

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
10030	\$150.14
10121	\$273.14
10180	\$534.71
11010	\$150.14
11011	\$150.14
11012	\$534.71
11042	\$81.46
11043	\$127.95
11044	\$273.14
11307	\$44.28
11404	\$273.14
11406	\$273.14
11424	\$273.14
11426	\$534.71
11444	\$273.14
11446	\$534.71
11450	\$534.71
11451	\$534.71
11462	\$534.71
11463	\$534.71
11470	\$534.71
11471	\$534.71
11604	\$150.14
11606	\$273.14
11624	\$273.14
11626	\$534.71
11644	\$273.14
11646	\$534.71
11760	\$127.95
11770	\$534.71
11771	\$534.71
11772	\$534.71
11960	\$710.38
11970	\$1,369.19
11971	\$534.71
12005	\$81.46
12006	\$81.46
12007	\$44.28
12015	\$44.28
12016	\$81.46

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CODE	MEDICAID FEE
12017	\$81.46
12018	\$44.28
12020	\$127.95
12021	\$81.46
12032	\$81.46
12034	\$81.46
12035	\$81.46
12036	\$127.95
12037	\$411.06
12042	\$81.46
12044	\$127.95
12045	\$127.95
12046	\$81.46
12047	\$411.06
12051	\$81.46
12052	\$81.46
12053	\$81.46
12054	\$81.46
12055	\$81.46
12056	\$81.46
12057	\$81.46
13100	\$127.95
13101	\$127.95
13120	\$127.95
13121	\$127.95
13131	\$81.46
13132	\$127.95
13151	\$127.95
13152	\$127.95
13160	\$411.06
14000	\$411.06
14001	\$411.06
14020	\$411.06
14021	\$411.06
14040	\$411.06
14041	\$411.06
14060	\$411.06
14061	\$411.06
14301	\$710.38
14350	\$411.06

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CODE	MEDICAID FEE
15002	\$411.06
15004	\$127.95
15040	\$411.06
15050	\$127.95
15100	\$411.06
15110	\$411.06
15115	\$411.06
15120	\$710.38
15130	\$411.06
15135	\$710.38
15150	\$411.06
15155	\$710.38
15200	\$411.06
15220	\$411.06
15240	\$411.06
15260	\$411.06
15271	\$411.06
15273	\$710.38
15275	\$411.06
15277	\$411.06
15570	\$411.06
15572	\$710.38
15574	\$411.06
15576	\$411.06
15600	\$710.38
15610	\$411.06
15620	\$411.06
15630	\$411.06
15650	\$411.06
15730	\$710.38
15731	\$710.38
15733	\$710.38
15734	\$710.38
15736	\$411.06
15738	\$710.38
15740	\$411.06
15750	\$710.38
15760	\$411.06
15770	\$710.38
15775	\$81.46

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CODE	MEDICAID FEE
15776	\$81.46
15781	\$150.14
15783	\$81.46
15789	\$127.95
15819	\$411.06
15820	\$411.06
15821	\$411.06
15822	\$411.06
15823	\$411.06
15830	\$1,029.41
15832	\$534.71
15833	\$534.71
15834	\$534.71
15835	\$534.71
15836	\$534.71
15837	\$534.71
15838	\$534.71
15839	\$534.71
15840	\$710.38
15841	\$710.38
15842	\$411.06
15845	\$710.38
15850	\$127.95
15920	\$534.71
15922	\$710.38
15931	\$273.14
15933	\$534.71
15934	\$710.38
15935	\$710.38
15936	\$411.06
15937	\$411.06
15940	\$534.71
15941	\$534.71
15944	\$710.38
15945	\$411.06
15946	\$411.06
15950	\$273.14
15951	\$534.71
15952	\$411.06
15953	\$710.38

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
15956	\$411.06
15958	\$710.38
16025	\$44.28
16030	\$81.46
16035	\$81.46
17106	\$81.46
17270	\$44.28
17271	\$44.28
17311	\$127.95
17313	\$127.95
19020	\$273.14
19081	\$273.14
19083	\$273.14
19085	\$273.14
19100	\$273.14
19101	\$518.21
19105	\$518.21
19110	\$518.21
19112	\$518.21
19120	\$518.21
19125	\$518.21
19296	\$1,853.51
19298	\$1,029.41
19300	\$518.21
19301	\$518.21
19302	\$1,029.41
19303	\$1,029.41
19304	\$518.21
19316	\$1,029.41
19318	\$1,029.41
19324	\$1,234.51
19325	\$1,234.51
19328	\$518.21
19330	\$518.21
19340	\$1,029.41
19342	\$1,234.51
19350	\$518.21
19355	\$518.21
19357	\$1,554.93
19366	\$1,029.41

