		\$31.06
36620		\$45.48
36625		\$107.23
36640		\$119.43
36660		\$70.99
36680		\$59.90
36800		\$125.35
36810		\$216.31
36815		\$133.11
36818		\$687.75
36819		\$726.57
36820		\$725.10
36821		\$660.02
36823		\$1,399.16
36825		\$790.17
36830		\$662.98
36831		\$611.95
36832		\$751.72
36833		\$805.33
36835		\$480.32
36838		\$1,132.94
36860		\$251.44
36861		\$137.92
36901		\$720.29
36902		\$1,355.16
36903		\$5,392.92

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
36904		\$2,005.20
36905		\$2,520.27
36906		\$6,690.77
36907		\$719.18
36908		\$2,193.03
36909		\$2,089.50
37140		\$2,317.64
37145		\$2,149.77
37160		\$2,208.19
37180		\$2,122.78
37181		\$2,317.64
37182		\$850.07
37183		\$6,498.87
37184		\$2,039.95
37185		\$613.43
37186		\$1,372.54
37187		\$2,013.70
37188		\$1,696.45
37191		\$2,504.74
37192		\$1,383.63
37193		\$1,649.12
37197		\$1,671.31
37200		\$225.18
37211		\$389.72
37212		\$342.40
37213		\$236.28
37214		\$124.24
37215		\$994.65
37216		\$1,018.31
37217		\$1,070.45
37218		\$817.17
37220		\$3,003.17
37221		\$4,071.04
37222		\$770.21
37223		\$1,996.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
37224		\$3,575.19
37225		\$11,818.57
37226		\$10,496.32
37227		\$15,198.90
37228		\$5,153.69
37229		\$11,857.77
37230		\$10,658.64
37231		\$14,773.31
37232		\$1,059.73
37233		\$1,295.26
37234		\$4,060.68
37235		\$4,271.44
37236		\$3,510.85
37237		\$1,950.10
37238		\$3,319.32
37239		\$1,535.97
37241		\$5,158.12
37242		\$7,989.73
37243		\$10,095.87
37244		\$7,399.97
37246		\$2,135.72
37247		\$748.39
37248		\$1,571.84
37249		\$570.91
37252		\$1,223.90
37253		\$193.38
37500		\$625.63
37565		\$728.79
37600		\$745.43
37605		\$726.94
37606		\$703.28
37607		\$373.83
37609		\$318.73
37615		\$530.60
37616		\$1,102.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
37617		\$1,329.65
37618		\$389.36
37619		\$1,724.18
37650		\$452.95
37660		\$1,314.49
37700		\$244.78
37718		\$418.94
37722		\$469.22
37735		\$573.49
37760		\$620.82
37761		\$540.59
37765		\$449.63
37766		\$524.32
37780		\$232.58
37785		\$360.14
37788		\$1,298.96
37790		\$500.65
38100		\$1,155.49
38101		\$1,165.48
38102		\$262.16
38115		\$1,281.21
38120		\$1,057.14
38200		\$138.29
38205		\$88.37
38206		\$88.00
38207		\$46.96
38208		\$29.58
38209		\$12.57
38210		\$82.46
38211		\$74.69
38212		\$49.55
38213		\$12.57
38214		\$42.89
38215		\$49.55
38220		\$173.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
38221		\$163.43
38222		\$180.44
38230		\$205.96
38232		\$202.26
38240		\$245.52
38241		\$181.55
38242		\$131.63
38243		\$126.46
38300		\$336.85
38305		\$491.41
38308		\$458.50
38380		\$578.67
38381		\$800.53
38382		\$679.62
38500		\$341.66
38505		\$129.05
38510		\$534.67
38520		\$469.59
38525		\$440.75
38530		\$570.91
38531		\$441.86
38542		\$525.43
38550		\$518.40
38555		\$1,020.16
38562		\$717.33
38564		\$710.67
38570		\$519.88
38571		\$681.09
38572		\$928.09
38573		\$1,181.01
38700		\$817.90
38720		\$1,357.75
38724		\$1,470.53
38740		\$701.43
38745		\$882.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
38746		\$212.24
38747		\$266.23
38760		\$844.53
38765		\$1,310.42
38770		\$821.60
38780		\$1,051.22
38790		\$83.57
38792		\$85.78
38794		\$308.01
38900		\$137.55
39000		\$499.17
39010		\$784.63
39200		\$866.71
39220		\$1,131.46
39401		\$306.53
39402		\$400.45
39501		\$856.36
39503		\$5,848.83
39540		\$872.26
39541		\$941.03
39545		\$892.60
39560		\$802.01
39561		\$1,240.54
40490		\$129.05
40500		\$533.19
40510		\$504.72
40520		\$512.85
40525		\$564.99
40527		\$631.55
40530		\$562.03
40650		\$477.73
40652		\$523.58
40654		\$596.05
40700		\$1,033.47
40701		\$1,222.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
40702		\$1,026.08
40720		\$1,053.81
40761		\$1,110.01
40800		\$218.16
40801		\$312.82
40804		\$204.85
40805		\$309.12
40806		\$103.90
40808		\$165.65
40810		\$219.27
40812		\$298.02
40814		\$394.90
40816		\$414.87
40818		\$381.96
40819		\$293.96
40820		\$271.77
40830		\$289.15
40831		\$368.28
40840		\$861.17
40842		\$938.08
40843		\$1,220.57
40844		\$1,531.54
40845		\$1,507.13
41000		\$164.91
41005		\$227.03
41006		\$357.56
41007		\$350.90
41008		\$399.71
41009		\$429.29
41010		\$217.79
41015		\$422.26
41016		\$472.18
41017		\$471.07
41018		\$529.12
41019		\$502.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
41100		\$181.55
41105		\$183.40
41108		\$161.21
41110		\$228.51
41112		\$347.94
41113		\$377.52
41114		\$634.87
41115		\$263.27
41116		\$345.35
41120		\$1,094.85
41130		\$1,348.14
41135		\$2,215.96
41140		\$2,231.12
41145		\$2,819.77
41150		\$2,243.69
41153		\$2,441.51
41155		\$3,073.80
41250		\$288.41
41251		\$317.25
41252		\$330.19
41510		\$462.94
41512		\$678.14
41520		\$368.28
41530		\$993.54
41800		\$305.79
41805		\$310.23
41806		\$418.20
41822		\$357.19
41823		\$525.43
41825		\$226.29
41826		\$326.50
41827		\$464.05
41828		\$357.56
41830		\$471.81
41872		\$464.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
41874		\$408.21
42000		\$162.69
42100		\$153.08
42104		\$225.18
42106		\$277.32
42107		\$480.32
42120		\$1,031.99
42140		\$292.85
42145		\$706.98
42160		\$243.67
42180		\$258.46
42182		\$335.37
42200		\$966.18
42205		\$1,005.00
42210		\$1,121.85
42215		\$733.60
42220		\$604.55
42225		\$1,011.66
42226		\$908.13
42227		\$848.96
42235		\$744.69
42260		\$853.40
42280		\$185.25
42281		\$237.38
42300		\$220.38
42305		\$436.68
42310		\$181.92
42320		\$264.38
42330		\$239.60
42335		\$418.20
42340		\$512.85
42400		\$107.23
42405		\$309.49
42408		\$547.24
42409		\$376.78

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
42410		\$634.87
42415		\$1,072.67
42420		\$1,204.67
42425		\$850.44
42426		\$1,371.43
42440		\$420.05
42450		\$475.88
42500		\$450.74
42505		\$575.71
42507		\$511.01
42509		\$844.90
42510		\$627.11
42550		\$160.11
42600		\$526.54
42650		\$80.98
42660		\$124.61
42665		\$356.45
42700		\$197.08
42720		\$462.57
42725		\$820.49
42800		\$162.32
42804		\$205.59
42806		\$229.62
42808		\$235.54
42809		\$207.80
42810		\$397.86
42815		\$557.60
42820		\$294.70
42821		\$307.27
42825		\$268.81
42826		\$256.98
42830		\$212.98
42831		\$230.73
42835		\$197.82
42836		\$246.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
42842		\$1,031.99
42844		\$1,419.87
42845		\$2,278.82
42860		\$193.75
42870		\$605.66
42890		\$1,456.85
42892		\$1,914.61
42894		\$2,416.37
42900		\$339.81
42950		\$823.45
42953		\$986.51
42955		\$781.67
42960		\$168.98
42961		\$425.59
42962		\$524.69
42970		\$418.57
42971		\$461.83
42972		\$516.55
43020		\$563.88
43030		\$528.38
43045		\$1,296.74
43100		\$641.16
43101		\$1,002.04
43107		\$2,970.27
43108		\$4,421.20
43112		\$3,468.70
43113		\$4,319.88
43116		\$4,946.25
43117		\$3,233.53
43118		\$3,602.55
43121		\$2,837.15
43122		\$2,553.92
43123		\$4,478.88
43124		\$3,782.25
43130		\$796.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
43135		\$1,462.39
43180		\$555.75
43191		\$157.15
43192		\$172.31
43193		\$171.94
43194		\$194.86
43195		\$187.10
43196		\$199.67
43197		\$199.30
43198		\$220.01
43200		\$250.70
43201		\$250.33
43202		\$352.01
43204		\$139.40
43205		\$145.31
43206		\$296.18
43210		\$438.53
43211		\$241.82
43212		\$191.90
43213		\$1,281.58
43214		\$197.82
43215		\$398.23
43216		\$408.58
43217		\$417.09
43220		\$1,059.73
43226		\$370.87
43227		\$648.19
43229		\$724.73
43231		\$164.54
43232		\$205.96
43233		\$234.06
43235		\$290.26
43236		\$388.62
43237		\$201.52
43238		\$239.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
43239		\$387.88
43240		\$404.15
43241		\$146.05
43242		\$271.03
43243		\$244.04
43244		\$252.91
43245		\$613.06
43246		\$204.85
43247		\$383.44
43248		\$403.41
43249		\$1,142.18
43250		\$448.15
43251		\$494.37
43252		\$335.00
43253		\$271.40
43254		\$278.43
43255		\$683.68
43257		\$239.23
43259		\$233.32
43260		\$332.41
43261		\$348.68
43262		\$367.91
43263		\$367.91
43264		\$374.93
43265		\$446.67
43266		\$223.33
43270		\$743.95
43273		\$123.50
43274		\$476.99
43275		\$387.51
43276		\$496.58
43277		\$389.72
43278		\$446.30
43279		\$1,289.35
43280		\$1,082.28

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
43281		\$1,543.74
43282		\$1,734.90
43283		\$157.15
43284		\$653.36
43285		\$672.59
43286		\$3,180.66
43287		\$3,577.41
43288		\$3,775.23
43300		\$630.07
43305		\$1,109.64
43310		\$1,473.49
43312		\$1,579.61
43313		\$2,715.13
43314		\$2,920.35
43320		\$1,399.16
43325		\$1,360.34
43327		\$823.08
43328		\$1,119.26
43330		\$1,337.78
43331		\$1,332.98
43332		\$1,158.08
43333		\$1,264.94
43334		\$1,243.13
43335		\$1,328.54
43336		\$1,442.43
43337		\$1,537.82
43338		\$114.99
43340		\$1,381.42
43341		\$1,393.25
43351		\$1,311.90
43352		\$1,062.31
43360		\$2,236.67
43361		\$2,694.80
43400		\$1,523.77
43405		\$1,449.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
43410		\$1,043.46
43415		\$2,560.20
43420		\$1,032.36
43425		\$1,434.66
43450		\$177.48
43453		\$924.03
43460		\$218.90
43500		\$788.32
43501		\$1,351.10
43502		\$1,527.10
43510		\$951.39
43520		\$689.97
43605		\$842.31
43610		\$984.30
43611		\$1,227.23
43620		\$1,983.38
43621		\$2,269.94
43622		\$2,311.36
43631		\$1,454.26
43632		\$2,035.89
43633		\$1,925.70
43634		\$2,126.11
43635		\$112.41
43640		\$1,182.86
43641		\$1,206.52
43644		\$1,738.60
43645		\$1,851.01
43651		\$658.54
43652		\$767.99
43653		\$580.15
43752		\$41.78
43753		\$22.19
43754		\$189.69
43755		\$178.96
43756		\$261.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
43757		\$358.30
43761		\$124.24
43762		\$236.28
43763		\$351.64
43770		\$1,129.61
43771		\$1,282.32
43772		\$953.61
43773		\$1,282.32
43774		\$963.59
43775		\$1,111.49
43800		\$935.12
43810		\$1,019.79
43820		\$1,347.40
43825		\$1,313.01
43830		\$707.35
43831		\$608.62
43832		\$1,044.20
43840		\$1,364.04
43842		\$1,203.19
43843		\$1,285.65
43845		\$1,952.32
43846		\$1,629.52
43847		\$1,808.49
43848		\$1,940.49
43850		\$1,631.00
43855		\$1,691.64
43860		\$1,641.73
43865		\$1,711.24
43870		\$715.48
43880		\$1,597.35
43886		\$369.76
43887		\$332.04
43888		\$467.74
44005		\$1,096.70
44010		\$868.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
44015		\$141.62
44020		\$976.90
44021		\$978.75
44025		\$988.36
44050		\$938.82
44055		\$1,493.08
44100		\$110.93
44110		\$853.40
44111		\$989.47
44120		\$1,226.49
44121		\$241.45
44125		\$1,185.44
44126		\$2,469.24
44127		\$2,852.31
44128		\$242.56
44130		\$1,320.41
44139		\$120.91
44140		\$1,347.40
44141		\$1,832.52
44143		\$1,670.94
44144		\$1,775.21
44145		\$1,664.28
44146		\$2,127.59
44147		\$1,946.41
44150		\$1,879.11
44151		\$2,165.67
44155		\$2,093.57
44156		\$2,318.75
44157		\$2,197.84
44158		\$2,252.57
44160		\$1,248.30
44180		\$923.66
44186		\$654.84
44187		\$1,114.45
44188		\$1,233.51

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
44202		\$1,391.03
44203		\$240.71
44204		\$1,547.44
44205		\$1,346.29
44206		\$1,759.31
44207		\$1,831.04
44208		\$1,999.28
44210		\$1,797.76
44211		\$2,174.55
44212		\$2,072.12
44213		\$187.84
44227		\$1,672.79
44300		\$845.64
44310		\$1,049.74
44312		\$601.60
44314		\$1,016.83
44316		\$1,416.54
44320		\$1,208.37
44322		\$1,019.42
44340		\$630.44
44345		\$1,059.36
44346		\$1,191.36
44360		\$147.90
44361		\$163.43
44363		\$197.45
44364		\$210.76
44365		\$187.10
44366		\$247.37
44369		\$253.65
44370		\$274.73
44372		\$246.26
44373		\$197.08
44376		\$292.85
44377		\$308.01
44378		\$396.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
44379		\$421.15
44380		\$190.43
44381		\$1,027.93
44382		\$298.39
44384		\$157.52
44385		\$208.17
44386		\$312.45
44388		\$313.55
44389		\$415.61
44390		\$407.10
44391		\$703.65
44392		\$381.22
44394		\$438.16
44401		\$2,957.69
44402		\$269.92
44403		\$313.19
44404		\$413.39
44405		\$581.63
44406		\$236.28
44407		\$283.97
44408		\$238.49
44500		\$19.97
44602		\$1,412.85
44603		\$1,625.46
44604		\$1,061.58
44605		\$1,310.05
44615		\$1,081.17
44620		\$873.00
44625		\$1,023.12
44626		\$1,605.49
44640		\$1,405.08
44650		\$1,454.26
44660		\$1,353.31
44661		\$1,561.12
44680		\$1,065.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
44700		\$1,019.05
44701		\$169.35
44705		\$114.62
44720		\$273.25
44721		\$382.33
44800		\$775.01
44820		\$840.46
44850		\$749.50
44900		\$785.74
44950		\$645.23
44955		\$83.94
44960		\$879.65
44970		\$604.55
45000		\$435.21
45005		\$301.35
45020		\$579.78
45100		\$305.79
45108		\$374.56
45110		\$1,858.40
45111		\$1,097.81
45112		\$1,889.09
45113		\$1,924.59
45114		\$1,818.10
45116		\$1,585.89
45119		\$1,958.98
45120		\$1,599.20
45121		\$1,745.63
45123		\$1,132.94
45126		\$2,813.49
45130		\$1,103.36
45135		\$1,328.54
45136		\$1,841.76
45150		\$422.26
45160		\$1,027.93
45171		\$618.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
45172		\$830.85
45190		\$717.70
45300		\$127.94
45303		\$1,003.52
45305		\$167.50
45307		\$192.27
45308		\$188.21
45309		\$194.12
45315		\$211.13
45317		\$208.54
45320		\$205.96
45321		\$103.53
45327		\$117.21
45330		\$181.92
45331		\$286.93
45332		\$274.36
45333		\$325.76
45334		\$551.31
45335		\$277.69
45337		\$118.32
45338		\$293.59
45340		\$474.77
45341		\$127.57
45342		\$174.90
45346		\$2,887.81
45347		\$158.63
45349		\$204.48
45350		\$654.47
45378		\$340.55
45379		\$439.64
45380		\$440.75
45381		\$437.42
45382		\$730.64
45384		\$489.56
45385		\$458.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
45386		\$635.24
45388		\$3,053.83
45389		\$298.02
45390		\$342.77
45391		\$265.49
45392		\$313.19
45393		\$259.20
45395		\$1,995.58
45397		\$2,176.40
45398		\$815.32
45400		\$1,154.75
45402		\$1,536.34
45500		\$569.43
45505		\$610.10
45520		\$163.06
45540		\$1,075.26
45541		\$957.67
45550		\$1,483.47
45560		\$707.72
45562		\$1,139.59
45563		\$1,663.91
45800		\$1,272.71
45805		\$1,475.33
45820		\$1,276.03
45825		\$1,542.63
45900		\$212.98
45905		\$171.94
45910		\$195.97
45915		\$355.71
45990		\$107.60
46020		\$289.52
46030		\$148.64
46040		\$560.18
46045		\$445.93
46050		\$227.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
46060		\$492.52
46070		\$270.29
46080		\$276.58
46083		\$198.93
46200		\$478.10
46220		\$236.65
46221		\$283.97
46230		\$302.83
46250		\$488.45
46255		\$532.45
46257		\$436.31
46258		\$477.73
46260		\$488.45
46261		\$535.41
46262		\$570.17
46270		\$538.74
46275		\$569.43
46280		\$486.60
46285		\$566.47
46288		\$565.36
46320		\$203.74
46500		\$310.60
46505		\$306.16
46600		\$106.86
46601		\$147.90
46604		\$699.21
46606		\$266.60
46607		\$207.43
46608		\$278.06
46610		\$265.12
46611		\$210.02
46612		\$322.06
46614		\$152.71
46615		\$166.02
46700		\$671.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
46705		\$569.80
46706		\$178.59
46707		\$503.24
46710		\$1,116.30
46712		\$2,234.82
46715		\$555.75
46716		\$1,229.45
46730		\$1,983.01
46735		\$2,283.26
46740		\$2,163.82
46742		\$2,502.15
46744		\$3,534.89
46746		\$3,896.51
46748		\$4,225.59
46750		\$769.10
46751		\$668.15
46753		\$621.93
46754		\$336.48
46760		\$1,126.65
46761		\$940.29
46900		\$245.15
46910		\$267.70
46916		\$255.50
46917		\$437.42
46922		\$303.57
46924		\$560.55
46930		\$222.22
46940		\$254.76
46942		\$243.30
46945		\$344.24
46946		\$387.51
46947		\$390.09
46948		\$449.26
47000		\$324.65
47001		\$103.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
47010		\$1,217.61
47015		\$1,170.28
47100		\$853.40
47120		\$2,339.83
47122		\$3,433.20
47125		\$3,079.71
47130		\$3,306.75
47135		\$5,387.00
47140		\$3,567.06
47141		\$4,267.01
47142		\$4,703.32
47146		\$326.87
47147		\$381.59
47300		\$1,135.90
47350		\$1,375.87
47360		\$1,881.33
47361		\$3,035.34
47362		\$1,456.48
47370		\$1,252.74
47371		\$1,259.77
47380		\$1,451.30
47381		\$1,482.73
47382		\$4,608.29
47383		\$7,197.71
47400		\$2,157.54
47420		\$1,347.03
47425		\$1,372.54
47460		\$1,275.67
47480		\$888.16
47490		\$346.83
47531		\$404.15
47532		\$884.83
47533		\$1,314.49
47534		\$1,492.34
47535		\$1,035.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
47536		\$729.53
47537		\$470.70
47538		\$4,498.11
47539		\$4,953.28
47540		\$5,053.85
47541		\$1,268.64
47542		\$541.70
47543		\$482.53
47544		\$1,041.24
47550		\$164.54
47552		\$283.23
47553		\$285.45
47554		\$513.96
47555		\$339.44
47556		\$384.55
47562		\$661.87
47563		\$720.29
47564		\$1,119.26
47570		\$777.97
47600		\$1,073.78
47605		\$1,129.24
47610		\$1,259.03
47612		\$1,278.99
47620		\$1,380.31
47700		\$1,063.05
47701		\$1,742.67
47711		\$1,564.82
47712		\$2,001.50
47715		\$1,337.04
47720		\$1,161.41
47721		\$1,360.71
47740		\$1,319.67
47741		\$1,481.99
47760		\$2,257.00
47765		\$3,039.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
47780		\$2,477.75
47785		\$3,251.28
47800		\$1,584.04
47801		\$1,121.11
47802		\$1,532.65
47900		\$1,369.95
48000		\$1,886.51
48001		\$2,309.14
48020		\$1,183.23
48100		\$890.38
48102		\$561.66
48105		\$2,853.42
48120		\$1,111.86
48140		\$1,567.77
48145		\$1,636.92
48146		\$1,891.31
48148		\$1,254.22
48150		\$3,120.76
48152		\$2,896.31
48153		\$3,108.56
48154		\$2,908.89
48155		\$1,821.43
48400		\$106.86
48500		\$1,157.71
48510		\$1,104.10
48520		\$1,097.44
48540		\$1,312.64
48545		\$1,349.62
48547		\$1,795.18
48548		\$1,669.46
48552		\$234.80
48554		\$2,582.76
48556		\$1,282.69
49000		\$773.53
49002		\$1,049.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
49010		\$928.46
49013		\$442.60
49014		\$366.43
49020		\$1,601.05
49040		\$1,007.22
49060		\$1,107.06
49062		\$770.95
49082		\$211.87
49083		\$313.19
49084		\$108.71
49180		\$177.11
49185		\$1,231.66
49203		\$1,202.82
49204		\$1,533.39
49205		\$1,755.98
49215		\$2,232.23
49220		\$975.79
49250		\$594.20
49255		\$796.09
49320		\$330.93
49321		\$347.94
49322		\$376.78
49323		\$645.97
49324		\$390.83
49325		\$416.35
49326		\$188.21
49327		\$130.15
49400		\$149.38
49402		\$860.43
49405		\$922.92
49406		\$922.55
49407		\$755.79
49411		\$509.16
49412		\$82.09
49418		\$1,253.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
49419		\$439.27
49421		\$227.77
49422		\$221.85
49423		\$625.63
49424		\$175.64
49425		\$725.83
49426		\$670.74
49427		\$39.93
49428		\$432.99
49429		\$459.61
49435		\$119.06
49436		\$188.21
49440		\$978.38
49441		\$1,105.58
49442		\$927.35
49446		\$941.77
49450		\$691.45
49451		\$748.39
49452		\$915.52
49460		\$766.88
49465		\$159.37
49491		\$799.42
49492		\$961.37
49495		\$411.17
49496		\$617.50
49500		\$416.35
49501		\$608.62
49505		\$525.06
49507		\$589.76
49520		\$635.24
49521		\$720.29
49525		\$577.19
49540		\$678.14
49550		\$579.78
49553		\$634.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
49555		\$605.66
49557		\$726.94
49560		\$741.73
49561		\$932.53
49565		\$772.42
49566		\$941.40
49568		\$266.60
49570		\$420.78
49572		\$520.99
49580		\$337.59
49582		\$486.60
49585		\$449.63
49587		\$480.32
49590		\$576.08
49600		\$736.56
49605		\$4,931.46
49606		\$1,135.90
49610		\$694.04
49611		\$611.95
49650		\$433.36
49651		\$564.25
49652		\$748.02
49653		\$933.64
49654		\$848.59
49655		\$1,037.17
49656		\$919.59
49657		\$1,323.73
49900		\$824.56
49904		\$1,413.22
49905		\$353.86
50010		\$747.65
50020		\$1,041.98
50040		\$948.06
50045		\$958.41
50060		\$1,171.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
50065		\$1,242.02
50070		\$1,217.61
50075		\$1,497.52
50080		\$893.34
50081		\$1,312.64
50100		\$1,083.02
50120		\$976.16
50125		\$1,009.81
50130		\$1,061.94
50135		\$1,152.91
50200		\$567.95
50205		\$758.74
50220		\$1,070.45
50225		\$1,229.45
50230		\$1,313.38
50234		\$1,335.20
50236		\$1,504.92
50240		\$1,361.08
50250		\$1,250.52
50280		\$981.34
50290		\$924.03
50320		\$1,512.68
50327		\$216.31
50328		\$189.32
50329		\$180.44
50340		\$954.72
50360		\$2,425.98
50365		\$2,886.70
50370		\$1,215.02
50380		\$2,022.58
50382		\$1,149.21
50384		\$937.71
50385		\$1,130.72
50386		\$773.90
50387		\$574.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
50389		\$393.42
50390		\$99.46
50391		\$126.83
50396		\$121.28
50400		\$1,193.21
50405		\$1,434.29
50430		\$592.72
50431		\$270.29
50432		\$928.83
50433		\$1,201.71
50434		\$957.67
50435		\$589.76
50436		\$155.67
50437		\$260.68
50500		\$1,248.67
50520		\$1,160.67
50525		\$1,471.27
50526		\$1,576.65
50540		\$1,179.16
50541		\$942.51
50542		\$1,198.02
50543		\$1,529.69
50544		\$1,277.88
50545		\$1,373.65
50546		\$1,233.88
50547		\$1,618.06
50548		\$1,381.42
50551		\$371.24
50553		\$396.75
50555		\$424.85
50557		\$431.88
50561		\$488.82
50562		\$594.94
50570		\$503.61
50572		\$544.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
50574		\$579.41
50575		\$732.49
50576		\$577.93
50580		\$622.67
50590		\$761.33
50592		\$3,361.10
50593		\$4,544.33
50600		\$964.70
50605		\$1,002.41
50606		\$652.99
50610		\$971.35
50620		\$929.20
50630		\$917.37
50650		\$1,066.01
50660		\$1,175.09
50684		\$121.65
50686		\$145.68
50688		\$80.61
50690		\$112.04
50693		\$1,090.42
50694		\$1,209.48
50695		\$1,464.98
50700		\$951.76
50705		\$1,990.78
50706		\$990.21
50715		\$1,221.68
50722		\$1,048.63
50725		\$1,133.31
50727		\$523.21
50728		\$749.50
50740		\$1,225.75
50750		\$1,185.44
50760		\$1,151.06
50770		\$1,185.44
50780		\$1,132.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
50782		\$1,104.84
50783		\$1,158.45
50785		\$1,244.24
50800		\$951.02
50810		\$1,403.97
50815		\$1,257.92
50820		\$1,347.77
50825		\$1,699.04
50830		\$1,851.01
50840		\$1,264.20
50845		\$1,286.76
50860		\$972.09
50900		\$866.34
50920		\$905.91
50930		\$1,132.57
50940		\$912.19
50945		\$998.72
50947		\$1,423.57
50948		\$1,308.20
50951		\$388.62
50953		\$411.54
50955		\$439.27
50957		\$443.34
50961		\$399.71
50970		\$379.74
50972		\$367.17
50974		\$484.38
50976		\$477.73
50980		\$365.32
51020		\$482.90
51030		\$486.23
51040		\$298.39
51045		\$509.16
51050		\$485.49
51060		\$599.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
51065		\$596.42
51080		\$421.15
51100		\$70.25
51101		\$147.90
51102		\$245.15
51500		\$655.21
51520		\$612.69
51525		\$882.98
51530		\$792.39
51535		\$802.74
51550		\$986.14
51555		\$1,297.85
51565		\$1,333.72
51570		\$1,513.42
51575		\$1,871.71
51580		\$1,947.89
51585		\$2,167.89
51590		\$1,984.12
51595		\$2,245.91
51596		\$2,415.63
51597		\$2,352.40
51600		\$215.57
51605		\$39.56
51610		\$124.61
51700		\$77.28
51701		\$45.85
51702		\$63.23
51703		\$143.84
51705		\$97.99
51710		\$136.44
51715		\$352.38
51720		\$86.15
51725		\$220.38
51725	26	\$78.02
51725	TC	\$142.36

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
51726		\$301.35
51726	26	\$87.26
51726	TC	\$214.09
51727		\$360.88
51727	26	\$109.82
51727	TC	\$251.07
51728		\$366.06
51728	26	\$108.34
51728	TC	\$257.72
51729		\$389.36
51729	26	\$130.52
51729	TC	\$258.83
51736		\$14.42
51736	26	\$8.87
51736	TC	\$5.55
51741		\$14.42
51741	26	\$8.87
51741	TC	\$5.55
51784		\$69.14
51784	26	\$39.19
51784	TC	\$29.95
51785		\$384.55
51785	26	\$89.85
51785	TC	\$294.70
51792		\$258.09
51792	26	\$56.57
51792	TC	\$201.52
51797		\$168.98
51797	26	\$41.41
51797	TC	\$127.57
51798		\$10.35
51800		\$1,070.82
51820		\$1,114.82
51840		\$700.32
51841		\$813.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
51845		\$599.01
51860		\$761.33
51865		\$919.96
51880		\$478.47
51900		\$847.86
51920		\$785.37
51925		\$1,083.76
51940		\$1,686.10
51960		\$1,423.57
51980		\$733.97
51990		\$767.62
51992		\$858.21
52000		\$218.16
52001		\$427.81
52005		\$304.31
52007		\$492.89
52010		\$412.28
52204		\$400.08
52214		\$761.70
52224		\$794.98
52234		\$251.81
52235		\$295.44
52240		\$401.93
52250		\$245.15
52260		\$215.57
52265		\$394.16
52270		\$416.72
52275		\$546.13
52276		\$271.03
52277		\$330.93
52281		\$332.78
52282		\$344.98
52283		\$335.74
52285		\$334.26
52287		\$372.35

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
52290		\$249.96
52300		\$286.56
52301		\$296.92
52305		\$285.45
52310		\$299.50
52315		\$479.58
52317		\$908.50
52318		\$485.12
52320		\$252.54
52325		\$327.98
52327		\$268.81
52330		\$602.34
52332		\$472.92
52334		\$187.47
52341		\$291.00
52342		\$316.51
52343		\$352.75
52344		\$377.89
52345		\$404.15
52346		\$457.39
52351		\$309.86
52352		\$363.10
52353		\$401.93
52354		\$427.44
52355		\$478.84
52356		\$425.96
52400		\$490.67
52402		\$273.25
52441		\$1,422.09
52442		\$1,039.76
52450		\$485.49
52500		\$503.98
52601		\$749.87
52630		\$414.50
52640		\$326.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
52647		\$1,689.42
52648		\$1,741.56
52649		\$848.96
52700		\$454.43
53000		\$152.71
53010		\$304.31
53020		\$99.46
53025		\$69.88
53040		\$404.15
53060		\$190.80
53080		\$432.62
53085		\$668.52
53200		\$161.95
53210		\$801.64
53215		\$954.35
53220		\$465.16
53230		\$625.63
53235		\$651.88
53240		\$436.68
53250		\$407.84
53260		\$209.65
53265		\$230.73
53270		\$214.46
53275		\$269.92
53400		\$825.30
53405		\$898.14
53410		\$1,006.48
53415		\$1,161.78
53420		\$865.60
53425		\$963.22
53430		\$995.39
53431		\$1,185.81
53440		\$774.64
53442		\$806.81
53444		\$816.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
53445		\$776.86
53446		\$661.13
53447		\$831.59
53448		\$1,314.49
53449		\$630.07
53450		\$421.15
53460		\$471.44
53500		\$768.36
53502		\$500.28
53505		\$499.91
53510		\$650.40
53515		\$818.64
53520		\$573.86
53600		\$87.26
53601		\$83.20
53605		\$66.19
53620		\$152.71
53621		\$144.21
53660		\$72.84
53661		\$71.73
53665		\$39.19
53850		\$1,627.67
53852		\$1,577.39
53854		\$1,880.22
53855		\$776.12
53860		\$2,201.17
54000		\$162.69
54001		\$200.04
54015		\$314.66
54050		\$139.03
54055		\$130.15
54056		\$145.31
54057		\$143.10
54060		\$194.12
54065		\$227.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
54100		\$205.96
54105		\$278.43
54110		\$642.64
54111		\$823.08
54112		\$963.96
54115		\$468.48
54120		\$650.03
54125		\$837.13
54130		\$1,226.49
54135		\$1,553.35
54150		\$157.89
54160		\$227.40
54161		\$202.63
54162		\$265.86
54163		\$224.44
54164		\$198.93
54200		\$114.99
54205		\$548.35
54220		\$217.79
54230		\$103.16
54231		\$146.05
54235		\$90.96
54240		\$106.49
54240	26	\$67.30
54240	TC	\$39.19
54250		\$126.09
54250	26	\$113.52
54250	TC	\$12.57
54300		\$664.09
54304		\$770.95
54308		\$736.56
54312		\$842.31
54316		\$1,024.60
54318		\$732.49
54322		\$804.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
54324		\$996.13
54326		\$971.35
54328		\$965.07
54332		\$1,041.24
54336		\$1,222.79
54340		\$586.44
54344		\$973.57
54348		\$1,040.87
54352		\$1,455.74
54360		\$742.10
54380		\$822.71
54385		\$956.56
54390		\$1,276.40
54400		\$547.24
54401		\$679.25
54405		\$832.33
54406		\$752.46
54408		\$813.47
54410		\$885.94
54411		\$1,058.62
54415		\$545.02
54416		\$733.23
54417		\$924.76
54420		\$724.73
54430		\$658.17
54435		\$427.81
54437		\$695.15
54438		\$1,375.13
54450		\$70.62
54500		\$76.17
54505		\$216.31
54512		\$554.27
54520		\$335.37
54522		\$606.77
54530		\$522.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
54535		\$766.14
54550		\$506.94
54560		\$707.35
54600		\$466.63
54620		\$308.01
54640		\$445.93
54650		\$732.86
54660		\$368.28
54670		\$419.68
54680		\$810.51
54690		\$675.18
54692		\$779.82
54700		\$219.64
54800		\$129.05
54830		\$383.44
54840		\$331.30
54860		\$431.14
54861		\$584.22
54865		\$369.76
54900		\$824.19
54901		\$1,087.83
55000		\$122.02
55040		\$347.20
55041		\$525.80
55060		\$391.57
55100		\$231.10
55110		\$398.97
55120		\$364.58
55150		\$506.20
55175		\$373.83
55180		\$712.15
55200		\$425.96
55250		\$374.20
55300		\$191.53
55400		\$514.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
55500		\$402.67
55520		\$459.24
55530		\$362.36
55535		\$443.34
55540		\$555.75
55550		\$441.86
55600		\$434.10
55605		\$538.37
55650		\$738.78
55680		\$357.19
55700		\$256.98
55705		\$273.62
55706		\$384.55
55720		\$465.90
55725		\$611.95
55801		\$1,125.91
55810		\$1,346.29
55812		\$1,653.19
55815		\$1,810.70
55821		\$898.51
55831		\$972.46
55840		\$1,203.19
55842		\$1,203.56
55845		\$1,400.64
55860		\$900.36
55862		\$1,127.39
55865		\$1,372.54
55866		\$1,482.73
55870		\$180.44
55873		\$6,460.78
55874		\$3,215.05
55875		\$794.24
55876		\$150.49
55920		\$471.81
56405		\$131.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
56420		\$160.47
56440		\$185.25
56441		\$169.35
56442		\$48.07
56501		\$168.98
56515		\$258.83
56605		\$92.81
56606		\$39.19
56620		\$566.10
56625		\$659.28
56630		\$956.56
56631		\$1,193.95
56632		\$1,423.57
56633		\$1,233.51
56634		\$1,301.55
56637		\$1,510.09
56640		\$1,529.32
56700		\$201.15
56740		\$314.66
56800		\$253.65
56805		\$1,184.33
56810		\$273.25
56820		\$122.39
56821		\$163.06
57000		\$201.15
57010		\$458.50
57020		\$112.41
57022		\$180.07
57023		\$323.17
57061		\$145.68
57065		\$227.40
57100		\$98.73
57105		\$163.43
57106		\$528.75
57107		\$1,466.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
57109		\$1,739.34
57110		\$921.44
57111		\$1,739.34
57112		\$1,859.88
57120		\$535.04
57130		\$211.87
57135		\$227.77
57150		\$55.09
57155		\$394.90
57156		\$222.96
57160		\$69.88
57170		\$72.10
57180		\$178.96
57200		\$326.13
57210		\$392.31
57220		\$343.51
57230		\$419.31
57240		\$618.97
57250		\$621.93
57260		\$791.28
57265		\$887.05
57267		\$258.46
57268		\$509.16
57270		\$826.78
57280		\$983.93
57282		\$538.74
57283		\$714.74
57284		\$845.27
57285		\$702.91
57287		\$735.82
57288		\$751.35
57289		\$799.42
57291		\$554.27
57292		\$843.05
57295		\$504.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
57296		\$967.66
57300		\$602.71
57305		\$979.49
57307		\$1,082.28
57308		\$677.40
57310		\$495.48
57311		\$560.18
57320		\$563.88
57330		\$780.19
57335		\$1,196.17
57400		\$134.22
57410		\$108.34
57415		\$173.79
57420		\$128.68
57421		\$173.05
57423		\$945.84
57425		\$999.46
57426		\$879.65
57452		\$123.13
57454		\$167.13
57455		\$158.26
57456		\$149.01
57460		\$316.14
57461		\$353.86
57500		\$148.27
57505		\$133.11
57510		\$154.56
57511		\$178.96
57513		\$181.92
57520		\$342.77
57522		\$294.33
57530		\$369.76
57531		\$1,799.98
57540		\$804.96
57545		\$848.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
57550		\$431.88
57555		\$626.37
57556		\$593.83
57558		\$147.90
57700		\$345.35
57720		\$331.30
57800		\$72.10
58100		\$99.83
58110		\$51.77
58120		\$288.04
58140		\$945.84
58145		\$573.86
58146		\$1,181.01
58150		\$1,029.41
58152		\$1,276.77
58180		\$979.86
58200		\$1,374.39
58210		\$1,842.87
58240		\$2,951.41
58260		\$853.03
58262		\$946.21
58263		\$1,015.73
58267		\$1,088.57
58270		\$909.23
58275		\$1,009.81
58280		\$1,080.80
58285		\$1,425.79
58290		\$1,176.57
58291		\$1,275.67
58292		\$1,342.59
58293		\$1,395.10
58294		\$1,245.71
58300		\$94.29
58301		\$103.90
58340		\$202.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
58346		\$494.37
58353		\$1,043.46
58356		\$1,904.99
58400		\$465.90
58410		\$830.48
58520		\$813.10
58540		\$935.12
58541		\$743.21
58542		\$844.90
58543		\$857.47
58544		\$923.66
58545		\$916.63
58546		\$1,142.92
58548		\$1,902.04
58550		\$901.10
58552		\$1,003.52
58553		\$1,149.58
58554		\$1,340.74
58555		\$334.26
58558		\$1,452.41
58559		\$292.48
58560		\$321.69
58561		\$367.54
58562		\$406.36
58563		\$2,043.28
58565		\$1,888.35
58570		\$810.51
58571		\$914.04
58572		\$1,051.59
58573		\$1,233.14
58575		\$1,933.09
58600		\$376.78
58605		\$341.29
58611		\$78.39
58615		\$255.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
58660		\$688.86
58661		\$662.98
58662		\$725.47
58670		\$377.52
58671		\$377.15
58672		\$749.50
58673		\$814.21
58674		\$833.43
58700		\$803.85
58720		\$759.48
58740		\$910.71
58760		\$836.02
58770		\$878.55
58800		\$354.23
58805		\$428.55
58820		\$336.11
58822		\$725.47
58825		\$720.29
58900		\$437.79
58920		\$726.20
58925		\$771.32
58940		\$550.57
58943		\$1,186.18
58950		\$1,152.54
58951		\$1,456.48
58952		\$1,654.30
58953		\$2,027.38
58954		\$2,196.73
58956		\$1,378.46
58957		\$1,599.94
58958		\$1,769.29
58960		\$985.04
58970		\$238.86
58976		\$259.57
59000		\$121.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
59001		\$176.00
59012		\$198.93
59015		\$155.30
59020		\$70.62
59020	26	\$36.61
59020	TC	\$34.02
59025		\$48.81
59025	26	\$29.21
59025	TC	\$19.60
59030		\$110.93
59050		\$50.29
59051		\$41.41
59070		\$402.30
59072		\$514.70
59074		\$385.66
59076		\$514.70
59100		\$841.20
59120		\$802.01
59121		\$802.74
59130		\$933.27
59135		\$922.18
59136		\$884.83
59140		\$410.06
59150		\$777.97
59151		\$759.11
59160		\$241.82
59200		\$90.59
59300		\$215.20
59320		\$149.38
59325		\$238.49
59350		\$275.84
59400		\$2,120.19
59409		\$801.64
59410		\$1,034.21
59412		\$101.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
59414		\$89.85
59425		\$469.59
59426		\$837.50
59430		\$208.54
59510		\$2,337.61
59514		\$901.47
59515		\$1,252.74
59525		\$476.62
59610		\$2,215.59
59612		\$898.88
59614		\$1,118.15
59618		\$2,364.97
59620		\$931.05
59622		\$1,293.78
59812		\$342.40
59820		\$413.39
59821		\$410.06
59830		\$450.74
59840		\$237.01
59841		\$405.62
59850		\$384.18
59851		\$414.13
59852		\$569.80
59855		\$418.20
59856		\$489.93
59857		\$572.39
59866		\$235.54
59870		\$509.53
59871		\$131.26
60000		\$179.70
60100		\$114.99
60200		\$671.48
60210		\$712.89
60212		\$1,027.93
60220		\$713.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
60225		\$942.14
60240		\$925.50
60252		\$1,330.76
60254		\$1,684.99
60260		\$1,100.40
60270		\$1,374.76
60271		\$1,064.90
60280		\$454.43
60281		\$600.49
60300		\$117.95
60500		\$973.57
60502		\$1,301.18
60505		\$1,400.64
60512		\$242.93
60520		\$1,049.37
60521		\$1,116.67
60522		\$1,358.12
60540		\$1,080.06
60545		\$1,242.39
60600		\$1,364.41
60605		\$1,636.55
60650		\$1,200.97
61000		\$109.08
61001		\$103.90
61020		\$102.79
61026		\$107.23
61050		\$87.26
61055		\$123.87
61070		\$57.31
61105		\$452.21
61107		\$301.35
61108		\$877.81
61120		\$728.42
61140		\$1,230.55
61150		\$1,309.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
61151		\$964.33
61154		\$1,237.58
61156		\$1,203.19
61210		\$353.12
61215		\$498.43
61250		\$843.42
61253		\$964.33
61304		\$1,592.18
61305		\$1,941.23
61312		\$2,006.31
61313		\$1,920.52
61314		\$1,770.40
61315		\$1,999.28
61316		\$84.30
61320		\$1,837.70
61321		\$2,056.59
61322		\$2,300.63
61323		\$2,312.10
61330		\$1,736.38
61333		\$1,953.06
61340		\$1,396.58
61343		\$2,125.00
61345		\$1,973.77
61450		\$1,856.55
61458		\$1,946.04
61460		\$2,035.89
61500		\$1,296.37
61501		\$1,131.09
61510		\$2,126.11
61512		\$2,468.13
61514		\$1,849.16
61516		\$1,811.81
61517		\$83.94
61518		\$2,674.83
61519		\$2,851.57