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
19370	\$518.21
19371	\$518.21
19380	\$1,029.41
19396	\$518.21
20005	\$273.14
20103	\$150.14
20150	\$643.95
20200	\$273.14
20205	\$534.71
20206	\$273.14
20220	\$273.14
20225	\$273.14
20240	\$534.71
20245	\$534.71
20250	\$643.95
20251	\$1,369.19
20525	\$534.71
20555	\$371.09
20650	\$643.95
20662	\$371.09
20663	\$643.95
20665	\$86.49
20670	\$273.14
20680	\$534.71
20690	\$1,369.19
20692	\$3,522.61
20693	\$1,369.19
20694	\$371.09
20696	\$3,792.83
20697	\$371.09
20822	\$371.09
20900	\$1,369.19
20902	\$1,369.19
20910	\$127.95
20912	\$710.38
20920	\$411.06
20922	\$411.06
20924	\$1,369.19
20926	\$710.38
20950	\$150.14

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
20972	\$1,369.19
20973	\$1,369.19
20982	\$1,369.19
20983	\$1,369.19
21010	\$479.07
21012	\$273.14
21014	\$534.71
21015	\$534.71
21016	\$534.71
21025	\$1,077.94
21026	\$1,077.94
21029	\$479.07
21034	\$1,077.94
21040	\$479.07
21044	\$1,077.94
21046	\$1,077.94
21047	\$1,077.94
21048	\$1,077.94
21050	\$1,077.94
21060	\$1,077.94
21070	\$1,077.94
21085	\$120.53
21100	\$1,077.94
21120	\$1,077.94
21121	\$479.07
21122	\$1,077.94
21123	\$479.07
21125	\$1,077.94
21127	\$1,077.94
21137	\$479.07
21138	\$1,077.94
21139	\$1,077.94
21150	\$1,077.94
21181	\$1,077.94
21198	\$1,077.94
21199	\$1,077.94
21206	\$1,077.94
21208	\$1,077.94
21209	\$1,077.94
21210	\$1,077.94

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
21215	\$1,077.94
21230	\$1,077.94
21235	\$1,077.94
21240	\$1,077.94
21242	\$1,077.94
21243	\$5,860.30
21244	\$1,077.94
21245	\$1,077.94
21246	\$1,077.94
21248	\$1,077.94
21249	\$1,077.94
21260	\$1,077.94
21267	\$1,077.94
21270	\$1,077.94
21275	\$1,077.94
21280	\$479.07
21282	\$479.07
21295	\$298.30
21296	\$479.07
21310	\$56.32
21315	\$298.30
21320	\$479.07
21325	\$479.07
21330	\$1,077.94
21335	\$479.07
21336	\$643.95
21337	\$479.07
21338	\$1,077.94
21339	\$1,077.94
21340	\$479.07
21345	\$298.30
21355	\$479.07
21356	\$1,077.94
21360	\$1,077.94
21390	\$1,077.94
21400	\$120.53
21401	\$298.30
21406	\$1,077.94
21407	\$1,077.94
21421	\$479.07

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
21445	\$1,077.94
21450	\$120.53
21451	\$298.30
21452	\$1,077.94
21453	\$1,077.94
21454	\$1,077.94
21461	\$1,077.94
21462	\$1,077.94
21465	\$1,077.94
21480	\$56.32
21485	\$298.30
21490	\$479.07
21497	\$298.30
21501	\$534.71
21502	\$643.95
21550	\$273.14
21552	\$534.71
21554	\$534.71
21555	\$273.14
21556	\$534.71
21557	\$534.71
21558	\$534.71
21600	\$1,369.19
21610	\$643.95
21685	\$1,077.94
21700	\$643.95
21720	\$643.95
21725	\$150.14
21820	\$56.32
21925	\$273.14
21930	\$273.14
21931	\$273.14
21932	\$534.71
21933	\$534.71
21935	\$534.71
21936	\$534.71
22102	\$1,369.19
22310	\$56.32
22315	\$371.09
22505	\$371.09