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
61520		\$3,643.60
61521		\$3,073.43
61522		\$2,114.65
61524		\$2,014.07
61526		\$3,313.03
61530		\$2,969.90
61531		\$1,187.29
61533		\$1,478.29
61534		\$1,596.25
61535		\$973.94
61536		\$2,490.69
61537		\$2,379.39
61538		\$2,571.67
61539		\$2,281.04
61540		\$2,106.88
61541		\$2,078.04
61543		\$2,100.60
61544		\$1,836.59
61545		\$3,080.08
61546		\$2,229.64
61548		\$1,532.28
61550		\$1,157.34
61552		\$1,437.99
61556		\$1,652.08
61557		\$1,631.37
61558		\$1,819.21
61559		\$2,317.64
61563		\$1,916.46
61564		\$2,325.78
61566		\$2,169.00
61567		\$2,471.46
61570		\$1,808.86
61571		\$1,924.96
61575		\$2,420.07
61576		\$4,087.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
61580		\$2,482.92
61581		\$2,731.03
61582		\$3,032.39
61583		\$2,829.39
61584		\$2,813.12
61585		\$3,174.00
61586		\$2,440.40
61590		\$3,076.02
61591		\$3,094.13
61592		\$3,110.03
61595		\$2,379.02
61596		\$2,488.84
61597		\$2,871.91
61598		\$2,789.45
61600		\$2,152.36
61601		\$2,372.37
61605		\$2,207.09
61606		\$2,885.22
61607		\$2,674.09
61608		\$3,177.33
61611		\$449.26
61613		\$3,204.32
61615		\$2,752.85
61616		\$3,265.33
61618		\$1,258.29
61619		\$1,405.82
61623		\$563.14
61624		\$1,134.42
61626		\$890.38
61630		\$1,348.51
61635		\$1,443.54
61640		\$485.86
61641		\$170.83
61642		\$341.29
61645		\$830.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
61650		\$561.29
61651		\$240.34
61680		\$2,181.94
61682		\$4,073.99
61684		\$2,746.93
61686		\$4,404.19
61690		\$2,109.84
61692		\$3,528.97
61697		\$4,075.84
61698		\$4,532.49
61700		\$3,293.80
61702		\$3,890.22
61703		\$1,317.08
61705		\$2,513.61
61708		\$2,458.89
61710		\$2,075.08
61711		\$2,508.44
61720		\$1,231.66
61735		\$1,542.26
61750		\$1,364.04
61751		\$1,339.63
61760		\$1,530.06
61770		\$1,569.25
61781		\$226.29
61782		\$176.37
61783		\$226.29
61790		\$855.99
61791		\$1,092.27
61796		\$984.30
61797		\$210.76
61798		\$1,336.31
61799		\$291.00
61800		\$147.16
61850		\$955.45
61860		\$1,513.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
61863		\$1,457.59
61864		\$271.77
61867		\$2,204.50
61868		\$478.84
61870		\$1,148.47
61880		\$566.10
61885		\$511.75
61886		\$843.79
61888		\$386.40
62000		\$1,002.41
62005		\$1,232.03
62010		\$1,486.80
62100		\$1,548.18
62115		\$1,628.78
62117		\$1,899.08
62120		\$2,068.80
62121		\$1,566.29
62140		\$1,005.74
62141		\$1,116.30
62142		\$865.97
62143		\$1,013.88
62145		\$1,379.94
62146		\$1,124.43
62147		\$1,389.55
62148		\$121.65
62160		\$181.55
62161		\$1,467.57
62162		\$1,827.71
62163		\$1,190.99
62164		\$2,025.16
62165		\$1,504.55
62180		\$1,548.18
62190		\$901.10
62192		\$956.93
62194		\$479.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
62200		\$1,332.98
62201		\$1,175.09
62220		\$963.59
62223		\$1,018.68
62225		\$518.03
62230		\$821.23
62252		\$80.98
62252	26	\$44.74
62252	TC	\$36.24
62256		\$590.87
62258		\$1,081.91
62263		\$638.20
62264		\$454.80
62267		\$275.84
62268		\$265.49
62269		\$275.10
62270		\$143.84
62272		\$187.10
62273		\$177.48
62280		\$364.21
62281		\$247.74
62282		\$319.84
62284		\$205.96
62287		\$597.90
62290		\$367.54
62291		\$347.94
62292		\$598.64
62294		\$921.81
62302		\$268.81
62303		\$273.99
62304		\$265.12
62305		\$288.78
62320		\$169.35
62321		\$269.18
62322		\$154.93

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
62323		\$266.23
62324		\$147.16
62325		\$252.91
62326		\$151.60
62327		\$258.09
62328		\$269.18
62329		\$331.67
62350		\$401.93
62351		\$864.12
62355		\$273.25
62360		\$316.88
62361		\$420.41
62362		\$385.66
62365		\$296.55
62367		\$32.91
62368		\$45.85
62369		\$99.10
62370		\$102.79
63001		\$1,209.48
63003		\$1,213.18
63005		\$1,172.50
63011		\$1,087.09
63012		\$1,176.94
63015		\$1,447.23
63016		\$1,491.60
63017		\$1,234.25
63020		\$1,145.14
63030		\$964.70
63035		\$188.21
63040		\$1,376.24
63042		\$1,288.98
63045		\$1,264.20
63046		\$1,212.07
63047		\$1,093.74
63048		\$207.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
63050		\$1,486.43
63051		\$1,689.42
63055		\$1,590.33
63056		\$1,469.05
63057		\$314.29
63064		\$1,744.52
63066		\$197.82
63075		\$1,336.68
63076		\$241.82
63077		\$1,494.19
63078		\$198.93
63081		\$1,735.64
63082		\$261.05
63085		\$1,899.45
63086		\$187.84
63087		\$2,376.06
63088		\$252.54
63090		\$1,958.24
63091		\$177.48
63101		\$2,278.45
63102		\$2,239.99
63103		\$288.41
63170		\$1,543.00
63172		\$1,352.94
63173		\$1,670.20
63180		\$1,440.95
63182		\$1,579.98
63185		\$1,140.33
63190		\$1,260.87
63191		\$1,337.78
63194		\$1,547.81
63195		\$1,484.21
63196		\$1,722.70
63197		\$1,656.15
63198		\$2,021.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
63199		\$2,116.86
63200		\$1,489.39
63250		\$2,865.62
63251		\$2,930.33
63252		\$2,929.59
63265		\$1,629.15
63266		\$1,678.70
63267		\$1,349.99
63268		\$1,388.07
63270		\$2,008.53
63271		\$2,007.79
63272		\$1,844.35
63273		\$1,806.27
63275		\$1,755.98
63276		\$1,743.04
63277		\$1,530.06
63278		\$1,542.26
63280		\$2,052.53
63281		\$2,029.97
63282		\$1,916.83
63283		\$1,840.66
63285		\$2,527.30
63286		\$2,499.19
63287		\$2,651.16
63290		\$2,696.65
63295		\$317.62
63300		\$1,796.28
63301		\$2,132.76
63302		\$2,107.62
63303		\$2,236.67
63304		\$2,271.42
63305		\$2,417.11
63306		\$2,375.33
63307		\$2,325.41
63308		\$314.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
63600		\$1,057.88
63610		\$558.33
63620		\$1,085.61
63621		\$242.19
63650		\$1,988.56
63655		\$821.97
63661		\$661.13
63662		\$831.59
63663		\$881.50
63664		\$864.12
63685		\$363.84
63688		\$374.20
63700		\$1,268.27
63702		\$1,385.85
63704		\$1,609.19
63706		\$1,787.41
63707		\$919.22
63709		\$1,097.81
63710		\$1,078.58
63740		\$952.87
63741		\$666.30
63744		\$667.78
63746		\$591.61
64400		\$109.45
64405		\$72.47
64408		\$70.99
64415		\$116.84
64416		\$66.19
64417		\$141.62
64418		\$87.26
64420		\$103.16
64421		\$34.76
64425		\$115.73
64430		\$92.81
64435		\$75.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
64445		\$130.15
64446		\$61.01
64447		\$91.70
64448		\$63.23
64449		\$63.97
64450		\$78.76
64451		\$218.53
64454		\$220.75
64455		\$49.92
64461		\$136.07
64462		\$76.17
64463		\$207.80
64479		\$264.38
64480		\$131.26
64483		\$245.52
64484		\$107.60
64486		\$114.99
64487		\$188.58
64488		\$141.62
64489		\$292.85
64490		\$197.08
64491		\$98.36
64492		\$99.10
64493		\$179.70
64494		\$91.70
64495		\$91.70
64505		\$128.68
64510		\$143.84
64517		\$198.56
64520		\$222.59
64530		\$223.70
64553		\$2,109.10
64555		\$1,953.80
64561		\$777.23
64566		\$130.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
64568		\$623.41
64569		\$748.02
64570		\$715.48
64575		\$342.03
64580		\$312.08
64581		\$678.88
64585		\$255.50
64590		\$273.62
64595		\$246.63
64600		\$458.13
64605		\$638.57
64610		\$783.15
64611		\$121.65
64612		\$136.07
64615		\$148.64
64616		\$132.00
64617		\$166.02
64620		\$215.20
64624		\$423.37
64625		\$516.92
64630		\$248.85
64632		\$90.59
64633		\$434.47
64634		\$195.23
64635		\$430.03
64636		\$177.85
64640		\$257.35
64642		\$148.27
64643		\$93.92
64644		\$173.79
64645		\$118.69
64646		\$155.30
64647		\$177.48
64650		\$82.83
64653		\$99.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
64680		\$348.31
64681		\$579.41
64702		\$515.81
64704		\$332.41
64708		\$513.96
64712		\$596.79
64713		\$789.43
64714		\$742.47
64716		\$525.80
64718		\$606.77
64719		\$411.54
64721		\$445.56
64722		\$366.43
64726		\$278.43
64727		\$183.03
64732		\$437.42
64734		\$494.00
64736		\$361.62
64738		\$469.59
64740		\$488.45
64742		\$509.90
64744		\$488.08
64746		\$431.88
64755		\$922.18
64760		\$520.25
64763		\$514.70
64766		\$634.87
64771		\$620.82
64772		\$573.12
64774		\$418.57
64776		\$399.71
64778		\$183.77
64782		\$468.11
64783		\$219.27
64784		\$742.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
64786		\$1,005.37
64787		\$244.41
64788		\$408.95
64790		\$838.98
64792		\$1,060.10
64795		\$191.16
64802		\$816.06
64804		\$1,151.80
64809		\$1,054.92
64818		\$790.54
64820		\$744.69
64821		\$706.24
64822		\$706.24
64823		\$801.27
64831		\$703.28
64832		\$340.55
64834		\$753.94
64835		\$827.52
64836		\$827.52
64837		\$369.76
64840		\$975.05
64856		\$1,027.56
64857		\$1,071.56
64858		\$1,190.99
64859		\$251.07
64861		\$1,470.53
64862		\$1,392.14
64864		\$879.65
64865		\$1,115.19
64866		\$1,301.92
64868		\$1,021.27
64872		\$117.58
64874		\$175.64
64876		\$198.93
64885		\$1,128.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
64886		\$1,301.92
64890		\$1,093.74
64891		\$1,163.26
64892		\$1,063.79
64893		\$1,134.79
64895		\$1,342.96
64896		\$1,447.97
64897		\$1,283.06
64898		\$1,389.55
64901		\$602.34
64902		\$697.73
64905		\$1,036.43
64907		\$1,317.82
64910		\$806.44
64911		\$1,040.87
64912		\$922.18
64913		\$181.55
65091		\$711.41
65093		\$704.39
65101		\$819.38
65103		\$849.70
65105		\$930.68
65110		\$1,310.05
65112		\$1,509.72
65114		\$1,579.24
65125		\$474.40
65130		\$815.32
65135		\$826.04
65140		\$892.60
65150		\$658.17
65155		\$932.16
65175		\$738.78
65205		\$38.82
65210		\$47.33
65220		\$61.01

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
65222		\$70.25
65235		\$739.52
65260		\$1,000.20
65265		\$1,122.96
65270		\$291.00
65272		\$536.89
65273		\$391.94
65275		\$603.08
65280		\$690.34
65285		\$1,139.96
65286		\$728.05
65290		\$504.72
65400		\$706.98
65410		\$148.64
65420		\$549.09
65426		\$687.38
65430		\$119.06
65435		\$84.67
65436		\$398.60
65450		\$336.48
65600		\$427.44
65710		\$1,157.71
65730		\$1,279.36
65750		\$1,286.02
65755		\$1,280.10
65756		\$1,212.81
65770		\$1,435.77
65772		\$466.26
65775		\$579.41
65778		\$1,470.53
65779		\$1,269.75
65780		\$685.90
65781		\$1,367.73
65782		\$1,180.64
65785		\$2,486.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
65800		\$123.13
65810		\$477.36
65815		\$665.19
65820		\$809.03
65850		\$865.97
65855		\$254.02
65860		\$319.10
65865		\$489.19
65870		\$609.73
65875		\$650.03
65880		\$683.68
65900		\$1,008.70
65920		\$813.10
65930		\$657.80
66020		\$200.78
66030		\$179.70
66130		\$726.20
66150		\$902.58
66155		\$901.84
66160		\$1,015.36
66170		\$1,124.43
66172		\$1,225.38
66174		\$971.72
66175		\$1,017.57
66179		\$1,108.90
66180		\$1,170.28
66183		\$1,058.25
66184		\$809.40
66185		\$870.78
66225		\$958.78
66250		\$779.82
66500		\$385.29
66505		\$420.41
66600		\$895.55
66605		\$1,109.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
66625		\$440.75
66630		\$583.48
66635		\$588.65
66680		\$533.93
66682		\$695.15
66700		\$466.26
66710		\$457.02
66711		\$518.03
66720		\$477.36
66740		\$452.95
66761		\$309.49
66762		\$491.78
66770		\$546.13
66820		\$444.82
66821		\$342.77
66825		\$819.38
66830		\$729.53
66840		\$713.63
66850		\$812.36
66852		\$865.23
66920		\$772.42
66930		\$880.39
66940		\$804.59
66982		\$769.47
66984		\$561.29
66985		\$789.43
66986		\$931.05
66990		\$92.07
67005		\$485.49
67010		\$556.49
67015		\$609.36
67025		\$761.33
67027		\$873.74
67028		\$103.53
67030		\$559.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
67031		\$403.04
67036		\$923.66
67039		\$988.73
67040		\$1,068.23
67041		\$1,179.90
67042		\$1,179.53
67043		\$1,244.98
67101		\$342.03
67105		\$305.79
67107		\$1,159.56
67108		\$1,228.34
67110		\$913.67
67113		\$1,372.54
67115		\$512.48
67120		\$688.49
67121		\$930.68
67141		\$540.22
67145		\$543.54
67208		\$617.87
67210		\$532.45
67218		\$1,428.74
67220		\$548.72
67221		\$289.15
67225		\$30.32
67227		\$302.83
67228		\$351.64
67229		\$1,195.06
67250		\$867.82
67255		\$703.65
67311		\$613.80
67312		\$736.93
67314		\$696.99
67316		\$826.41
67318		\$728.05
67320		\$328.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
67331		\$312.45
67332		\$338.33
67334		\$307.64
67335		\$150.86
67340		\$365.69
67343		\$675.55
67345		\$248.11
67346		\$197.45
67400		\$1,014.25
67405		\$870.78
67412		\$949.91
67413		\$937.71
67414		\$1,434.66
67415		\$106.86
67420		\$1,724.18
67430		\$1,358.12
67440		\$1,315.97
67445		\$1,511.57
67450		\$1,365.52
67500		\$74.69
67505		\$85.04
67515		\$65.82
67550		\$1,054.92
67560		\$1,080.43
67570		\$1,277.14
67700		\$290.63
67710		\$245.15
67715		\$263.27
67800		\$132.37
67801		\$167.87
67805		\$208.54
67808		\$377.89
67810		\$187.47
67820		\$27.36
67825		\$137.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
67830		\$279.17
67835		\$451.47
67840		\$289.52
67850		\$223.70
67875		\$183.03
67880		\$477.73
67882		\$586.44
67900		\$665.19
67901		\$806.44
67902		\$742.84
67903		\$618.61
67904		\$761.70
67906		\$520.25
67908		\$532.82
67909		\$561.29
67911		\$575.34
67912		\$938.08
67914		\$499.17
67915		\$317.25
67916		\$626.00
67917		\$637.83
67921		\$489.56
67922		\$308.75
67923		\$626.37
67924		\$666.67
67930		\$381.22
67935		\$615.28
67938		\$270.29
67950		\$597.90
67961		\$600.86
67966		\$798.31
67971		\$741.00
67973		\$953.24
67974		\$951.76
67975		\$701.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
68020		\$124.24
68040		\$64.71
68100		\$184.88
68110		\$242.56
68115		\$336.48
68130		\$566.10
68135		\$162.32
68200		\$42.89
68320		\$762.07
68325		\$674.44
68326		\$661.87
68328		\$725.83
68330		\$637.09
68335		\$664.09
68340		\$600.86
68360		\$556.86
68362		\$672.96
68371		\$424.11
68400		\$304.31
68420		\$342.03
68440		\$106.12
68500		\$1,042.72
68505		\$1,037.91
68510		\$469.59
68520		\$729.53
68525		\$268.81
68530		\$448.89
68540		\$981.71
68550		\$1,211.70
68700		\$619.71
68705		\$262.90
68720		\$803.11
68745		\$807.18
68750		\$841.57
68760		\$221.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
68761		\$153.45
68770		\$644.86
68801		\$95.03
68810		\$164.54
68811		\$138.66
68815		\$404.15
68816		\$820.12
68840		\$134.96
68850		\$65.08
69000		\$193.01
69005		\$222.59
69020		\$238.12
69100		\$101.31
69105		\$145.68
69110		\$476.99
69120		\$401.93
69140		\$898.14
69145		\$411.91
69150		\$1,043.83
69155		\$1,664.28
69200		\$83.20
69205		\$99.46
69209		\$14.42
69210		\$48.44
69220		\$80.98
69222		\$218.53
69300		\$635.98
69310		\$1,116.67
69320		\$1,562.60
69420		\$192.64
69421		\$150.86
69424		\$131.63
69433		\$203.74
69436		\$160.47
69440		\$701.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
69450		\$555.38
69501		\$730.27
69502		\$969.51
69505		\$1,230.92
69511		\$1,260.51
69530		\$1,685.36
69535		\$2,694.43
69540		\$212.24
69550		\$1,064.53
69552		\$1,598.46
69554		\$2,553.55
69601		\$1,044.94
69602		\$1,106.32
69603		\$1,287.87
69604		\$1,130.35
69605		\$1,591.44
69610		\$385.66
69620		\$725.83
69631		\$901.47
69632		\$1,096.70
69633		\$1,063.05
69635		\$1,260.51
69636		\$1,411.37
69637		\$1,405.08
69641		\$1,058.99
69642		\$1,359.23
69643		\$1,242.02
69644		\$1,509.35
69645		\$1,484.95
69646		\$1,572.95
69650		\$816.43
69660		\$939.92
69661		\$1,226.49
69662		\$1,169.54
69666		\$823.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
69667		\$822.34
69670		\$961.00
69676		\$846.01
69700		\$684.42
69711		\$860.80
69714		\$1,076.00
69715		\$1,329.28
69717		\$1,128.87
69718		\$1,342.96
69720		\$1,206.15
69725		\$1,901.67
69740		\$1,181.38
69745		\$1,259.03
69801		\$218.53
69805		\$1,054.18
69806		\$945.47
69905		\$932.90
69910		\$1,016.46
69915		\$1,539.67
69930		\$1,238.69
69950		\$1,785.56
69955		\$2,000.76
69960		\$1,927.55
69970		\$2,165.67
69990		\$209.28
70010		\$61.75
70015		\$168.61
70015	26	\$61.38
70015	TC	\$107.23
70030		\$32.17
70030	26	\$8.87
70030	TC	\$23.29
70100		\$38.09
70100	26	\$9.61
70100	TC	\$28.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
70110		\$44.00
70110	26	\$13.31
70110	TC	\$30.69
70120		\$38.09
70120	26	\$9.61
70120	TC	\$28.47
70130		\$61.38
70130	26	\$17.75
70130	TC	\$43.63
70134		\$58.79
70134	26	\$18.49
70134	TC	\$40.30
70140		\$32.54
70140	26	\$10.72
70140	TC	\$21.82
70150		\$47.70
70150	26	\$14.05
70150	TC	\$33.65
70160		\$37.72
70160	26	\$9.24
70160	TC	\$28.47
70170	26	\$15.16
70190		\$39.93
70190	26	\$11.83
70190	TC	\$28.10
70200		\$48.44
70200	26	\$14.79
70200	TC	\$33.65
70210		\$32.17
70210	26	\$9.24
70210	TC	\$22.92
70220		\$38.09
70220	26	\$11.83
70220	TC	\$26.25
70240		\$34.76

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
70240	26	\$10.35
70240	TC	\$24.40
70250		\$36.98
70250	26	\$10.72
70250	TC	\$26.25
70260		\$45.85
70260	26	\$15.16
70260	TC	\$30.69
70300		\$14.42
70300	26	\$5.92
70300	TC	\$8.50
70310		\$40.67
70310	26	\$8.13
70310	TC	\$32.54
70320		\$57.68
70320	26	\$12.20
70320	TC	\$45.48
70328		\$34.76
70328	26	\$9.61
70328	TC	\$25.14
70330		\$53.61
70330	26	\$12.94
70330	TC	\$40.67
70332		\$84.30
70332	26	\$28.10
70332	TC	\$56.20
70336		\$319.10
70336	26	\$76.17
70336	TC	\$242.93
70350		\$18.12
70350	26	\$9.61
70350	TC	\$8.50
70355		\$19.97
70355	26	\$11.09
70355	TC	\$8.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
70360		\$31.80
70360	26	\$9.61
70360	TC	\$22.19
70370		\$92.07
70370	26	\$15.53
70370	TC	\$76.54
70371		\$110.56
70371	26	\$43.63
70371	TC	\$66.93
70380		\$37.35
70380	26	\$8.87
70380	TC	\$28.47
70390		\$116.10
70390	26	\$19.60
70390	TC	\$96.51
70450		\$119.43
70450	26	\$44.00
70450	TC	\$75.43
70460		\$168.98
70460	26	\$58.42
70460	TC	\$110.56
70470		\$197.45
70470	26	\$65.45
70470	TC	\$132.00
70480		\$207.06
70480	26	\$65.82
70480	TC	\$141.25
70481		\$231.84
70481	26	\$58.42
70481	TC	\$173.42
70482		\$256.24
70482	26	\$65.08
70482	TC	\$191.16
70486		\$144.21
70486	26	\$44.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
70486	TC	\$99.83
70487		\$173.05
70487	26	\$58.42
70487	TC	\$114.62
70488		\$210.39
70488	26	\$65.45
70488	TC	\$144.95
70490		\$169.72
70490	26	\$66.19
70490	TC	\$103.53
70491		\$209.28
70491	26	\$71.36
70491	TC	\$137.92
70492		\$253.28
70492	26	\$83.94
70492	TC	\$169.35
70496		\$306.53
70496	26	\$89.85
70496	TC	\$216.68
70498		\$306.16
70498	26	\$89.85
70498	TC	\$216.31
70540		\$269.92
70540	26	\$69.14
70540	TC	\$200.78
70542		\$320.21
70542	26	\$83.57
70542	TC	\$236.65
70543		\$403.04
70543	26	\$110.19
70543	TC	\$292.85
70544		\$253.65
70544	26	\$61.75
70544	TC	\$191.90
70545		\$265.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
70545	26	\$61.75
70545	TC	\$203.37
70546		\$384.55
70546	26	\$76.54
70546	TC	\$308.01
70547		\$254.76
70547	26	\$62.12
70547	TC	\$192.64
70548		\$284.34
70548	26	\$77.28
70548	TC	\$207.06
70549		\$403.78
70549	26	\$93.18
70549	TC	\$310.60
70551		\$230.36
70551	26	\$76.54
70551	TC	\$153.82
70552		\$319.10
70552	26	\$91.70
70552	TC	\$227.40
70553		\$377.15
70553	26	\$117.95
70553	TC	\$259.20
70554		\$447.78
70554	26	\$109.08
70554	TC	\$338.70
70555	26	\$129.79
70557	26	\$160.11
70558	26	\$177.48
70559	26	\$167.87
71045		\$26.62
71045	26	\$9.61
71045	TC	\$17.01
71046		\$34.02
71046	26	\$11.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
71046	TC	\$22.56
71047		\$42.89
71047	26	\$14.42
71047	TC	\$28.47
71048		\$46.59
71048	26	\$17.01
71048	TC	\$29.58
71100		\$36.98
71100	26	\$11.83
71100	TC	\$25.14
71101		\$42.52
71101	26	\$14.05
71101	TC	\$28.47
71110		\$44.74
71110	26	\$15.53
71110	TC	\$29.21
71111		\$53.25
71111	26	\$17.01
71111	TC	\$36.24
71120		\$34.02
71120	26	\$10.72
71120	TC	\$23.29
71130		\$41.41
71130	26	\$11.83
71130	TC	\$29.58
71250		\$163.80
71250	26	\$59.90
71250	TC	\$103.90
71260		\$202.63
71260	26	\$64.34
71260	TC	\$138.29
71270		\$239.97
71270	26	\$70.99
71270	TC	\$168.98
71275		\$313.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
71275	26	\$93.55
71275	TC	\$219.64
71550		\$410.80
71550	26	\$75.43
71550	TC	\$335.37
71551		\$452.95
71551	26	\$88.74
71551	TC	\$364.21
71552		\$574.23
71552	26	\$116.10
71552	TC	\$458.13
71555		\$397.86
71555	26	\$92.44
71555	TC	\$305.42
72020		\$25.14
72020	26	\$8.50
72020	TC	\$16.64
72040		\$39.56
72040	26	\$11.83
72040	TC	\$27.73
72050		\$52.51
72050	26	\$14.42
72050	TC	\$38.09
72052		\$61.75
72052	26	\$15.90
72052	TC	\$45.85
72070		\$32.91
72070	26	\$10.72
72070	TC	\$22.19
72072		\$39.93
72072	26	\$12.20
72072	TC	\$27.73
72074		\$44.74
72074	26	\$12.94
72074	TC	\$31.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
72080		\$35.50
72080	26	\$11.46
72080	TC	\$24.03
72081		\$43.26
72081	26	\$14.05
72081	TC	\$29.21
72082		\$69.51
72082	26	\$16.64
72082	TC	\$52.88
72083		\$80.98
72083	26	\$18.86
72083	TC	\$62.12
72084		\$96.14
72084	26	\$21.45
72084	TC	\$74.69
72100		\$39.56
72100	26	\$11.83
72100	TC	\$27.73
72110		\$50.29
72110	26	\$13.68
72110	TC	\$36.61
72114		\$61.75
72114	26	\$15.90
72114	TC	\$45.85
72120		\$41.04
72120	26	\$11.83
72120	TC	\$29.21
72125		\$161.21
72125	26	\$51.77
72125	TC	\$109.45
72126		\$201.89
72126	26	\$62.86
72126	TC	\$139.03
72127		\$238.12
72127	26	\$65.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
72127	TC	\$172.68
72128		\$161.21
72128	26	\$51.77
72128	TC	\$109.45
72129		\$203.37
72129	26	\$62.86
72129	TC	\$140.51
72130		\$238.49
72130	26	\$65.45
72130	TC	\$173.05
72131		\$160.47
72131	26	\$51.77
72131	TC	\$108.71
72132		\$202.26
72132	26	\$62.86
72132	TC	\$139.40
72133		\$237.01
72133	26	\$65.08
72133	TC	\$171.94
72141		\$224.07
72141	26	\$76.54
72141	TC	\$147.53
72142		\$326.13
72142	26	\$92.07
72142	TC	\$234.06
72146		\$224.07
72146	26	\$76.54
72146	TC	\$147.53
72147		\$323.91
72147	26	\$91.70
72147	TC	\$232.21
72148		\$224.44
72148	26	\$76.54
72148	TC	\$147.90
72149		\$320.95

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
72149	26	\$91.70
72149	TC	\$229.25
72156		\$380.11
72156	26	\$117.95
72156	TC	\$262.16
72157		\$380.85
72157	26	\$117.95
72157	TC	\$262.90
72158		\$379.37
72158	26	\$117.95
72158	TC	\$261.42
72159		\$413.02
72159	26	\$93.18
72159	TC	\$319.84
72170		\$29.58
72170	26	\$9.24
72170	TC	\$20.34
72190		\$42.15
72190	26	\$13.31
72190	TC	\$28.84
72191		\$333.52
72191	26	\$92.07
72191	TC	\$241.45
72192		\$150.49
72192	26	\$56.20
72192	TC	\$94.29
72193		\$251.07
72193	26	\$59.90
72193	TC	\$191.16
72194		\$281.76
72194	26	\$62.86
72194	TC	\$218.90
72195		\$275.10
72195	26	\$75.43
72195	TC	\$199.67

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
72196		\$320.95
72196	26	\$89.11
72196	TC	\$231.84
72197		\$404.15
72197	26	\$112.78
72197	TC	\$291.37
72198		\$399.71
72198	26	\$91.70
72198	TC	\$308.01
72200		\$33.28
72200	26	\$9.24
72200	TC	\$24.03
72202		\$39.56
72202	26	\$12.20
72202	TC	\$27.36
72220		\$32.54
72220	26	\$9.24
72220	TC	\$23.29
72240		\$115.36
72240	26	\$47.33
72240	TC	\$68.04
72255		\$116.10
72255	26	\$48.44
72255	TC	\$67.67
72265		\$106.49
72265	26	\$42.15
72265	TC	\$64.34
72270		\$146.42
72270	26	\$69.51
72270	TC	\$76.91
72275		\$135.70
72275	26	\$40.67
72275	TC	\$95.03
72285		\$126.09
72285	26	\$61.01

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
72285	TC	\$65.08
72295		\$110.93
72295	26	\$44.00
72295	TC	\$66.93
73000		\$32.54
73000	26	\$8.87
73000	TC	\$23.66
73010		\$28.84
73010	26	\$9.61
73010	TC	\$19.23
73020		\$22.19
73020	26	\$8.13
73020	TC	\$14.05
73030		\$34.39
73030	26	\$9.98
73030	TC	\$24.40
73040		\$124.98
73040	26	\$28.47
73040	TC	\$96.51
73050		\$32.54
73050	26	\$9.98
73050	TC	\$22.56
73060		\$32.54
73060	26	\$8.87
73060	TC	\$23.66
73070		\$29.58
73070	26	\$8.87
73070	TC	\$20.71
73080		\$32.17
73080	26	\$9.24
73080	TC	\$22.92
73085		\$116.84
73085	26	\$29.95
73085	TC	\$86.89
73090		\$29.95

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
73090	26	\$8.87
73090	TC	\$21.08
73092		\$31.43
73092	26	\$8.50
73092	TC	\$22.92
73100		\$34.02
73100	26	\$8.87
73100	TC	\$25.14
73110		\$40.30
73110	26	\$9.24
73110	TC	\$31.06
73115		\$131.26
73115	26	\$29.21
73115	TC	\$102.05
73120		\$31.43
73120	26	\$8.87
73120	TC	\$22.56
73130		\$36.24
73130	26	\$9.24
73130	TC	\$26.99
73140		\$36.98
73140	26	\$7.40
73140	TC	\$29.58
73200		\$185.25
73200	26	\$51.77
73200	TC	\$133.48
73201		\$230.73
73201	26	\$59.90
73201	TC	\$170.83
73202		\$287.67
73202	26	\$62.86
73202	TC	\$224.81
73206		\$339.81
73206	26	\$92.44
73206	TC	\$247.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
73218		\$365.69
73218	26	\$69.88
73218	TC	\$295.81
73219		\$403.78
73219	26	\$83.94
73219	TC	\$319.84
73220		\$496.58
73220	26	\$110.93
73220	TC	\$385.66
73221		\$237.38
73221	26	\$70.62
73221	TC	\$166.76
73222		\$378.26
73222	26	\$83.94
73222	TC	\$294.33
73223		\$468.11
73223	26	\$110.56
73223	TC	\$357.56
73225		\$409.69
73225	26	\$89.85
73225	TC	\$319.84
73501		\$32.91
73501	26	\$9.98
73501	TC	\$22.92
73502		\$46.96
73502	26	\$11.83
73502	TC	\$35.13
73503		\$58.05
73503	26	\$14.42
73503	TC	\$43.63
73521		\$41.41
73521	26	\$11.83
73521	TC	\$29.58
73522		\$53.98
73522	26	\$15.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
73522	TC	\$38.45
73523		\$61.38
73523	26	\$16.64
73523	TC	\$44.74
73525		\$127.57
73525	26	\$30.32
73525	TC	\$97.25
73551		\$30.32
73551	26	\$8.87
73551	TC	\$21.45
73552		\$35.87
73552	26	\$9.61
73552	TC	\$26.25
73560		\$34.76
73560	26	\$8.87
73560	TC	\$25.88
73562		\$40.67
73562	26	\$9.98
73562	TC	\$30.69
73564		\$45.48
73564	26	\$11.83
73564	TC	\$33.65
73565		\$40.30
73565	26	\$9.24
73565	TC	\$31.06
73580		\$141.25
73580	26	\$29.58
73580	TC	\$111.67
73590		\$31.80
73590	26	\$8.50
73590	TC	\$23.29
73592		\$31.43
73592	26	\$8.50
73592	TC	\$22.92
73600		\$32.91

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
73600	26	\$8.87
73600	TC	\$24.03
73610		\$36.24
73610	26	\$9.24
73610	TC	\$26.99
73615		\$132.74
73615	26	\$29.95
73615	TC	\$102.79
73620		\$28.84
73620	26	\$8.13
73620	TC	\$20.71
73630		\$34.02
73630	26	\$8.87
73630	TC	\$25.14
73650		\$29.21
73650	26	\$8.50
73650	TC	\$20.71
73660		\$29.21
73660	26	\$7.03
73660	TC	\$22.19
73700		\$160.47
73700	26	\$51.77
73700	TC	\$108.71
73701		\$200.78
73701	26	\$59.90
73701	TC	\$140.88
73702		\$241.08
73702	26	\$62.49
73702	TC	\$178.59
73706		\$367.91
73706	26	\$96.88
73706	TC	\$271.03
73718		\$266.60
73718	26	\$69.51
73718	TC	\$197.08

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
73719		\$315.03
73719	26	\$83.57
73719	TC	\$231.47
73720		\$403.78
73720	26	\$110.19
73720	TC	\$293.59
73721		\$236.65
73721	26	\$69.88
73721	TC	\$166.76
73722		\$379.00
73722	26	\$83.94
73722	TC	\$295.07
73723		\$467.37
73723	26	\$110.56
73723	TC	\$356.82
73725		\$400.45
73725	26	\$92.81
73725	TC	\$307.64
74018		\$30.32
74018	26	\$9.61
74018	TC	\$20.71
74019		\$37.35
74019	26	\$12.20
74019	TC	\$25.14
74021		\$43.26
74021	26	\$14.05
74021	TC	\$29.21
74022		\$50.29
74022	26	\$16.64
74022	TC	\$33.65
74150		\$153.82
74150	26	\$61.38
74150	TC	\$92.44
74160		\$255.87
74160	26	\$65.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
74160	TC	\$190.06
74170		\$288.41
74170	26	\$72.10
74170	TC	\$216.31
74174		\$419.31
74174	26	\$112.78
74174	TC	\$306.53
74175		\$334.26
74175	26	\$93.18
74175	TC	\$241.08
74176		\$206.69
74176	26	\$89.85
74176	TC	\$116.84
74177		\$338.33
74177	26	\$93.92
74177	TC	\$244.41
74178		\$380.48
74178	26	\$103.16
74178	TC	\$277.32
74181		\$232.58
74181	26	\$75.43
74181	TC	\$157.15
74182		\$363.84
74182	26	\$89.11
74182	TC	\$274.73
74183		\$404.89
74183	26	\$112.78
74183	TC	\$292.11
74185		\$401.56
74185	26	\$92.07
74185	TC	\$309.49
74190	26	\$23.66
74210		\$97.99
74210	26	\$30.69
74210	TC	\$67.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
74220		\$99.83
74220	26	\$31.06
74220	TC	\$68.77
74221		\$112.78
74221	26	\$36.24
74221	TC	\$76.54
74230		\$133.85
74230	26	\$27.36
74230	TC	\$106.49
74235	26	\$61.38
74240		\$124.61
74240	26	\$41.78
74240	TC	\$82.83
74246		\$143.47
74246	26	\$46.59
74246	TC	\$96.88
74248		\$85.04
74248	26	\$35.87
74248	TC	\$49.18
74250		\$125.35
74250	26	\$42.15
74250	TC	\$83.20
74251		\$416.72
74251	26	\$60.27
74251	TC	\$356.45
74261		\$494.37
74261	26	\$123.50
74261	TC	\$370.87
74262		\$556.12
74262	26	\$128.68
74262	TC	\$427.44
74263		\$779.82
74263	26	\$118.32
74263	TC	\$661.50
74270		\$159.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
74270	26	\$53.61
74270	TC	\$106.12
74280		\$229.25
74280	26	\$64.71
74280	TC	\$164.54
74283		\$257.35
74283	26	\$107.23
74283	TC	\$150.12
74290		\$85.41
74290	26	\$16.64
74290	TC	\$68.77
74300	26	\$18.49
74301	26	\$10.72
74328	26	\$36.61
74329	26	\$36.61
74330	26	\$46.96
74340	26	\$27.73
74355	26	\$39.19
74360	26	\$28.47
74363	26	\$44.74
74400		\$132.37
74400	26	\$25.14
74400	TC	\$107.23
74410		\$134.59
74410	26	\$24.77
74410	TC	\$109.82
74415		\$157.52
74415	26	\$25.14
74415	TC	\$132.37
74420		\$76.17
74420	26	\$26.25
74420	TC	\$49.92
74425		\$134.59
74425	26	\$25.88
74425	TC	\$108.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
74430		\$41.78
74430	26	\$16.64
74430	TC	\$25.14
74440		\$95.77
74440	26	\$19.23
74440	TC	\$76.54
74445	26	\$56.94
74450	26	\$16.64
74455		\$101.31
74455	26	\$17.01
74455	TC	\$84.30
74470	26	\$26.99
74485		\$117.58
74485	26	\$41.78
74485	TC	\$75.80
74710		\$40.67
74710	26	\$17.75
74710	TC	\$22.92
74712		\$489.56
74712	26	\$154.19
74712	TC	\$335.37
74713		\$237.38
74713	26	\$95.77
74713	TC	\$141.62
74740		\$93.18
74740	26	\$19.60
74740	TC	\$73.58
74742	26	\$31.43
74775	26	\$31.80
75557		\$331.67
75557	26	\$119.80
75557	TC	\$211.87
75559		\$460.35
75559	26	\$147.16
75559	TC	\$313.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
75561		\$434.84
75561	26	\$131.63
75561	TC	\$303.20
75563		\$515.07
75563	26	\$151.97
75563	TC	\$363.10
75565		\$54.35
75565	26	\$12.57
75565	TC	\$41.78
75571		\$108.71
75571	26	\$29.95
75571	TC	\$78.76
75572		\$257.35
75572	26	\$89.48
75572	TC	\$167.87
75573		\$346.46
75573	26	\$130.89
75573	TC	\$215.57
75574		\$372.72
75574	26	\$122.39
75574	TC	\$250.33
75600		\$207.06
75600	26	\$24.77
75600	TC	\$182.29
75605		\$134.22
75605	26	\$56.20
75605	TC	\$78.02
75625		\$141.25
75625	26	\$70.25
75625	TC	\$70.99
75630		\$174.53
75630	26	\$99.10
75630	TC	\$75.43
75635		\$459.61
75635	26	\$122.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
75635	TC	\$337.59
75705		\$255.13
75705	26	\$115.73
75705	TC	\$139.40
75710		\$166.76
75710	26	\$86.52
75710	TC	\$80.24
75716		\$178.59
75716	26	\$96.51
75716	TC	\$82.09
75726		\$189.69
75726	26	\$100.57
75726	TC	\$89.11
75731		\$168.61
75731	26	\$58.79
75731	TC	\$109.82
75733		\$182.66
75733	26	\$66.19
75733	TC	\$116.47
75736		\$154.93
75736	26	\$55.09
75736	TC	\$99.83
75741		\$147.53
75741	26	\$64.71
75741	TC	\$82.83
75743		\$166.39
75743	26	\$82.46
75743	TC	\$83.94
75746		\$149.01
75746	26	\$56.94
75746	TC	\$92.07
75756		\$168.24
75756	26	\$56.57
75756	TC	\$111.67
75774		\$110.93

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
75774	26	\$49.55
75774	TC	\$61.38
75801	26	\$43.26
75803	26	\$60.27
75805	26	\$41.78
75807	26	\$57.31
75809		\$94.66
75809	26	\$24.40
75809	TC	\$70.25
75810	26	\$50.66
75820		\$110.93
75820	26	\$35.13
75820	TC	\$75.80
75822		\$130.15
75822	26	\$52.88
75822	TC	\$77.28
75825		\$128.68
75825	26	\$55.83
75825	TC	\$72.84
75827		\$134.22
75827	26	\$56.20
75827	TC	\$78.02
75831		\$135.33
75831	26	\$55.46
75831	TC	\$79.87
75833		\$160.84
75833	26	\$72.84
75833	TC	\$88.00
75840		\$146.05
75840	26	\$59.16
75840	TC	\$86.89
75842		\$177.11
75842	26	\$77.28
75842	TC	\$99.83
75860		\$142.36

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
75860	26	\$57.31
75860	TC	\$85.04
75870		\$186.73
75870	26	\$62.86
75870	TC	\$123.87
75872		\$146.05
75872	26	\$59.16
75872	TC	\$86.89
75880		\$123.13
75880	26	\$36.24
75880	TC	\$86.89
75885		\$154.19
75885	26	\$69.88
75885	TC	\$84.30
75887		\$155.30
75887	26	\$70.62
75887	TC	\$84.67
75889		\$139.40
75889	26	\$55.46
75889	TC	\$83.94
75891		\$141.62
75891	26	\$56.57
75891	TC	\$85.04
75893		\$119.43
75893	26	\$27.73
75893	TC	\$91.70
75894	26	\$71.36
75898	26	\$89.48
75901		\$226.29
75901	26	\$24.03
75901	TC	\$202.26
75902		\$88.37
75902	26	\$19.60
75902	TC	\$68.77
75956	26	\$338.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
75957	26	\$289.52
75958	26	\$192.64
75959	26	\$168.98
75970	26	\$40.67
75984		\$102.42
75984	26	\$35.87
75984	TC	\$66.56
75989		\$124.98
75989	26	\$59.90
75989	TC	\$65.08
76000		\$43.26
76000	26	\$15.90
76000	TC	\$27.36
76010		\$29.95
76010	26	\$9.61
76010	TC	\$20.34
76080		\$61.38
76080	26	\$26.99
76080	TC	\$34.39
76098		\$44.00
76098	26	\$16.27
76098	TC	\$27.73
76100		\$100.94
76100	26	\$31.80
76100	TC	\$69.14
76101		\$99.83
76101	26	\$26.62
76101	TC	\$73.21
76102		\$182.29
76102	26	\$32.17
76102	TC	\$150.12
76120		\$112.78
76120	26	\$19.60
76120	TC	\$93.18
76125	26	\$13.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76376		\$24.03
76376	26	\$10.35
76376	TC	\$13.68
76377		\$74.32
76377	26	\$41.04
76377	TC	\$33.28
76380		\$149.75
76380	26	\$49.92
76380	TC	\$99.83
76390		\$441.49
76390	26	\$72.84
76390	TC	\$368.65
76391		\$241.08
76391	26	\$57.68
76391	TC	\$183.40
76506		\$119.43
76506	26	\$32.91
76506	TC	\$86.52
76510		\$94.66
76510	26	\$49.55
76510	TC	\$45.11
76511		\$64.71
76511	26	\$37.72
76511	TC	\$26.99
76512		\$55.09
76512	26	\$32.91
76512	TC	\$22.19
76513		\$103.90
76513	26	\$37.72
76513	TC	\$66.19
76514		\$12.57
76514	26	\$8.50
76514	TC	\$4.07
76516		\$50.29
76516	26	\$24.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76516	TC	\$26.25
76519		\$69.51
76519	26	\$32.54
76519	TC	\$36.98
76529		\$86.89
76529	26	\$34.39
76529	TC	\$52.51
76536		\$120.54
76536	26	\$29.21
76536	TC	\$91.33
76604		\$82.09
76604	26	\$29.95
76604	TC	\$52.14
76641		\$111.30
76641	26	\$37.72
76641	TC	\$73.58
76642		\$90.96
76642	26	\$35.13
76642	TC	\$55.83
76700		\$127.57
76700	26	\$42.15
76700	TC	\$85.41
76705		\$94.66
76705	26	\$30.32
76705	TC	\$64.34
76706		\$118.32
76706	26	\$28.47
76706	TC	\$89.85
76770		\$117.58
76770	26	\$38.09
76770	TC	\$79.50
76775		\$61.01
76775	26	\$29.95
76775	TC	\$31.06
76776		\$161.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76776	26	\$39.19
76776	TC	\$122.39
76800		\$147.16
76800	26	\$59.16
76800	TC	\$88.00
76801		\$126.83
76801	26	\$51.40
76801	TC	\$75.43
76802		\$65.08
76802	26	\$42.52
76802	TC	\$22.56
76805		\$145.31
76805	26	\$51.40
76805	TC	\$93.92
76810		\$95.03
76810	26	\$51.03
76810	TC	\$44.00
76811		\$183.77
76811	26	\$97.99
76811	TC	\$85.78
76812		\$205.96
76812	26	\$91.70
76812	TC	\$114.26
76813		\$125.72
76813	26	\$61.01
76813	TC	\$64.71
76814		\$81.72
76814	26	\$51.40
76814	TC	\$30.32
76815		\$87.26
76815	26	\$33.65
76815	TC	\$53.61
76816		\$117.58
76816	26	\$44.00
76816	TC	\$73.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76817		\$99.46
76817	26	\$38.82
76817	TC	\$60.64
76818		\$122.02
76818	26	\$53.98
76818	TC	\$68.04
76819		\$90.22
76819	26	\$39.93
76819	TC	\$50.29
76820		\$48.07
76820	26	\$25.88
76820	TC	\$22.19
76821		\$93.55
76821	26	\$35.87
76821	TC	\$57.68
76825		\$283.60
76825	26	\$85.04
76825	TC	\$198.56
76826		\$168.24
76826	26	\$42.15
76826	TC	\$126.09
76827		\$75.80
76827	26	\$29.58
76827	TC	\$46.22
76828		\$53.61
76828	26	\$28.84
76828	TC	\$24.77
76830		\$127.94
76830	26	\$35.87
76830	TC	\$92.07
76831		\$123.87
76831	26	\$37.35
76831	TC	\$86.52
76856		\$113.89
76856	26	\$35.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76856	TC	\$78.39
76857		\$49.92
76857	26	\$25.51
76857	TC	\$24.40
76870		\$109.08
76870	26	\$32.91
76870	TC	\$76.17
76872		\$163.06
76872	26	\$34.76
76872	TC	\$128.31
76873		\$182.66
76873	26	\$81.35
76873	TC	\$101.31
76881		\$80.24
76881	26	\$32.54
76881	TC	\$47.70
76882		\$58.79
76882	26	\$25.14
76882	TC	\$33.65
76885		\$149.38
76885	26	\$38.45
76885	TC	\$110.93
76886		\$109.45
76886	26	\$32.17
76886	TC	\$77.28
76932	26	\$35.13
76936		\$277.32
76936	26	\$98.36
76936	TC	\$178.96
76937		\$37.72
76937	26	\$14.79
76937	TC	\$22.92
76940	26	\$103.90
76941	26	\$69.14
76942		\$59.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
76942	26	\$32.91
76942	TC	\$26.62
76945	26	\$34.39
76946		\$33.65
76946	26	\$19.60
76946	TC	\$14.05
76948		\$78.76
76948	26	\$34.39
76948	TC	\$44.37
76965		\$96.88
76965	26	\$70.62
76965	TC	\$26.25
76970		\$92.44
76970	26	\$19.97
76970	TC	\$72.47
76975	26	\$43.26
76977		\$7.40
76977	26	\$2.96
76977	TC	\$4.44
76978		\$339.07
76978	26	\$83.20
76978	TC	\$255.87
76979		\$229.99
76979	26	\$44.00
76979	TC	\$185.99
76981		\$112.04
76981	26	\$30.69
76981	TC	\$81.35
76982		\$99.83
76982	26	\$30.69
76982	TC	\$69.14
76983		\$61.38
76983	26	\$25.88
76983	TC	\$35.50
76998	26	\$62.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77001		\$99.83
77001	26	\$19.23
77001	TC	\$80.61
77002		\$112.41
77002	26	\$28.84
77002	TC	\$83.57
77003		\$105.01
77003	26	\$31.06
77003	TC	\$73.95
77011		\$241.45
77011	26	\$65.45
77011	TC	\$176.00
77012		\$156.04
77012	26	\$76.17
77012	TC	\$79.87
77013	26	\$196.34
77014		\$127.20
77014	26	\$46.96
77014	TC	\$80.24
77021		\$482.90
77021	26	\$75.43
77021	TC	\$407.47
77022	26	\$222.96
77046		\$253.28
77046	26	\$74.69
77046	TC	\$178.59
77047		\$259.94
77047	26	\$82.46
77047	TC	\$177.48
77048		\$401.93
77048	26	\$107.97
77048	TC	\$293.96
77049		\$411.17
77049	26	\$118.32
77049	TC	\$292.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77053		\$58.42
77053	26	\$18.49
77053	TC	\$39.93
77054		\$75.80
77054	26	\$23.29
77054	TC	\$52.51
77063		\$56.57
77063	26	\$30.69
77063	TC	\$25.88
77065		\$139.03
77065	26	\$42.15
77065	TC	\$96.88
77066		\$175.27
77066	26	\$51.77
77066	TC	\$123.50
77067		\$141.99
77067	26	\$39.56
77067	TC	\$102.42
77071		\$53.98
77072		\$26.25
77072	26	\$9.98
77072	TC	\$16.27
77073		\$45.11
77073	26	\$14.05
77073	TC	\$31.06
77074		\$65.08
77074	26	\$22.92
77074	TC	\$42.15
77075		\$98.73
77075	26	\$28.84
77075	TC	\$69.88
77076		\$106.86
77076	26	\$36.24
77076	TC	\$70.62
77077		\$46.96

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77077	26	\$17.75
77077	TC	\$29.21
77078		\$119.06
77078	26	\$12.94
77078	TC	\$106.12
77080		\$41.04
77080	26	\$10.35
77080	TC	\$30.69
77081		\$33.65
77081	26	\$10.72
77081	TC	\$22.92
77084		\$384.92
77084	26	\$82.83
77084	TC	\$302.09
77085		\$55.46
77085	26	\$15.53
77085	TC	\$39.93
77086		\$35.87
77086	26	\$8.87
77086	TC	\$26.99
77261		\$73.58
77262		\$111.67
77263		\$174.16
77280		\$289.89
77280	26	\$39.19
77280	TC	\$250.70
77285		\$484.75
77285	26	\$59.90
77285	TC	\$424.85
77290		\$519.14
77290	26	\$86.15
77290	TC	\$432.99
77293		\$470.33
77293	26	\$110.56
77293	TC	\$359.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77295		\$506.20
77295	26	\$235.17
77295	TC	\$271.03
77300		\$68.77
77300	26	\$34.02
77300	TC	\$34.76
77301		\$1,985.97
77301	26	\$437.79
77301	TC	\$1,548.18
77306		\$154.93
77306	26	\$76.91
77306	TC	\$78.02
77307		\$300.61
77307	26	\$159.37
77307	TC	\$141.25
77316		\$226.66
77316	26	\$77.28
77316	TC	\$149.38
77317		\$296.55
77317	26	\$100.94
77317	TC	\$195.60
77318		\$424.11
77318	26	\$158.63
77318	TC	\$265.49
77321		\$98.36
77321	26	\$52.88
77321	TC	\$45.48
77331		\$67.67
77331	26	\$48.07
77331	TC	\$19.60
77332		\$48.81
77332	26	\$24.77
77332	TC	\$24.03
77333		\$125.72
77333	26	\$41.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77333	TC	\$84.30
77334		\$132.74
77334	26	\$63.60
77334	TC	\$69.14
77336		\$82.09
77338		\$505.09
77338	26	\$235.17
77338	TC	\$269.92
77370		\$127.57
77372		\$1,092.63
77373		\$1,257.18
77401		\$25.14
77417		\$11.46
77427		\$196.34
77431		\$109.08
77432		\$438.90
77435		\$662.61
77469		\$328.35
77470		\$138.66
77470	26	\$112.04
77470	TC	\$26.62
77600		\$484.75
77600	26	\$73.95
77600	TC	\$410.80
77605		\$880.39
77605	26	\$102.79
77605	TC	\$777.60
77610		\$711.78
77610	26	\$72.10
77610	TC	\$639.68
77615		\$1,112.23
77615	26	\$101.31
77615	TC	\$1,010.92
77620		\$633.03
77620	26	\$84.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
77620	TC	\$548.72
77750		\$398.60
77750	26	\$273.99
77750	TC	\$124.61
77761		\$419.31
77761	26	\$211.13
77761	TC	\$208.17
77762		\$555.01
77762	26	\$316.51
77762	TC	\$238.49
77763		\$783.15
77763	26	\$475.51
77763	TC	\$307.64
77767		\$249.22
77767	26	\$58.05
77767	TC	\$191.16
77768		\$373.46
77768	26	\$76.91
77768	TC	\$296.55
77770		\$349.05
77770	26	\$107.23
77770	TC	\$241.82
77771		\$623.78
77771	26	\$208.54
77771	TC	\$415.24
77772		\$939.56
77772	26	\$294.70
77772	TC	\$644.86
77778		\$899.62
77778	26	\$480.32
77778	TC	\$419.31
77789		\$132.74
77789	26	\$63.23
77789	TC	\$69.51
77790		\$15.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78012		\$85.78
78012	26	\$9.98
78012	TC	\$75.80
78013		\$202.63
78013	26	\$18.86
78013	TC	\$183.77
78014		\$252.17
78014	26	\$25.14
78014	TC	\$227.03
78015		\$236.65
78015	26	\$34.39
78015	TC	\$202.26
78016		\$298.02
78016	26	\$35.87
78016	TC	\$262.16
78018		\$330.19
78018	26	\$42.89
78018	TC	\$287.30
78020		\$86.89
78020	26	\$28.84
78020	TC	\$58.05
78070		\$312.45
78070	26	\$40.30
78070	TC	\$272.14
78071		\$372.72
78071	26	\$60.64
78071	TC	\$312.08
78072		\$469.59
78072	26	\$79.50
78072	TC	\$390.09
78075		\$472.18
78075	26	\$38.09
78075	TC	\$434.10
78102		\$178.96
78102	26	\$27.36

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78102	TC	\$151.60
78103		\$227.77
78103	26	\$36.24
78103	TC	\$191.53
78104		\$262.90
78104	26	\$40.30
78104	TC	\$222.59
78110		\$73.21
78110	26	\$8.50
78110	TC	\$64.71
78111		\$77.65
78111	26	\$9.98
78111	TC	\$67.67
78120		\$75.06
78120	26	\$10.35
78120	TC	\$64.71
78121		\$82.09
78121	26	\$14.42
78121	TC	\$67.67
78122		\$101.31
78122	26	\$22.19
78122	TC	\$79.13
78130		\$132.00
78130	26	\$26.99
78130	TC	\$105.01
78135		\$295.07
78135	26	\$28.10
78135	TC	\$266.97
78140		\$117.21
78140	26	\$26.99
78140	TC	\$90.22
78185		\$179.70
78185	26	\$17.75
78185	TC	\$161.95
78191		\$132.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78191	26	\$26.99
78191	TC	\$105.01
78195		\$373.83
78195	26	\$60.27
78195	TC	\$313.55
78201		\$200.41
78201	26	\$21.82
78201	TC	\$178.59
78202		\$215.94
78202	26	\$24.77
78202	TC	\$191.16
78215		\$205.22
78215	26	\$24.77
78215	TC	\$180.44
78216		\$134.96
78216	26	\$28.10
78216	TC	\$106.86
78226		\$345.72
78226	26	\$37.72
78226	TC	\$308.01
78227		\$466.26
78227	26	\$45.85
78227	TC	\$420.41
78230		\$183.40
78230	26	\$23.29
78230	TC	\$160.11
78231		\$110.93
78231	26	\$22.92
78231	TC	\$88.00
78232		\$108.71
78232	26	\$20.71
78232	TC	\$88.00
78258		\$227.40
78258	26	\$36.24
78258	TC	\$191.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78261		\$215.20
78261	26	\$30.32
78261	TC	\$184.88
78262		\$252.54
78262	26	\$34.76
78262	TC	\$217.79
78264		\$350.90
78264	26	\$40.30
78264	TC	\$310.60
78265		\$414.13
78265	26	\$49.55
78265	TC	\$364.58
78266		\$453.32
78266	26	\$51.03
78266	TC	\$402.30
78267		\$11.06
78268		\$94.41
78278		\$367.17
78278	26	\$50.66
78278	TC	\$316.51
78282	26	\$16.64
78290		\$347.94
78290	26	\$34.39
78290	TC	\$313.55
78291		\$268.44
78291	26	\$44.37
78291	TC	\$224.07
78300		\$241.82
78300	26	\$32.17
78300	TC	\$209.65
78305		\$292.85
78305	26	\$42.52
78305	TC	\$250.33
78306		\$317.25
78306	26	\$44.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78306	TC	\$273.25
78315		\$364.95
78315	26	\$52.14
78315	TC	\$312.82
78350		\$33.65
78350	26	\$11.46
78350	TC	\$22.19
78351		\$15.90
78414	26	\$22.56
78428		\$195.23
78428	26	\$39.19
78428	TC	\$156.04
78429	26	\$86.52
78430	26	\$82.09
78431	26	\$95.40
78432	26	\$101.68
78433	26	\$110.93
78434	26	\$32.17
78445		\$205.96
78445	26	\$25.88
78445	TC	\$180.07
78451		\$354.60
78451	26	\$69.51
78451	TC	\$285.08
78452		\$494.00
78452	26	\$81.72
78452	TC	\$412.28
78453		\$318.73
78453	26	\$51.40
78453	TC	\$267.34
78454		\$457.02
78454	26	\$68.77
78454	TC	\$388.25
78456		\$325.02
78456	26	\$50.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78456	TC	\$274.73
78457		\$184.88
78457	26	\$38.82
78457	TC	\$146.05
78458		\$216.31
78458	26	\$46.96
78458	TC	\$169.35
78459		\$1,348.64
78459	26	\$78.39
78459	TC	\$1,271.97
78466		\$210.76
78466	26	\$36.61
78466	TC	\$174.16
78468		\$202.63
78468	26	\$40.30
78468	TC	\$162.32
78469		\$235.17
78469	26	\$46.96
78469	TC	\$188.21
78472		\$239.60
78472	26	\$49.92
78472	TC	\$189.69
78473		\$303.94
78473	26	\$73.58
78473	TC	\$230.36
78481		\$184.88
78481	26	\$49.92
78481	TC	\$134.96
78483		\$253.65
78483	26	\$74.32
78483	TC	\$179.33
78491		\$1,517.17
78491	26	\$76.17
78491	TC	\$1,442.68
78492		\$1,530.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78492	26	\$89.85
78492	TC	\$1,442.68
78494		\$237.75
78494	26	\$60.27
78494	TC	\$177.48
78496		\$44.74
78496	26	\$25.14
78496	TC	\$19.60
78579		\$197.08
78579	26	\$24.77
78579	TC	\$172.31
78580		\$249.59
78580	26	\$37.72
78580	TC	\$211.87
78582		\$351.27
78582	26	\$54.35
78582	TC	\$296.92
78597		\$211.13
78597	26	\$36.61
78597	TC	\$174.53
78598		\$320.58
78598	26	\$42.52
78598	TC	\$278.06
78600		\$193.01
78600	26	\$22.56
78600	TC	\$170.46
78601		\$227.77
78601	26	\$25.88
78601	TC	\$201.89
78605		\$209.65
78605	26	\$27.36
78605	TC	\$182.29
78606		\$348.31
78606	26	\$32.54
78606	TC	\$315.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78608		\$1,515.01
78608	26	\$73.95
78608	TC	\$1,442.68
78609		\$78.39
78609	26	\$78.39
78610		\$183.40
78610	26	\$15.53
78610	TC	\$167.87
78630		\$356.08
78630	26	\$34.76
78630	TC	\$321.32
78635		\$356.08
78635	26	\$31.80
78635	TC	\$324.28
78645		\$341.66
78645	26	\$28.47
78645	TC	\$313.19
78650		\$291.00
78650	26	\$26.99
78650	TC	\$264.01
78660		\$193.75
78660	26	\$27.36
78660	TC	\$166.39
78700		\$179.70
78700	26	\$22.56
78700	TC	\$157.15
78701		\$229.62
78701	26	\$24.77
78701	TC	\$204.85
78707		\$244.78
78707	26	\$48.44
78707	TC	\$196.34
78708		\$185.62
78708	26	\$61.01
78708	TC	\$124.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78709		\$386.77
78709	26	\$70.62
78709	TC	\$316.14
78725		\$114.26
78725	26	\$18.86
78725	TC	\$95.40
78730		\$79.87
78730	26	\$8.13
78730	TC	\$71.73
78740		\$228.14
78740	26	\$28.10
78740	TC	\$200.04
78761		\$222.96
78761	26	\$36.98
78761	TC	\$185.99
78800		\$272.51
78800	26	\$32.91
78800	TC	\$239.60
78801		\$299.13
78801	26	\$37.35
78801	TC	\$261.79
78802		\$329.08
78802	26	\$39.93
78802	TC	\$289.15
78803		\$409.69
78803	26	\$54.35
78803	TC	\$355.34
78804		\$695.51
78804	26	\$51.03
78804	TC	\$644.49
78808		\$41.78
78811		\$1,347.72
78811	26	\$77.65
78811	TC	\$1,271.97
78812		\$1,536.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
78812	26	\$95.77
78812	TC	\$1,442.68
78813		\$1,536.84
78813	26	\$96.51
78813	TC	\$1,442.68
78814		\$1,549.63
78814	26	\$109.45
78814	TC	\$1,442.68
78815		\$1,562.63
78815	26	\$122.76
78815	TC	\$1,442.68
78816		\$1,563.71
78816	26	\$123.87
78816	TC	\$1,442.68
78830		\$518.03
78830	26	\$74.32
78830	TC	\$443.71
78831		\$749.13
78831	26	\$90.59
78831	TC	\$658.54
78832		\$976.16
78832	26	\$105.75
78832	TC	\$870.41
78835		\$108.34
78835	26	\$23.29
78835	TC	\$85.04
79005		\$143.10
79005	26	\$90.96
79005	TC	\$52.14
79101		\$154.56
79101	26	\$101.68
79101	TC	\$52.88
79200		\$141.99
79200	26	\$86.89
79200	TC	\$55.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
79300	26	\$69.51
79403		\$197.08
79403	26	\$112.78
79403	TC	\$84.30
79440		\$127.94
79440	26	\$86.89
79440	TC	\$41.04
79445	26	\$117.58
80047		\$13.73
80048		\$8.46
80051		\$7.01
80053		\$10.56
80055		\$47.81
80061		\$13.39
80069		\$8.68
80074		\$47.63
80076		\$8.17
80081		\$74.86
80145		\$38.57
80150		\$15.08
80155		\$38.57
80156		\$14.57
80157		\$13.25
80158		\$18.05
80159		\$20.15
80162		\$13.28
80163		\$13.28
80164		\$13.54
80165		\$13.54
80168		\$16.34
80169		\$13.73
80170		\$16.38
80171		\$21.67
80173		\$15.78
80175		\$13.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
80176		\$14.69
80177		\$13.25
80178		\$6.61
80180		\$18.05
80183		\$13.25
80184		\$15.30
80185		\$13.25
80186		\$13.76
80187		\$27.11
80188		\$16.59
80190		\$60.00
80192		\$16.75
80194		\$14.60
80195		\$13.73
80197		\$13.73
80198		\$14.14
80199		\$27.11
80200		\$16.13
80201		\$11.92
80202		\$13.54
80203		\$13.25
80230		\$38.57
80235		\$27.11
80280		\$38.57
80285		\$27.11
80299		\$18.64
80305		\$12.60
80306		\$17.14
80307		\$62.14
80400		\$32.62
80402		\$86.96
80406		\$78.26
80408		\$125.50
80410		\$80.37
80412		\$801.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
80414		\$51.64
80415		\$55.89
80416		\$209.32
80417		\$43.99
80418		\$579.48
80420		\$161.88
80422		\$46.07
80424		\$50.50
80426		\$148.41
80428		\$66.70
80430		\$129.33
80432		\$165.61
80434		\$285.03
80435		\$103.00
80436		\$91.16
80438		\$50.41
80439		\$67.21
80500		\$23.29
80502		\$76.54
81000		\$4.02
81001		\$3.17
81002		\$3.48
81003		\$2.25
81005		\$2.17
81007		\$29.98
81015		\$3.05
81020		\$4.70
81025		\$8.61
81050		\$3.64
81105		\$122.22
81106		\$122.22
81107		\$122.22
81108		\$122.22
81109		\$122.22
81110		\$122.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81111		\$122.22
81112		\$122.22
81120		\$193.25
81121		\$295.79
81161		\$279.00
81162		\$1,824.88
81163		\$936.00
81164		\$584.23
81165		\$565.76
81166		\$301.35
81167		\$282.88
81170		\$300.00
81171		\$137.00
81172		\$274.83
81173		\$301.35
81174		\$185.20
81175		\$676.50
81176		\$241.90
81177		\$137.00
81178		\$137.00
81179		\$137.00
81180		\$137.00
81181		\$137.00
81182		\$137.00
81183		\$137.00
81184		\$137.00
81185		\$846.27
81186		\$185.20
81187		\$137.00
81188		\$137.00
81189		\$274.83
81190		\$185.20
81200		\$47.25
81201		\$780.00
81202		\$280.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81203		\$200.00
81204		\$137.00
81205		\$94.99
81206		\$163.96
81207		\$144.84
81208		\$214.62
81209		\$39.31
81210		\$175.40
81212		\$440.00
81215		\$375.25
81216		\$185.12
81217		\$375.25
81218		\$241.90
81219		\$121.63
81220		\$556.60
81221		\$97.22
81222		\$435.07
81223		\$499.00
81224		\$168.75
81225		\$291.36
81226		\$450.91
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81
81231		\$174.81
81232		\$174.81
81233		\$175.40
81234		\$137.00
81235		\$324.58
81236		\$282.88
81237		\$175.40
81238		\$600.00
81239		\$274.83
81240		\$65.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81241		\$73.37
81242		\$36.62
81243		\$57.04
81244		\$44.89
81245		\$165.51
81246		\$83.00
81247		\$174.81
81248		\$375.25
81249		\$600.00
81250		\$58.49
81251		\$47.25
81252		\$101.12
81253		\$61.52
81254		\$35.00
81255		\$51.45
81256		\$65.36
81257		\$102.26
81258		\$375.25
81259		\$600.00
81260		\$39.31
81261		\$197.99
81262		\$68.55
81263		\$294.52
81264		\$172.73
81265		\$233.07
81266		\$304.81
81267		\$207.46
81268		\$260.79
81269		\$202.40
81270		\$91.66
81271		\$137.00
81272		\$329.51
81273		\$124.87
81274		\$274.83
81275		\$193.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81276		\$193.25
81277		\$1,160.00
81283		\$73.37
81284		\$137.00
81285		\$274.83
81286		\$274.83
81287		\$124.64
81288		\$192.32
81289		\$185.20
81290		\$39.31
81291		\$65.34
81292		\$675.40
81293		\$331.00
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00
81300		\$238.00
81301		\$348.56
81302		\$527.87
81303		\$120.00
81304		\$150.00
81305		\$175.40
81306		\$291.36
81307		\$282.88
81308		\$301.35
81309		\$274.83
81310		\$246.52
81311		\$295.79
81312		\$137.00
81313		\$255.05
81314		\$329.51
81315		\$207.31

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81316		\$207.31
81317		\$676.50
81318		\$331.00
81319		\$203.50
81320		\$291.36
81321		\$600.00
81322		\$46.60
81323		\$300.00
81324		\$758.36
81325		\$769.58
81326		\$46.60
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$43.65
81333		\$137.00
81334		\$329.51
81335		\$174.81
81336		\$301.35
81337		\$185.20
81340		\$208.92
81341		\$49.59
81342		\$201.50
81343		\$137.00
81344		\$137.00
81345		\$185.20
81346		\$174.81
81350		\$234.00
81355		\$88.20
81361		\$174.81
81362		\$375.25
81363		\$202.40
81364		\$324.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81370		\$402.12
81371		\$404.52
81372		\$403.59
81373		\$127.43
81374		\$74.33
81375		\$220.74
81376		\$122.22
81377		\$94.74
81378		\$345.57
81379		\$335.38
81380		\$177.25
81381		\$169.90
81382		\$123.68
81383		\$109.13
81400		\$63.96
81401		\$137.00
81402		\$150.33
81403		\$185.20
81404		\$274.83
81405		\$301.35
81406		\$282.88
81407		\$846.27
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56
81413		\$584.90
81414		\$584.90
81415		\$4,780.00
81416		\$12,000.00
81417		\$320.00
81420		\$759.05
81422		\$759.05
81425		\$5,031.20
81426		\$2,709.95

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81427		\$2,337.65
81430		\$1,625.00
81431		\$679.57
81432		\$679.05
81433		\$438.93
81434		\$597.91
81435		\$584.90
81436		\$584.90
81437		\$438.93
81438		\$438.93
81439		\$584.90
81440		\$3,324.00
81442		\$2,143.60
81443		\$2,448.56
81445		\$597.91
81448		\$584.90
81450		\$759.53
81455		\$2,919.60
81460		\$1,287.00
81465		\$936.00
81470		\$914.00
81471		\$914.00
81490		\$840.65
81493		\$1,050.00
81500		\$260.50
81503		\$897.00
81504		\$520.00
81506		\$68.92
81507		\$795.00
81508		\$54.30
81509		\$1,487.37
81510		\$55.54
81511		\$153.50
81512		\$69.52
81518		\$3,873.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
81519		\$3,873.00
81520		\$2,510.21
81521		\$3,873.00
81522		\$3,873.00
81525		\$3,116.00
81528		\$508.87
81535		\$579.46
81536		\$177.56
81538		\$2,871.00
81539		\$760.00
81540		\$3,750.00
81541		\$3,873.00
81545		\$3,600.00
81551		\$2,030.00
81595		\$3,240.00
81596		\$72.19
82009		\$4.52
82010		\$8.17
82013		\$12.29
82016		\$16.49
82017		\$16.87
82024		\$38.62
82030		\$25.80
82040		\$4.95
82042		\$7.78
82043		\$5.78
82044		\$6.23
82045		\$33.94
82075		\$30.00
82085		\$9.71
82088		\$40.75
82103		\$13.44
82104		\$14.46
82105		\$16.77
82106		\$17.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
82107		\$64.41
82108		\$25.48
82120		\$5.99
82127		\$14.18
82128		\$13.87
82131		\$22.98
82135		\$16.45
82136		\$19.61
82139		\$16.87
82140		\$14.57
82143		\$9.35
82150		\$6.48
82154		\$28.83
82157		\$29.28
82160		\$25.55
82163		\$20.52
82164		\$14.60
82172		\$21.09
82175		\$18.97
82180		\$9.89
82190		\$15.90
82232		\$16.18
82239		\$17.12
82240		\$26.58
82247		\$5.02
82248		\$5.02
82252		\$4.56
82261		\$16.87
82270		\$4.38
82271		\$5.32
82272		\$4.23
82274		\$15.92
82286		\$5.16
82300		\$23.64
82306		\$29.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
82308		\$26.79
82310		\$5.16
82330		\$13.68
82331		\$13.34
82340		\$6.03
82355		\$11.58
82360		\$12.87
82365		\$12.90
82370		\$12.52
82373		\$18.06
82374		\$4.88
82375		\$12.32
82376		\$14.07
82378		\$18.96
82379		\$16.87
82380		\$9.22
82382		\$27.30
82383		\$29.08
82384		\$25.25
82387		\$18.06
82390		\$10.74
82397		\$14.12
82415		\$12.67
82435		\$4.60
82436		\$5.75
82438		\$5.00
82441		\$6.01
82465		\$4.35
82480		\$7.87
82482		\$9.81
82485		\$20.65
82495		\$20.28
82507		\$27.80
82523		\$18.68
82525		\$12.41

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
82528		\$22.52
82530		\$16.71
82533		\$16.30
82540		\$4.64
82542		\$24.09
82550		\$6.51
82552		\$13.39
82553		\$11.55
82554		\$11.87
82565		\$5.12
82570		\$5.18
82575		\$9.46
82585		\$14.14
82595		\$6.47
82600		\$19.40
82607		\$15.08
82608		\$14.32
82610		\$18.52
82615		\$9.55
82626		\$25.27
82627		\$22.23
82633		\$30.98
82634		\$29.28
82638		\$12.25
82642		\$29.28
82652		\$38.50
82656		\$11.53
82657		\$22.17
82658		\$44.03
82664		\$61.50
82668		\$18.79
82670		\$27.94
82671		\$32.30
82672		\$21.70
82677		\$24.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
82679		\$24.95
82693		\$14.90
82696		\$26.24
82705		\$5.10
82710		\$16.80
82715		\$22.97
82725		\$18.77
82726		\$19.75
82728		\$13.63
82731		\$64.41
82735		\$18.54
82746		\$14.70
82747		\$17.65
82757		\$17.34
82759		\$21.48
82760		\$11.20
82775		\$21.07
82776		\$11.74
82777		\$44.25
82784		\$9.30
82785		\$16.46
82787		\$8.02
82800		\$11.00
82803		\$26.07
82805		\$78.77
82810		\$9.77
82820		\$13.34
82930		\$6.71
82938		\$17.69
82941		\$17.63
82943		\$14.29
82945		\$3.93
82946		\$17.77
82947		\$3.93
82948		\$5.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
82950		\$4.75
82951		\$12.87
82952		\$3.92
82955		\$9.70
82960		\$6.05
82962		\$3.28
82963		\$21.48
82965		\$13.15
82977		\$7.20
82978		\$15.45
82979		\$9.44
82985		\$16.76
83001		\$18.58
83002		\$18.52
83003		\$16.67
83006		\$75.60
83009		\$67.36
83010		\$12.58
83012		\$26.89
83013		\$67.36
83014		\$7.86
83015		\$20.94
83018		\$21.96
83020		\$12.87
83020	26	\$19.23
83021		\$18.06
83026		\$4.01
83030		\$10.74
83033		\$8.00
83036		\$9.71
83037		\$9.71
83045		\$6.49
83050		\$8.20
83051		\$7.31
83060		\$8.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
83065		\$9.00
83068		\$9.47
83069		\$3.95
83070		\$4.75
83080		\$16.87
83088		\$29.53
83090		\$17.92
83150		\$22.41
83491		\$17.90
83497		\$12.90
83498		\$27.17
83500		\$22.65
83505		\$24.30
83516		\$11.53
83518		\$9.64
83519		\$18.40
83520		\$17.27
83525		\$11.43
83527		\$12.95
83528		\$19.82
83540		\$6.47
83550		\$8.74
83570		\$8.85
83582		\$15.47
83586		\$12.80
83593		\$28.50
83605		\$11.57
83615		\$6.04
83625		\$12.79
83630		\$19.70
83631		\$19.63
83632		\$20.22
83633		\$11.25
83655		\$12.11
83661		\$21.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
83662		\$18.91
83663		\$18.91
83664		\$19.32
83670		\$9.81
83690		\$6.89
83695		\$14.32
83698		\$46.31
83700		\$11.26
83701		\$33.86
83704		\$34.19
83718		\$8.19
83719		\$12.75
83721		\$10.50
83722		\$34.19
83727		\$17.19
83735		\$6.70
83775		\$7.37
83785		\$26.65
83789		\$24.11
83825		\$16.26
83835		\$16.94
83857		\$10.74
83861		\$22.48
83864		\$28.50
83872		\$5.86
83873		\$17.20
83874		\$12.92
83876		\$50.86
83880		\$39.26
83883		\$13.60
83885		\$24.51
83915		\$11.15
83916		\$27.39
83918		\$23.60
83919		\$16.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
83921		\$21.21
83930		\$6.61
83935		\$6.82
83937		\$29.85
83945		\$14.45
83950		\$64.41
83951		\$64.41
83970		\$41.28
83986		\$3.58
83987		\$3.58
83992		\$16.80
83993		\$19.63
84030		\$5.50
84035		\$3.98
84060		\$7.64
84066		\$9.66
84075		\$5.18
84078		\$8.26
84080		\$14.78
84081		\$16.52
84085		\$9.44
84087		\$10.73
84100		\$4.74
84105		\$5.78
84106		\$5.82
84110		\$8.44
84112		\$98.11
84119		\$13.36
84120		\$14.71
84126		\$39.11
84132		\$4.76
84133		\$4.73
84134		\$14.59
84135		\$21.27
84138		\$21.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
84140		\$20.67
84143		\$22.81
84144		\$20.86
84145		\$27.22
84146		\$19.38
84150		\$41.77
84152		\$18.39
84153		\$18.39
84154		\$18.39
84155		\$3.67
84156		\$3.67
84157		\$4.00
84160		\$5.61
84163		\$15.05
84165		\$10.74
84165	26	\$19.23
84166		\$17.83
84166	26	\$19.23
84181		\$17.03
84181	26	\$19.23
84182		\$29.21
84182	26	\$19.23
84202		\$14.35
84203		\$9.74
84206		\$26.69
84207		\$28.10
84210		\$14.48
84220		\$9.44
84228		\$11.63
84233		\$87.88
84234		\$64.88
84235		\$71.23
84238		\$36.57
84244		\$21.99
84252		\$20.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
84255		\$25.53
84260		\$30.98
84270		\$21.73
84275		\$13.44
84285		\$25.21
84295		\$4.81
84300		\$5.06
84302		\$4.86
84305		\$21.26
84307		\$18.28
84311		\$8.10
84315		\$3.28
84375		\$39.00
84376		\$5.50
84377		\$5.50
84378		\$11.53
84379		\$11.53
84392		\$5.49
84402		\$25.47
84403		\$25.81
84410		\$51.28
84425		\$21.23
84430		\$11.63
84431		\$35.11
84432		\$16.06
84436		\$6.87
84437		\$6.47
84439		\$9.02
84442		\$14.78
84443		\$16.80
84445		\$50.86
84446		\$14.18
84449		\$18.00
84450		\$5.18
84460		\$5.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
84466		\$12.76
84478		\$5.74
84479		\$6.47
84480		\$14.18
84481		\$16.94
84482		\$15.76
84484		\$12.47
84485		\$7.20
84488		\$7.30
84490		\$9.93
84510		\$10.63
84512		\$10.09
84520		\$3.95
84525		\$5.13
84540		\$5.56
84545		\$7.20
84550		\$4.52
84560		\$5.08
84577		\$16.80
84578		\$4.47
84580		\$9.55
84583		\$6.05
84585		\$15.50
84586		\$35.33
84588		\$33.94
84590		\$11.61
84591		\$17.06
84597		\$13.72
84600		\$17.11
84620		\$12.91
84630		\$11.39
84681		\$20.81
84702		\$15.05
84703		\$7.52
84704		\$15.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
84830		\$12.70
85002		\$4.82
85004		\$6.47
85007		\$3.80
85008		\$3.43
85009		\$5.07
85013		\$7.00
85014		\$2.37
85018		\$2.37
85025		\$7.77
85027		\$6.47
85032		\$4.31
85041		\$3.02
85044		\$4.31
85045		\$3.99
85046		\$5.57
85048		\$2.54
85049		\$4.48
85055		\$35.74
85060		\$25.14
85097		\$72.10
85130		\$11.89
85170		\$16.30
85175		\$20.37
85210		\$12.98
85220		\$17.65
85230		\$17.90
85240		\$17.90
85244		\$20.42
85245		\$22.94
85246		\$22.94
85247		\$22.94
85250		\$19.04
85260		\$17.90
85270		\$17.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
85280		\$19.35
85290		\$16.34
85291		\$9.11
85292		\$18.93
85293		\$18.93
85300		\$11.85
85301		\$10.81
85302		\$12.01
85303		\$13.84
85305		\$11.61
85306		\$15.32
85307		\$15.32
85335		\$12.87
85337		\$17.27
85345		\$4.69
85347		\$4.28
85348		\$4.49
85360		\$8.41
85362		\$6.89
85366		\$80.46
85370		\$12.43
85378		\$9.72
85379		\$10.18
85380		\$10.18
85384		\$9.72
85385		\$14.46
85390		\$15.48
85390	26	\$38.82
85396		\$21.08
85397		\$30.86
85400		\$7.71
85410		\$7.71
85415		\$17.19
85420		\$6.53
85421		\$10.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
85441		\$4.20
85445		\$6.82
85460		\$7.73
85461		\$9.36
85475		\$8.87
85520		\$13.09
85525		\$11.84
85530		\$13.09
85536		\$6.88
85540		\$8.60
85547		\$8.60
85549		\$18.75
85555		\$7.47
85557		\$13.36
85576		\$24.91
85576	26	\$19.23
85597		\$17.98
85598		\$17.98
85610		\$4.29
85611		\$3.94
85612		\$17.49
85613		\$9.58
85635		\$9.85
85651		\$4.27
85652		\$2.70
85660		\$5.51
85670		\$5.77
85675		\$6.85
85705		\$9.63
85730		\$6.01
85732		\$6.47
85810		\$11.67
86000		\$6.98
86001		\$7.82
86003		\$5.22

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86005		\$7.97
86008		\$17.93
86021		\$15.05
86022		\$18.37
86023		\$12.46
86038		\$12.09
86039		\$11.16
86060		\$7.30
86063		\$5.77
86077		\$56.57
86078		\$56.57
86079		\$56.57
86140		\$5.18
86141		\$12.95
86146		\$25.45
86147		\$25.45
86148		\$16.07
86152		\$250.78
86153	26	\$35.87
86155		\$15.99
86156		\$8.07
86157		\$8.06
86160		\$12.00
86161		\$12.00
86162		\$20.32
86171		\$10.01
86200		\$12.95
86215		\$13.25
86225		\$13.74
86226		\$12.11
86235		\$17.93
86255		\$12.05
86255	26	\$19.23
86256		\$12.05
86256	26	\$19.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86277		\$15.74
86280		\$8.19
86294		\$25.57
86300		\$20.81
86301		\$20.81
86304		\$20.81
86305		\$20.81
86308		\$5.18
86309		\$6.47
86310		\$7.37
86316		\$20.81
86317		\$14.99
86318		\$18.09
86320		\$29.92
86320	26	\$19.23
86325		\$23.13
86325	26	\$19.23
86327		\$29.92
86327	26	\$23.29
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$19.23
86335		\$29.35
86335	26	\$19.23
86336		\$15.59
86337		\$21.41
86340		\$15.08
86341		\$23.57
86343		\$12.46
86344		\$10.39
86352		\$135.86
86353		\$49.03
86355		\$37.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86356		\$26.78
86357		\$37.73
86359		\$37.73
86360		\$46.98
86361		\$26.78
86367		\$77.78
86376		\$14.55
86382		\$16.91
86384		\$13.61
86386		\$21.78
86403		\$11.54
86406		\$10.64
86430		\$6.14
86431		\$5.67
86480		\$61.98
86481		\$100.00
86486		\$5.18
86490		\$91.33
86510		\$6.66
86580		\$9.24
86590		\$12.66
86592		\$4.27
86593		\$4.40
86602		\$10.18
86603		\$12.87
86606		\$15.05
86609		\$12.88
86611		\$10.18
86612		\$12.90
86615		\$13.19
86617		\$15.49
86618		\$17.03
86619		\$13.38
86622		\$8.93
86625		\$13.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86628		\$12.01
86631		\$11.82
86632		\$12.68
86635		\$11.47
86638		\$12.12
86641		\$14.41
86644		\$14.39
86645		\$16.85
86648		\$15.21
86651		\$13.19
86652		\$13.19
86653		\$13.19
86654		\$13.19
86658		\$13.03
86663		\$13.12
86664		\$15.29
86665		\$18.14
86666		\$10.18
86668		\$14.16
86671		\$12.25
86674		\$14.72
86677		\$16.85
86682		\$13.01
86684		\$15.84
86687		\$9.09
86688		\$14.00
86689		\$19.35
86692		\$17.16
86694		\$14.39
86695		\$13.19
86696		\$19.35
86698		\$13.79
86701		\$8.89
86702		\$13.52
86703		\$13.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86704		\$12.05
86705		\$11.77
86706		\$10.74
86707		\$11.57
86708		\$12.39
86709		\$11.26
86710		\$13.55
86711		\$16.89
86713		\$15.30
86717		\$12.25
86720		\$16.20
86723		\$13.19
86727		\$12.87
86732		\$15.00
86735		\$13.05
86738		\$13.24
86741		\$13.19
86744		\$15.99
86747		\$15.03
86750		\$13.19
86753		\$12.39
86756		\$15.89
86757		\$19.35
86759		\$18.23
86762		\$14.39
86765		\$12.88
86768		\$13.19
86771		\$24.48
86774		\$14.80
86777		\$14.39
86778		\$14.41
86780		\$13.24
86784		\$12.56
86787		\$12.88
86788		\$16.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86789		\$14.39
86790		\$12.88
86793		\$13.19
86794		\$16.85
86800		\$15.91
86803		\$14.27
86804		\$15.49
86805		\$189.51
86806		\$47.59
86807		\$78.65
86808		\$29.68
86812		\$25.81
86813		\$58.00
86816		\$30.17
86817		\$106.14
86821		\$36.56
86825		\$109.49
86826		\$36.53
86828		\$64.19
86829		\$64.19
86830		\$95.52
86831		\$81.88
86832		\$323.75
86833		\$325.80
86834		\$357.56
86835		\$322.96
86850		\$9.77
86880		\$5.39
86885		\$5.72
86886		\$5.18
86900		\$2.99
86901		\$2.99
86902		\$6.35
86904		\$16.34
86905		\$3.83

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
86906		\$7.75
86940		\$8.77
86941		\$12.11
87003		\$16.84
87015		\$6.68
87040		\$10.32
87045		\$9.44
87046		\$9.44
87070		\$8.62
87071		\$9.89
87073		\$9.66
87075		\$9.47
87076		\$8.08
87077		\$8.08
87081		\$6.63
87084		\$27.07
87086		\$8.07
87088		\$8.09
87101		\$7.71
87102		\$8.41
87103		\$20.46
87106		\$10.32
87107		\$10.32
87109		\$15.39
87110		\$19.60
87116		\$10.80
87118		\$14.61
87140		\$5.57
87143		\$12.52
87147		\$5.18
87149		\$20.05
87150		\$35.09
87152		\$7.74
87153		\$115.36
87158		\$7.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87164		\$10.74
87164	26	\$20.71
87166		\$11.30
87168		\$4.27
87169		\$4.31
87172		\$4.27
87176		\$5.88
87177		\$8.90
87181		\$4.75
87184		\$7.48
87185		\$4.75
87186		\$8.65
87187		\$40.17
87188		\$6.64
87190		\$7.31
87197		\$15.02
87205		\$4.27
87206		\$5.39
87207		\$5.99
87207	26	\$19.23
87209		\$17.98
87210		\$5.82
87220		\$4.27
87230		\$19.74
87250		\$19.56
87252		\$26.07
87253		\$20.20
87254		\$19.56
87255		\$33.86
87260		\$14.43
87265		\$11.98
87267		\$13.42
87269		\$13.61
87270		\$11.98
87271		\$13.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87272		\$11.98
87273		\$11.98
87274		\$11.98
87275		\$12.25
87276		\$16.07
87278		\$15.60
87279		\$16.43
87280		\$13.42
87281		\$11.98
87283		\$60.80
87285		\$12.18
87290		\$13.42
87299		\$16.10
87300		\$11.98
87301		\$11.98
87305		\$11.98
87320		\$15.00
87324		\$11.98
87327		\$13.42
87328		\$13.82
87329		\$11.98
87332		\$11.98
87335		\$12.66
87336		\$16.00
87337		\$11.98
87338		\$14.38
87339		\$16.00
87340		\$10.33
87341		\$10.33
87350		\$11.53
87380		\$18.36
87385		\$13.25
87389		\$24.08
87390		\$24.06
87391		\$21.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87400		\$14.13
87420		\$13.91
87425		\$11.98
87427		\$11.98
87430		\$16.81
87449		\$11.98
87450		\$9.59
87451		\$10.51
87471		\$35.09
87472		\$42.84
87475		\$20.05
87476		\$35.09
87480		\$20.05
87481		\$35.09
87482		\$55.74
87483		\$416.78
87485		\$20.05
87486		\$35.09
87487		\$42.84
87490		\$22.75
87491		\$35.09
87492		\$53.47
87493		\$37.27
87495		\$30.03
87496		\$35.09
87497		\$42.84
87498		\$35.09
87500		\$35.09
87501		\$51.31
87502		\$95.80
87503		\$29.22
87505		\$128.29
87506		\$262.99
87507		\$416.78
87510		\$20.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87511		\$35.09
87512		\$41.76
87516		\$35.09
87517		\$42.84
87520		\$31.22
87521		\$35.09
87522		\$42.84
87525		\$29.80
87526		\$39.26
87527		\$41.76
87528		\$20.05
87529		\$35.09
87530		\$42.84
87531		\$58.00
87532		\$35.09
87533		\$41.76
87534		\$21.92
87535		\$35.09
87536		\$85.10
87537		\$21.92
87538		\$35.09
87539		\$58.62
87540		\$20.05
87541		\$35.09
87542		\$41.76
87550		\$20.05
87551		\$48.24
87552		\$42.84
87555		\$26.88
87556		\$41.68
87557		\$42.84
87560		\$27.29
87561		\$35.09
87562		\$42.84
87563		\$35.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87580		\$20.05
87581		\$35.09
87582		\$302.62
87590		\$26.88
87591		\$35.09
87592		\$42.84
87623		\$35.09
87624		\$35.09
87625		\$40.55
87631		\$142.63
87632		\$218.06
87633		\$416.78
87634		\$70.20
87635		\$51.31
87640		\$35.09
87641		\$35.09
87650		\$20.05
87651		\$35.09
87652		\$41.76
87653		\$35.09
87660		\$20.05
87661		\$35.09
87662		\$51.31
87797		\$30.03
87798		\$35.09
87799		\$42.84
87800		\$43.67
87801		\$70.20
87802		\$12.73
87803		\$16.00
87804		\$16.55
87806		\$32.77
87807		\$13.10
87808		\$15.29
87809		\$21.76

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
87810		\$35.29
87850		\$24.56
87880		\$16.53
87899		\$16.07
87900		\$130.35
87901		\$257.45
87902		\$257.45
87903		\$488.66
87904		\$26.07
87905		\$12.22
87906		\$128.73
87910		\$257.45
87912		\$257.45
88104		\$71.36
88104	26	\$29.95
88104	TC	\$41.41
88106		\$67.67
88106	26	\$20.71
88106	TC	\$46.96
88108		\$64.71
88108	26	\$24.03
88108	TC	\$40.67
88112		\$70.25
88112	26	\$29.58
88112	TC	\$40.67
88120		\$603.08
88120	26	\$61.38
88120	TC	\$541.70
88121		\$460.72
88121	26	\$51.77
88121	TC	\$408.95
88125		\$27.73
88125	26	\$14.79
88125	TC	\$12.94
88130		\$17.98

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88140		\$7.99
88141		\$26.62
88142		\$20.26
88143		\$23.04
88147		\$50.56
88148		\$16.00
88150		\$15.12
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$74.32
88160	26	\$27.73
88160	TC	\$46.59
88161		\$71.36
88161	26	\$26.99
88161	TC	\$44.37
88162		\$102.79
88162	26	\$40.67
88162	TC	\$62.12
88164		\$15.12
88165		\$42.22
88166		\$15.12
88167		\$15.12
88172		\$58.42
88172	26	\$38.45
88172	TC	\$19.97
88173		\$160.11
88173	26	\$75.06
88173	TC	\$85.04
88174		\$25.37
88175		\$26.61
88177		\$30.69
88177	26	\$23.29
88177	TC	\$7.40
88182		\$143.47

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88182	26	\$41.41
88182	TC	\$102.05
88184		\$69.51
88185		\$22.92
88187		\$39.19
88188		\$66.56
88189		\$89.11
88230		\$116.49
88233		\$140.73
88235		\$150.30
88237		\$143.75
88239		\$147.52
88240		\$13.07
88241		\$12.09
88245		\$173.17
88248		\$173.17
88249		\$173.17
88261		\$264.34
88262		\$125.49
88263		\$150.29
88264		\$144.61
88267		\$188.57
88269		\$173.66
88271		\$21.42
88272		\$40.70
88273		\$34.81
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$68.60
88285		\$26.91
88289		\$34.43
88291		\$34.76
88300		\$16.27
88300	26	\$4.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88300	TC	\$11.46
88302		\$32.17
88302	26	\$7.40
88302	TC	\$24.77
88304		\$42.89
88304	26	\$12.20
88304	TC	\$30.69
88305		\$73.21
88305	26	\$40.30
88305	TC	\$32.91
88307		\$287.67
88307	26	\$88.37
88307	TC	\$199.30
88309		\$437.05
88309	26	\$155.67
88309	TC	\$281.39
88311		\$22.56
88311	26	\$13.31
88311	TC	\$9.24
88312		\$109.82
88312	26	\$28.47
88312	TC	\$81.35
88313		\$79.13
88313	26	\$12.94
88313	TC	\$66.19
88314		\$100.94
88314	26	\$23.66
88314	TC	\$77.28
88319		\$116.47
88319	26	\$28.84
88319	TC	\$87.63
88321		\$103.16
88323		\$119.80
88323	26	\$92.81
88323	TC	\$26.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88325		\$181.18
88329		\$54.72
88331		\$102.05
88331	26	\$66.56
88331	TC	\$35.50
88332		\$56.94
88332	26	\$33.28
88332	TC	\$23.66
88333		\$93.55
88333	26	\$66.56
88333	TC	\$26.99
88334		\$58.79
88334	26	\$40.30
88334	TC	\$18.49
88341		\$96.14
88341	26	\$29.95
88341	TC	\$66.19
88342		\$109.82
88342	26	\$37.72
88342	TC	\$72.10
88344		\$179.70
88344	26	\$41.04
88344	TC	\$138.66
88346		\$131.63
88346	26	\$38.45
88346	TC	\$93.18
88348		\$402.30
88348	26	\$81.35
88348	TC	\$320.95
88350		\$96.51
88350	26	\$31.06
88350	TC	\$65.45
88355		\$143.47
88355	26	\$88.00
88355	TC	\$55.46

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88356		\$244.78
88356	26	\$136.44
88356	TC	\$108.34
88358		\$138.66
88358	26	\$53.25
88358	TC	\$85.41
88360		\$130.52
88360	26	\$45.11
88360	TC	\$85.41
88361		\$132.37
88361	26	\$47.70
88361	TC	\$84.67
88362		\$236.65
88362	26	\$119.80
88362	TC	\$116.84
88363		\$24.40
88364		\$143.84
88364	26	\$36.98
88364	TC	\$106.86
88365		\$187.84
88365	26	\$46.59
88365	TC	\$141.25
88366		\$287.67
88366	26	\$66.19
88366	TC	\$221.49
88367		\$117.95
88367	26	\$36.61
88367	TC	\$81.35
88368		\$136.44
88368	26	\$44.00
88368	TC	\$92.44
88369		\$119.43
88369	26	\$34.76
88369	TC	\$84.67
88371		\$22.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
88371	26	\$20.71
88372		\$26.22
88372	26	\$19.23
88373		\$76.54
88373	26	\$28.10
88373	TC	\$48.44
88374		\$356.82
88374	26	\$47.33
88374	TC	\$309.49
88375		\$51.40
88377		\$421.15
88377	26	\$68.77
88377	TC	\$352.38
88380		\$140.51
88380	26	\$58.79
88380	TC	\$81.72
88381		\$187.10
88381	26	\$26.62
88381	TC	\$160.47
88387		\$36.98
88387	26	\$29.58
88387	TC	\$7.40
88388		\$38.45
88388	26	\$25.51
88388	TC	\$12.94
88720		\$5.02
88738		\$5.02
88740		\$9.37
88741		\$9.37
89049		\$261.42
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$19.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$16.64
89230		\$2.22
90371		\$115.94
90375		\$277.34
90376		\$278.70
90471		\$16.20
90472		\$16.20
90473		\$16.20
90474		\$16.20
90785		\$15.53
90791		\$146.79
90792		\$162.69
90832		\$71.73
90833		\$73.58
90834		\$95.40
90836		\$93.18
90837		\$142.73
90838		\$122.39
90839		\$149.01
90840		\$71.36
90845		\$100.94
90846		\$104.27
90847		\$107.97
90849		\$37.35
90853		\$28.47
90865		\$175.27
90870		\$182.66
90875		\$63.23
90876		\$110.93
90880		\$112.04
90901		\$42.15
90912		\$82.83

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
90913		\$33.28
90935		\$75.06
90937		\$107.60
90945		\$88.37
90947		\$127.94
90951		\$961.00
90954		\$834.17
90955		\$470.70
90956		\$327.61
90957		\$661.87
90958		\$450.00
90959		\$304.31
90960		\$292.48
90961		\$245.89
90962		\$189.69
90963		\$559.44
90964		\$489.19
90965		\$467.74
90966		\$245.52
90967		\$18.49
90968		\$16.27
90969		\$15.53
90970		\$8.13
90989		\$639.02
90997		\$92.44
91010		\$209.28
91010	26	\$68.77
91010	TC	\$140.51
91013		\$26.62
91013	26	\$9.61
91013	TC	\$17.01
91020		\$270.29
91020	26	\$77.28
91020	TC	\$193.01
91022		\$174.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
91022	26	\$77.28
91022	TC	\$97.62
91030		\$144.58
91030	26	\$48.81
91030	TC	\$95.77
91034		\$198.56
91034	26	\$52.14
91034	TC	\$146.42
91035		\$505.09
91035	26	\$85.78
91035	TC	\$419.31
91037		\$173.42
91037	26	\$52.14
91037	TC	\$121.28
91038		\$459.61
91038	26	\$59.16
91038	TC	\$400.45
91040		\$530.60
91040	26	\$52.51
91040	TC	\$478.10
91065		\$83.57
91065	26	\$10.72
91065	TC	\$72.84
91110		\$899.62
91110	26	\$133.85
91110	TC	\$765.77
91111		\$904.43
91111	26	\$53.98
91111	TC	\$850.44
91112		\$1,513.79
91112	26	\$112.78
91112	TC	\$1,401.01
91117		\$141.99
91120		\$509.16
91120	26	\$51.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
91120	TC	\$457.76
91122		\$261.42
91122	26	\$92.44
91122	TC	\$168.98
91132		\$337.96
91132	26	\$28.10
91132	TC	\$309.86
91133		\$362.36
91133	26	\$35.50
91133	TC	\$326.87
91200		\$38.82
91200	26	\$14.79
91200	TC	\$24.03
92002		\$87.26
92004		\$155.30
92012		\$91.33
92014		\$130.15
92015		\$20.34
92018		\$147.90
92019		\$75.43
92020		\$28.47
92025		\$38.45
92025	26	\$20.71
92025	TC	\$17.75
92060		\$66.19
92060	26	\$39.56
92060	TC	\$26.62
92065		\$55.09
92065	26	\$18.86
92065	TC	\$36.24
92071		\$38.82
92072		\$133.11
92081		\$35.13
92081	26	\$17.01
92081	TC	\$18.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92082		\$49.55
92082	26	\$22.56
92082	TC	\$26.99
92083		\$65.82
92083	26	\$28.84
92083	TC	\$36.98
92100		\$85.78
92132		\$32.91
92132	26	\$17.38
92132	TC	\$15.53
92133		\$38.82
92133	26	\$23.29
92133	TC	\$15.53
92134		\$42.52
92134	26	\$26.62
92134	TC	\$15.90
92136		\$65.08
92136	26	\$32.54
92136	TC	\$32.54
92145		\$15.53
92145	26	\$8.13
92145	TC	\$7.40
92201		\$25.88
92202		\$16.27
92227		\$13.68
92228		\$35.50
92228	26	\$21.82
92228	TC	\$13.68
92230		\$79.87
92235		\$108.34
92235	26	\$45.11
92235	TC	\$63.23
92240		\$209.65
92240	26	\$48.81
92240	TC	\$160.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92242		\$248.11
92242	26	\$56.94
92242	TC	\$191.16
92250		\$46.96
92250	26	\$22.56
92250	TC	\$24.40
92260		\$19.97
92265		\$90.59
92265	26	\$48.81
92265	TC	\$41.78
92270		\$100.57
92270	26	\$44.37
92270	TC	\$56.20
92273		\$135.33
92273	26	\$38.45
92273	TC	\$96.88
92274		\$92.07
92274	26	\$34.39
92274	TC	\$57.68
92283		\$55.09
92283	26	\$9.61
92283	TC	\$45.48
92284		\$61.38
92284	26	\$12.94
92284	TC	\$48.44
92285		\$22.92
92285	26	\$3.33
92285	TC	\$19.60
92286		\$40.67
92286	26	\$23.29
92286	TC	\$17.38
92287		\$164.17
92287	26	\$48.44
92287	TC	\$115.73
92310		\$103.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92311		\$108.71
92312		\$126.09
92313		\$102.05
92314		\$88.74
92315		\$81.72
92316		\$101.68
92317		\$85.41
92325		\$45.85
92326		\$38.82
92340		\$35.87
92341		\$41.41
92342		\$44.37
92370		\$31.80
92502		\$97.62
92504		\$29.95
92507		\$82.09
92508		\$24.77
92511		\$116.47
92512		\$61.38
92516		\$70.99
92520		\$83.20
92521		\$117.21
92522		\$95.40
92523		\$201.15
92524		\$93.18
92526		\$90.59
92537		\$43.63
92537	26	\$33.28
92537	TC	\$10.35
92538		\$23.66
92538	26	\$17.01
92538	TC	\$6.66
92540		\$111.67
92540	26	\$82.83
92540	TC	\$28.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92541		\$26.62
92541	26	\$22.19
92541	TC	\$4.44
92542		\$31.06
92542	26	\$26.62
92542	TC	\$4.44
92544		\$18.49
92544	26	\$15.16
92544	TC	\$3.33
92545		\$17.38
92545	26	\$14.05
92545	TC	\$3.33
92546		\$115.73
92546	26	\$15.53
92546	TC	\$100.20
92547		\$8.87
92548		\$51.40
92548	26	\$36.24
92548	TC	\$15.16
92549		\$65.82
92549	26	\$46.96
92549	TC	\$18.86
92550		\$22.92
92551		\$11.83
92552		\$32.54
92553		\$39.56
92555		\$24.40
92556		\$39.19
92557		\$39.19
92558		\$9.98
92561		\$40.30
92562		\$45.85
92563		\$31.43
92564		\$24.40
92565		\$15.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92567		\$16.27
92568		\$16.27
92570		\$34.02
92571		\$27.73
92572		\$35.87
92575		\$67.67
92576		\$37.35
92577		\$14.05
92579		\$48.07
92582		\$76.17
92583		\$49.92
92584		\$76.54
92585		\$140.51
92585	26	\$27.73
92585	TC	\$112.78
92586		\$98.73
92587		\$23.29
92587	26	\$19.60
92587	TC	\$3.70
92588		\$35.50
92588	26	\$30.69
92588	TC	\$4.81
92590		\$118.19
92591		\$118.19
92592		\$25.95
92593		\$25.95
92594		\$25.95
92595		\$25.95
92596		\$67.67
92601		\$173.05
92602		\$108.34
92603		\$161.21
92604		\$96.51
92607		\$133.85
92609		\$112.78

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92610		\$90.22
92611		\$95.03
92612		\$208.17
92613		\$38.82
92614		\$154.19
92615		\$34.02
92616		\$224.81
92617		\$42.52
92620		\$97.62
92621		\$23.29
92625		\$72.84
92626		\$93.55
92627		\$22.19
92640		\$118.69
92920		\$528.75
92924		\$630.07
92928		\$587.92
92933		\$659.28
92937		\$587.18
92941		\$660.76
92943		\$660.76
92950		\$331.30
92953		\$0.74
92960		\$164.17
92961		\$247.37
92970		\$187.84
92971		\$100.20
92973		\$175.64
92974		\$160.84
92975		\$374.93
92977		\$53.61
92978	26	\$95.40
92979	26	\$76.54
92986		\$1,317.08
92987		\$1,358.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
92990		\$1,084.87
92997		\$641.90
92998		\$321.32
93000		\$17.38
93005		\$8.50
93010		\$8.50
93015		\$73.21
93016		\$22.92
93017		\$34.76
93018		\$15.16
93024		\$113.15
93024	26	\$59.16
93024	TC	\$53.98
93025		\$146.42
93025	26	\$38.45
93025	TC	\$107.97
93040		\$12.94
93041		\$5.55
93042		\$7.03
93050		\$17.01
93050	26	\$8.87
93050	TC	\$8.13
93224		\$91.33
93225		\$26.25
93226		\$37.35
93227		\$27.36
93228		\$26.99
93229		\$731.75
93260		\$75.06
93260	26	\$45.11
93260	TC	\$29.95
93261		\$68.41
93261	26	\$38.82
93261	TC	\$29.58
93264		\$51.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93268		\$207.80
93270		\$8.87
93271		\$172.31
93272		\$26.25
93278		\$31.43
93278	26	\$13.31
93278	TC	\$18.12
93279		\$62.86
93279	26	\$33.65
93279	TC	\$29.21
93280		\$74.69
93280	26	\$40.30
93280	TC	\$34.39
93281		\$79.87
93281	26	\$44.74
93281	TC	\$35.13
93282		\$76.54
93282	26	\$44.74
93282	TC	\$31.80
93283		\$95.40
93283	26	\$60.64
93283	TC	\$34.76
93284		\$103.16
93284	26	\$65.82
93284	TC	\$37.35
93285		\$55.46
93285	26	\$27.36
93285	TC	\$28.10
93286		\$42.15
93286	26	\$16.27
93286	TC	\$25.88
93287		\$49.55
93287	26	\$24.03
93287	TC	\$25.51
93288		\$51.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93288	26	\$22.19
93288	TC	\$29.21
93289		\$68.77
93289	26	\$39.19
93289	TC	\$29.58
93290		\$48.81
93290	26	\$22.56
93290	TC	\$26.25
93291		\$45.11
93291	26	\$19.60
93291	TC	\$25.51
93292		\$46.22
93292	26	\$22.19
93292	TC	\$24.03
93293		\$53.98
93293	26	\$15.90
93293	TC	\$38.09
93294		\$31.80
93295		\$39.19
93296		\$26.25
93297		\$27.36
93298		\$27.73
93303		\$241.82
93303	26	\$65.82
93303	TC	\$176.00
93304		\$166.02
93304	26	\$37.72
93304	TC	\$128.31
93306		\$215.20
93306	26	\$75.80
93306	TC	\$139.40
93307		\$146.42
93307	26	\$46.59
93307	TC	\$99.83
93308		\$102.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93308	26	\$26.62
93308	TC	\$75.80
93312		\$255.13
93312	26	\$113.52
93312	TC	\$141.62
93313		\$11.83
93314		\$243.67
93314	26	\$92.81
93314	TC	\$150.86
93315	26	\$133.85
93316		\$27.73
93317	26	\$94.29
93318	26	\$107.60
93320		\$55.83
93320	26	\$19.23
93320	TC	\$36.61
93321		\$27.36
93321	26	\$7.40
93321	TC	\$19.97
93325		\$25.88
93325	26	\$3.33
93325	TC	\$22.56
93350		\$196.71
93350	26	\$73.58
93350	TC	\$123.13
93351		\$243.30
93351	26	\$88.37
93351	TC	\$154.93
93352		\$34.76
93355		\$237.38
93356		\$41.41
93451		\$876.70
93451	26	\$132.37
93451	TC	\$744.32
93452		\$942.51

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93452	26	\$238.49
93452	TC	\$704.02
93453		\$1,212.81
93453	26	\$318.36
93453	TC	\$894.44
93454		\$943.62
93454	26	\$240.71
93454	TC	\$702.91
93455		\$1,071.93
93455	26	\$280.28
93455	TC	\$791.65
93456		\$1,193.95
93456	26	\$313.19
93456	TC	\$880.76
93457		\$1,321.88
93457	26	\$353.12
93457	TC	\$968.77
93458		\$1,103.73
93458	26	\$296.92
93458	TC	\$806.81
93459		\$1,200.60
93459	26	\$336.48
93459	TC	\$864.12
93460		\$1,328.54
93460	26	\$376.41
93460	TC	\$952.13
93461		\$1,487.54
93461	26	\$416.35
93461	TC	\$1,071.19
93462		\$210.02
93463		\$101.68
93464		\$253.28
93464	26	\$92.44
93464	TC	\$160.84
93503		\$90.96

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93505		\$730.64
93505	26	\$224.44
93505	TC	\$506.20
93530	26	\$207.80
93531	26	\$432.99
93532	26	\$529.49
93533	26	\$354.60
93561	26	\$47.70
93562	26	\$38.45
93563		\$58.42
93564		\$61.01
93565		\$45.11
93566		\$151.23
93567		\$127.20
93568		\$138.66
93571	26	\$73.58
93572	26	\$53.25
93580		\$973.20
93581		\$1,320.04
93582		\$660.39
93583		\$739.15
93590		\$1,124.80
93591		\$932.90
93592		\$409.69
93600	26	\$119.80
93602	26	\$117.58
93603	26	\$117.58
93609	26	\$279.91
93610	26	\$164.91
93612	26	\$163.80
93613		\$296.92
93615	26	\$39.93
93616	26	\$62.49
93618	26	\$221.85
93619	26	\$394.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93620	26	\$631.92
93621	26	\$117.95
93622	26	\$173.05
93623	26	\$159.74
93624	26	\$241.08
93631	26	\$396.01
93640	26	\$179.70
93641	26	\$314.66
93642		\$342.40
93642	26	\$257.35
93642	TC	\$85.04
93644		\$206.69
93644	26	\$152.71
93644	TC	\$53.98
93650		\$591.61
93653		\$836.02
93654		\$1,119.26
93655		\$425.96
93656		\$1,122.59
93657		\$425.59
93660		\$164.54
93660	26	\$97.62
93660	TC	\$66.93
93662	26	\$149.01
93668		\$15.90
93701		\$26.99
93702		\$143.84
93724		\$293.96
93724	26	\$254.39
93724	TC	\$39.56
93750		\$58.42
93784		\$47.70
93786		\$23.29
93788		\$4.81
93790		\$19.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93793		\$11.83
93797		\$16.64
93798		\$26.25
93880		\$207.06
93880	26	\$40.67
93880	TC	\$166.39
93882		\$132.74
93882	26	\$25.14
93882	TC	\$107.60
93886		\$283.23
93886	26	\$48.81
93886	TC	\$234.43
93888		\$168.24
93888	26	\$26.62
93888	TC	\$141.62
93890		\$287.67
93890	26	\$53.25
93890	TC	\$234.43
93892		\$323.54
93892	26	\$61.75
93892	TC	\$261.79
93893		\$371.61
93893	26	\$62.12
93893	TC	\$309.49
93922		\$88.37
93922	26	\$12.94
93922	TC	\$75.43
93923		\$136.81
93923	26	\$22.19
93923	TC	\$114.62
93924		\$169.35
93924	26	\$24.77
93924	TC	\$144.58
93925		\$263.27
93925	26	\$39.93

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93925	TC	\$223.33
93926		\$155.30
93926	26	\$24.40
93926	TC	\$130.89
93930		\$213.35
93930	26	\$40.30
93930	TC	\$173.05
93931		\$133.11
93931	26	\$24.77
93931	TC	\$108.34
93970		\$202.26
93970	26	\$35.13
93970	TC	\$167.13
93971		\$126.83
93971	26	\$22.92
93971	TC	\$103.90
93975		\$287.67
93975	26	\$58.79
93975	TC	\$228.88
93976		\$170.09
93976	26	\$40.67
93976	TC	\$129.42
93978		\$194.49
93978	26	\$39.56
93978	TC	\$154.93
93979		\$124.98
93979	26	\$24.77
93979	TC	\$100.20
93980		\$127.20
93980	26	\$63.97
93980	TC	\$63.23
93981		\$76.17
93981	26	\$22.19
93981	TC	\$53.98
93985		\$276.58

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
93985	26	\$39.19
93985	TC	\$237.38
93986		\$159.74
93986	26	\$24.77
93986	TC	\$134.96
93990		\$160.11
93990	26	\$24.40
93990	TC	\$135.70
94002		\$94.29
94003		\$68.04
94004		\$50.29
94010		\$36.98
94010	26	\$8.87
94010	TC	\$28.10
94011		\$88.74
94012		\$144.95
94013		\$19.60
94014		\$57.68
94015		\$31.43
94016		\$26.25
94060		\$61.01
94060	26	\$13.31
94060	TC	\$47.70
94070		\$61.01
94070	26	\$29.58
94070	TC	\$31.43
94200		\$23.29
94200	26	\$4.81
94200	TC	\$18.49
94250		\$28.47
94250	26	\$5.92
94250	TC	\$22.56
94375		\$40.67
94375	26	\$15.53
94375	TC	\$25.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
94400		\$58.05
94400	26	\$19.97
94400	TC	\$38.09
94450		\$68.77
94450	26	\$19.60
94450	TC	\$49.18
94452		\$54.72
94452	26	\$15.16
94452	TC	\$39.56
94453		\$74.32
94453	26	\$19.60
94453	TC	\$54.72
94610		\$56.94
94617		\$94.29
94617	26	\$34.39
94617	TC	\$59.90
94618		\$34.39
94618	26	\$23.66
94618	TC	\$10.72
94621		\$164.17
94621	26	\$72.10
94621	TC	\$92.07
94640		\$18.12
94644		\$55.46
94645		\$17.01
94660		\$65.82
94662		\$36.98
94664		\$17.01
94667		\$25.51
94668		\$29.58
94669		\$30.32
94680		\$55.83
94680	26	\$13.31
94680	TC	\$42.52
94681		\$55.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
94681	26	\$10.72
94681	TC	\$44.37
94690		\$52.88
94690	26	\$4.07
94690	TC	\$48.81
94726		\$55.83
94726	26	\$12.94
94726	TC	\$42.89
94727		\$45.48
94727	26	\$12.94
94727	TC	\$32.54
94728		\$42.52
94728	26	\$13.31
94728	TC	\$29.21
94729		\$58.79
94729	26	\$9.61
94729	TC	\$49.18
94750		\$91.70
94750	26	\$11.46
94750	TC	\$80.24
94760		\$2.22
94761		\$3.70
94762		\$26.99
94770		\$7.40
94780		\$52.14
94781		\$20.34
95004		\$4.07
95012		\$20.34
95017		\$8.50
95018		\$21.82
95024		\$8.13
95027		\$4.81
95028		\$12.94
95044		\$5.18
95052		\$6.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95056		\$48.07
95060		\$36.24
95065		\$26.62
95070		\$34.02
95071		\$38.82
95076		\$123.50
95079		\$87.63
95115		\$9.24
95117		\$10.72
95144		\$15.16
95145		\$31.80
95146		\$58.79
95147		\$59.16
95148		\$86.52
95149		\$114.99
95165		\$14.79
95170		\$11.09
95180		\$141.25
95249		\$56.20
95250		\$155.30
95251		\$36.61
95717		\$106.49
95718		\$139.77
95719		\$164.17
95720		\$216.31
95721		\$218.16
95722		\$264.38
95723		\$269.92
95724		\$337.59
95725		\$308.01
95726		\$426.70
95782		\$937.71
95782	26	\$131.26
95782	TC	\$806.44
95783		\$996.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95783	26	\$142.36
95783	TC	\$853.77
95803		\$155.67
95803	26	\$46.59
95803	TC	\$109.08
95805		\$430.77
95805	26	\$61.38
95805	TC	\$369.39
95807		\$422.63
95807	26	\$63.97
95807	TC	\$358.67
95808		\$678.14
95808	26	\$90.96
95808	TC	\$587.18
95810		\$633.03
95810	26	\$126.09
95810	TC	\$506.94
95811		\$661.50
95811	26	\$130.89
95811	TC	\$530.60
95812		\$342.40
95812	26	\$59.90
95812	TC	\$282.50
95813		\$424.48
95813	26	\$90.59
95813	TC	\$333.89
95816		\$379.74
95816	26	\$59.90
95816	TC	\$319.84
95819		\$450.74
95819	26	\$60.27
95819	TC	\$390.46
95822		\$408.58
95822	26	\$60.27
95822	TC	\$348.31

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95824	26	\$40.67
95829		\$1,946.04
95829	26	\$346.83
95829	TC	\$1,599.20
95830		\$523.58
95836		\$111.30
95851		\$22.56
95852		\$19.60
95857		\$56.94
95860		\$124.98
95860	26	\$54.35
95860	TC	\$70.62
95861		\$178.22
95861	26	\$85.78
95861	TC	\$92.44
95863		\$220.75
95863	26	\$103.90
95863	TC	\$116.84
95864		\$259.94
95864	26	\$110.93
95864	TC	\$149.01
95865		\$158.63
95865	26	\$87.26
95865	TC	\$71.36
95866		\$140.88
95866	26	\$69.88
95866	TC	\$70.99
95867		\$112.04
95867	26	\$44.37
95867	TC	\$67.67
95868		\$147.16
95868	26	\$65.82
95868	TC	\$81.35
95869		\$99.46
95869	26	\$20.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95869	TC	\$78.76
95870		\$93.92
95870	26	\$20.71
95870	TC	\$73.21
95872		\$207.06
95872	26	\$158.63
95872	TC	\$48.44
95873		\$79.87
95873	26	\$20.71
95873	TC	\$59.16
95874		\$82.09
95874	26	\$20.34
95874	TC	\$61.75
95875		\$139.03
95875	26	\$61.38
95875	TC	\$77.65
95885		\$65.08
95885	26	\$19.23
95885	TC	\$45.85
95886		\$100.94
95886	26	\$47.70
95886	TC	\$53.25
95887		\$88.00
95887	26	\$39.19
95887	TC	\$48.81
95905		\$56.57
95905	26	\$2.96
95905	TC	\$53.61
95907		\$99.46
95907	26	\$56.20
95907	TC	\$43.26
95908		\$126.46
95908	26	\$70.25
95908	TC	\$56.20
95909		\$150.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95909	26	\$83.94
95909	TC	\$66.93
95910		\$198.93
95910	26	\$112.41
95910	TC	\$86.52
95911		\$238.49
95911	26	\$139.40
95911	TC	\$99.10
95912		\$272.14
95912	26	\$165.65
95912	TC	\$106.49
95913		\$315.03
95913	26	\$196.71
95913	TC	\$118.32
95921		\$89.48
95921	26	\$47.33
95921	TC	\$42.15
95922		\$101.68
95922	26	\$49.92
95922	TC	\$51.77
95923		\$133.85
95923	26	\$47.70
95923	TC	\$86.15
95924		\$155.30
95924	26	\$90.96
95924	TC	\$64.34
95925		\$144.95
95925	26	\$28.84
95925	TC	\$116.10
95926		\$138.29
95926	26	\$28.47
95926	TC	\$109.82
95927		\$137.55
95927	26	\$28.10
95927	TC	\$109.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95928		\$234.43
95928	26	\$83.20
95928	TC	\$151.23
95929		\$241.45
95929	26	\$83.20
95929	TC	\$158.26
95930		\$69.51
95930	26	\$19.60
95930	TC	\$49.92
95933		\$85.78
95933	26	\$32.91
95933	TC	\$52.88
95937		\$97.99
95937	26	\$36.24
95937	TC	\$61.75
95938		\$363.84
95938	26	\$48.07
95938	TC	\$315.77
95939		\$546.50
95939	26	\$124.61
95939	TC	\$421.89
95940		\$33.65
95954		\$404.52
95954	26	\$117.58
95954	TC	\$286.93
95955		\$218.90
95955	26	\$56.20
95955	TC	\$162.69
95957		\$265.86
95957	26	\$107.23
95957	TC	\$158.63
95958		\$601.60
95958	26	\$233.69
95958	TC	\$367.91
95961		\$319.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
95961	26	\$166.02
95961	TC	\$153.82
95962		\$271.40
95962	26	\$178.96
95962	TC	\$92.44
95965	26	\$437.42
95966	26	\$221.85
95967	26	\$193.75
95970		\$19.60
95971		\$51.77
95972		\$58.05
95976		\$42.15
95977		\$55.09
95980		\$45.48
95981		\$36.24
95982		\$57.31
95983		\$52.14
95984		\$45.85
95990		\$93.18
95991		\$117.95
95992		\$45.85
96000		\$96.51
96001		\$113.89
96002		\$22.56
96003		\$17.75
96004		\$116.47
96020	26	\$169.72
96040		\$46.59
96105		\$106.49
96110		\$9.98
96112		\$141.25
96113		\$63.23
96116		\$100.20
96121		\$86.52
96125		\$113.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
96127		\$4.81
96130		\$123.13
96131		\$94.29
96132		\$137.92
96133		\$103.53
96136		\$48.44
96137		\$44.74
96138		\$39.19
96139		\$39.19
96146		\$1.85
96156		\$100.57
96160		\$2.59
96161		\$2.59
96167		\$73.95
96168		\$26.25
96170		\$82.83
96171		\$29.95
96360		\$35.13
96361		\$13.68
96365		\$72.84
96366		\$22.19
96367		\$31.80
96368		\$21.45
96369		\$165.65
96370		\$15.53
96371		\$66.19
96372		\$14.42
96373		\$18.86
96374		\$40.67
96375		\$16.64
96377		\$20.34
96401		\$80.98
96402		\$32.54
96405		\$86.15
96406		\$132.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
96409		\$111.30
96411		\$60.27
96413		\$144.21
96415		\$31.06
96416		\$144.21
96417		\$69.88
96420		\$106.49
96422		\$175.64
96423		\$81.35
96425		\$186.36
96440		\$924.03
96446		\$207.06
96450		\$185.62
96521		\$150.86
96522		\$125.72
96523		\$28.47
96542		\$136.07
96567		\$139.03
96570		\$56.57
96571		\$26.62
96573		\$222.59
96574		\$279.17
96900		\$22.92
96904		\$70.99
96910		\$120.91
96912		\$103.16
96913		\$149.75
96920		\$169.35
96921		\$185.62
96922		\$252.91
96931		\$179.33
96932		\$131.63
96933		\$47.33
96934		\$109.08
96935		\$63.97

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
96936		\$45.11
97022		\$18.49
97032		\$15.16
97035		\$14.79
97110		\$31.80
97112		\$36.61
97113		\$40.30
97116		\$31.43
97129		\$24.77
97130		\$23.66
97140		\$29.21
97150		\$18.86
97151		\$28.15
97152		\$20.83
97153		\$9.59
97154		\$2.41
97155		\$28.15
97161		\$88.74
97162		\$88.74
97163		\$88.74
97164		\$61.01
97165		\$94.29
97166		\$93.92
97167		\$93.92
97168		\$65.08
97530		\$41.04
97537		\$34.02
97542		\$34.39
97597		\$100.20
97598		\$47.33
97605		\$45.48
97606		\$53.61
97607		\$349.79
97608		\$350.53
97761		\$43.63

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
97802		\$38.82
97803		\$33.65
97804		\$17.38
97810		\$37.72
97811		\$28.47
97813		\$42.15
97814		\$34.39
98925		\$32.17
98926		\$46.59
98927		\$61.01
98928		\$74.69
98929		\$88.74
98940		\$42.78
98941		\$59.51
98942		\$77.48
98966		\$14.42
98967		\$27.73
98968		\$41.04
99151		\$76.54
99152		\$52.51
99153		\$10.72
99155		\$85.78
99156		\$79.13
99157		\$65.08
99170		\$163.43
99173		\$2.59
99174		\$5.55
99175		\$25.51
99177		\$4.44
99183		\$111.67
99184		\$228.51
99188		\$27.00
99195		\$104.27
99201		\$46.59
99202		\$77.28

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
99203		\$109.45
99204		\$167.13
99205		\$211.13
99211		\$23.66
99212		\$46.22
99213		\$76.54
99214		\$110.93
99215		\$149.01
99217		\$73.95
99218		\$101.31
99219		\$138.29
99220		\$188.21
99221		\$102.79
99222		\$139.77
99223		\$205.96
99224		\$40.30
99225		\$73.95
99226		\$106.49
99231		\$39.93
99232		\$73.58
99233		\$106.12
99234		\$135.33
99235		\$171.94
99236		\$221.49
99238		\$74.32
99239		\$109.45
99281		\$22.56
99282		\$43.63
99283		\$65.45
99284		\$119.80
99285		\$173.79
99291		\$283.97
99292		\$124.98
99304		\$92.07
99305		\$132.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
99306		\$170.46
99307		\$44.74
99308		\$70.62
99309		\$93.18
99310		\$137.55
99315		\$74.69
99316		\$107.60
99318		\$97.99
99324		\$55.83
99325		\$81.35
99326		\$141.62
99327		\$190.06
99328		\$224.44
99334		\$61.75
99335		\$97.62
99336		\$137.92
99337		\$198.56
99341		\$55.83
99342		\$80.24
99343		\$131.63
99344		\$186.36
99345		\$226.66
99347		\$55.83
99348		\$85.78
99349		\$131.63
99350		\$183.03
99354		\$132.37
99355		\$100.57
99356		\$94.29
99357		\$95.03
99360		\$62.86
99375		\$106.86
99378		\$106.86
99381		\$113.52
99382		\$119.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
99383		\$123.87
99384		\$140.14
99385		\$135.70
99386		\$157.15
99387		\$170.46
99391		\$102.42
99392		\$109.08
99393		\$108.71
99394		\$119.43
99395		\$122.39
99396		\$130.15
99397		\$140.14
99406		\$15.53
99407		\$29.21
99408		\$36.61
99409		\$70.99
99421		\$15.53
99422		\$30.69
99423		\$49.92
99458		\$42.15
99460		\$97.62
99461		\$93.18
99462		\$42.89
99463		\$112.78
99464		\$76.17
99465		\$149.01
99466		\$243.30
99467		\$122.02
99468		\$938.08
99469		\$406.36
99471		\$811.99
99472		\$410.06
99473		\$11.09
99474		\$15.16
99475		\$571.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
99476		\$353.12
99477		\$356.08
99478		\$140.14
99479		\$127.20
99480		\$122.02
99483		\$267.34
99487		\$93.55
99489		\$45.11
99490		\$42.15
99491		\$84.30
99495		\$189.69
99496		\$250.33
0373T		\$11.52
0509T		\$80.24
0509T	26	\$22.56
0509T	TC	\$57.68
G0027		\$6.50
G0101		\$40.30
G0102		\$23.29
G0103		\$19.31
G0104		\$181.92
G0105		\$340.18
G0106		\$219.64
G0106	26	\$54.72
G0106	TC	\$164.91
G0108		\$57.31
G0109		\$15.90
G0117		\$57.31
G0118		\$45.11
G0120		\$220.75
G0120	26	\$55.83
G0120	TC	\$164.91
G0121		\$340.55
G0122		\$322.80
G0122	26	\$51.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
G0122	TC	\$271.40
G0123		\$20.26
G0124		\$26.62
G0127		\$24.40
G0128		\$7.40
G0130		\$36.61
G0130	26	\$11.83
G0130	TC	\$24.77
G0141		\$26.62
G0143		\$27.05
G0144		\$43.97
G0145		\$26.49
G0147		\$15.12
G0148		\$31.94
G0166		\$106.12
G0168		\$110.93
G0179		\$41.78
G0180		\$54.35
G0181		\$109.45
G0182		\$110.19
G0237		\$9.24
G0238		\$9.61
G0239		\$12.20
G0245		\$68.04
G0246		\$39.93
G0247		\$82.83
G0248		\$60.27
G0249		\$60.27
G0250		\$9.24
G0252	26	\$78.39
G0268		\$51.03
G0270		\$33.65
G0271		\$17.38
G0277		\$141.25
G0278		\$13.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
G0279		\$56.57
G0279	26	\$30.69
G0279	TC	\$25.88
G0281		\$14.05
G0288		\$34.76
G0289		\$87.26
G0296		\$29.58
G0297		\$247.00
G0297	26	\$52.88
G0297	TC	\$194.12
G0306		\$7.77
G0307		\$6.47
G0328		\$18.05
G0329		\$11.46
G0337		\$74.69
G0341		\$2,199.32
G0342		\$705.50
G0343		\$1,164.00
G0372		\$9.24
G0396		\$36.61
G0397		\$68.41
G0403		\$17.38
G0404		\$8.50
G0405		\$8.50
G0406		\$39.56
G0407		\$73.58
G0408		\$105.75
G0409		\$13.31
G0412		\$737.30
G0413		\$1,077.11
G0414		\$1,017.94
G0415		\$1,385.48
G0416		\$354.60
G0416	26	\$188.95
G0416	TC	\$165.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
G0422		\$110.93
G0423		\$110.93
G0425		\$101.68
G0426		\$138.66
G0427		\$205.22
G0429		\$99.83
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98
G0438		\$174.53
G0439		\$118.32
G0455		\$131.63
G0471		\$5.00
G0472		\$46.35
G0475		\$24.08
G0476		\$35.09
G0480		\$114.43
G0481		\$156.59
G0482		\$198.74
G0483		\$246.92
G0499		\$28.27
G0500		\$58.79
G0659		\$62.14
G2023		\$23.46
G2024		\$25.46
G2058		\$38.09
G2061		\$12.20
G2062		\$21.82
G2063		\$34.02
G2064		\$92.07
G2065		\$39.56
G2067		\$207.49
G2068		\$258.47
G2069		\$1,757.29
G2070		\$5,326.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
G2071		\$427.32
G2072		\$5,545.95
G2073		\$1,342.67
G2074		\$161.71
G2076		\$179.49
G2077		\$110.28
G2078		\$35.28
G2079		\$86.26
G2080		\$30.94
G2082		\$777.23
G2083		\$1,136.27
G2086		\$418.20
G2086		\$404.36
G2087		\$372.72
G2087		\$359.89
G2088		\$70.99
G2088		\$69.01
G6001		\$121.65
G6001	26	\$33.28
G6001	TC	\$88.37
G6002		\$78.39
G6002	26	\$21.45
G6002	TC	\$56.94
G6003		\$194.12
G6004		\$146.79
G6005		\$146.79
G6006		\$146.79
G6007		\$275.84
G6008		\$202.63
G6009		\$201.15
G6010		\$201.15
G6011		\$272.51
G6012		\$268.81
G6013		\$269.18
G6014		\$269.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
G6015		\$377.89
G6016		\$377.15
G9143		\$120.72
H1000		\$86.19
H1001		\$57.46
H1002		\$57.46
H1003		\$57.46
H1004		\$57.46
P3000		\$15.12
P3001		\$26.62
P9603		\$0.33
P9604		\$4.79
Q0035		\$19.60
Q0035	26	\$8.87
Q0035	TC	\$10.72
Q0091		\$44.00
Q0092		\$24.03
Q0111		\$15.12
Q0138		\$1.04
Q0139		\$1.04
Q0162		\$0.02
Q0166		\$0.69
Q0510		\$61.79
Q0511		\$29.66
Q0512		\$19.77
Q0513		\$40.78
Q0514		\$81.55
Q2043		\$45,942.63
Q2050		\$295.52
Q3014		\$31.95
Q3027		\$53.56
Q4001		\$52.76
Q4002		\$199.37
Q4003		\$37.91
Q4004		\$131.16

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
Q4005		\$13.97
Q4006		\$31.48
Q4007		\$6.98
Q4008		\$15.73
Q4009		\$9.32
Q4010		\$21.00
Q4011		\$4.66
Q4012		\$10.48
Q4013		\$16.95
Q4014		\$28.64
Q4015		\$8.48
Q4016		\$14.32
Q4017		\$9.83
Q4018		\$15.67
Q4019		\$4.89
Q4020		\$7.84
Q4021		\$7.25
Q4022		\$13.13
Q4023		\$3.66
Q4024		\$6.52
Q4025		\$40.75
Q4026		\$127.19
Q4027		\$20.38
Q4028		\$63.58
Q4029		\$31.16
Q4030		\$81.99
Q4031		\$15.57
Q4032		\$41.00
Q4033		\$29.07
Q4034		\$72.26
Q4035		\$14.54
Q4036		\$36.14
Q4037		\$17.72
Q4038		\$44.40
Q4039		\$8.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
Q4040		\$22.22
Q4041		\$21.56
Q4042		\$36.78
Q4043		\$10.76
Q4044		\$18.41
Q4045		\$12.51
Q4046		\$20.10
Q4047		\$6.23
Q4048		\$10.08
Q4049		\$2.30
Q4074		\$139.83
Q4081		\$1.06
Q4101		\$30.55
Q4102		\$11.34
Q4106		\$32.51
Q4132		\$115.54
Q4133		\$140.99
Q4160		\$101.25
Q4186		\$163.35
Q4195		\$119.99
Q4196		\$113.86
Q5101		\$0.55
Q9956		\$32.13
Q9956		\$32.13
Q9958		\$0.08
Q9958		\$0.08
Q9960		\$0.17
R0070		\$73.43
R0075		\$73.43
S0302		\$130.70
S0390		\$20.79
S2083		\$106.81
S5497		\$7.20
S9326		\$55.93
S9327		\$71.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
S9330		\$55.93
S9331		\$71.90
S9338		\$71.90
S9339		\$55.93
S9364		\$263.57
S9373		\$71.90
S9497		\$96.19
S9500		\$72.14
S9501		\$79.46
S9502		\$79.46
S9503		\$79.46
S9504		\$96.19
T1001		\$16.40
T1002		\$17.14
T1003		\$13.96
T1004		\$10.74
T1015		\$114.34
T1021		\$18.21
T1025		\$345.07
T1030		\$68.54
T1031		\$55.83
V2020		\$25.55
V2025		\$15.99
V2104		\$7.20
V2105		\$4.79
V2111		\$2.81
V2204		\$16.80
V2299		\$17.57
V2304		\$22.85
V2430		\$35.16
V2710		\$74.27
V2715		\$3.19
V2718		\$12.41
V2744		\$7.45
V2745		\$2.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2020**

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

Code	Modifier	Medicaid Fee
V2760		\$2.81
V2780		\$2.40
V2784		\$7.98