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as of 07/01/2018

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CODE	MEDICAID FEE
22510	\$643.95
22511	\$643.95
22513	\$1,369.19
22514	\$1,369.19
22551	\$3,691.26
22554	\$3,557.33
22612	\$2,550.37
22856	\$5,641.59
22867	\$5,223.00
22869	\$5,223.00
22900	\$534.71
22901	\$534.71
22902	\$273.14
22903	\$534.71
22904	\$534.71
22905	\$534.71
23000	\$534.71
23020	\$643.95
23030	\$534.71
23031	\$273.14
23035	\$371.09
23040	\$643.95
23044	\$643.95
23066	\$534.71
23071	\$273.14
23073	\$534.71
23075	\$273.14
23076	\$534.71
23077	\$534.71
23078	\$534.71
23100	\$371.09
23101	\$643.95
23105	\$1,369.19
23106	\$643.95
23107	\$1,369.19
23120	\$643.95
23125	\$643.95
23130	\$643.95
23140	\$643.95
23145	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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CODE	MEDICAID FEE
23146	\$1,369.19
23150	\$643.95
23155	\$1,369.19
23156	\$1,369.19
23170	\$371.09
23172	\$643.95
23174	\$643.95
23180	\$643.95
23182	\$643.95
23184	\$1,369.19
23190	\$643.95
23195	\$1,369.19
23330	\$150.14
23333	\$273.14
23334	\$534.71
23395	\$1,369.19
23397	\$1,369.19
23400	\$1,369.19
23405	\$1,369.19
23406	\$1,093.34
23410	\$1,369.19
23412	\$1,369.19
23415	\$1,369.19
23420	\$1,369.19
23430	\$1,369.19
23440	\$643.95
23450	\$1,369.19
23455	\$1,369.19
23460	\$1,369.19
23462	\$1,369.19
23465	\$1,369.19
23466	\$1,369.19
23480	\$1,369.19
23485	\$2,550.37
23490	\$1,369.19
23491	\$2,550.37
23500	\$56.32
23505	\$371.09
23515	\$1,369.19
23520	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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CODE	MEDICAID FEE
23525	\$56.32
23530	\$1,369.19
23532	\$1,369.19
23540	\$56.32
23545	\$56.32
23550	\$1,369.19
23552	\$1,369.19
23570	\$56.32
23575	\$371.09
23585	\$1,369.19
23600	\$56.32
23605	\$371.09
23615	\$3,593.21
23616	\$5,610.55
23620	\$56.32
23625	\$371.09
23630	\$1,369.19
23650	\$56.32
23655	\$371.09
23660	\$1,369.19
23665	\$371.09
23670	\$1,369.19
23675	\$371.09
23680	\$2,550.37
23700	\$371.09
23800	\$1,369.19
23802	\$2,550.37
23921	\$411.06
23930	\$273.14
23931	\$273.14
23935	\$643.95
24000	\$643.95
24006	\$643.95
24066	\$534.71
24071	\$534.71
24073	\$534.71
24075	\$273.14
24076	\$534.71
24077	\$534.71
24079	\$534.71

ND MEDICAID ASC FEE SCHEDULE

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CODE	MEDICAID FEE
24100	\$643.95
24101	\$643.95
24102	\$643.95
24105	\$643.95
24110	\$643.95
24115	\$1,369.19
24116	\$1,369.19
24120	\$643.95
24125	\$643.95
24126	\$1,369.19
24130	\$643.95
24134	\$1,369.19
24136	\$643.95
24138	\$1,369.19
24140	\$643.95
24145	\$1,369.19
24147	\$643.95
24149	\$1,369.19
24152	\$1,369.19
24155	\$643.95
24160	\$643.95
24164	\$643.95
24201	\$534.71
24300	\$371.09
24301	\$1,369.19
24305	\$643.95
24310	\$643.95
24320	\$1,369.19
24330	\$643.95
24331	\$1,369.19
24332	\$643.95
24340	\$1,369.19
24341	\$1,369.19
24342	\$1,369.19
24343	\$643.95
24344	\$1,369.19
24345	\$1,369.19
24346	\$2,550.37
24357	\$371.09
24358	\$643.95

ND MEDICAID ASC FEE SCHEDULE

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CODE	MEDICAID FEE
24359	\$643.95
24360	\$1,369.19
24361	\$5,739.62
24362	\$2,550.37
24363	\$5,962.86
24365	\$2,550.37
24366	\$3,924.40
24370	\$3,568.35
24371	\$5,512.87
24400	\$1,369.19
24410	\$2,550.37
24420	\$1,369.19
24430	\$2,550.37
24435	\$3,512.76
24470	\$643.95
24495	\$1,369.19
24498	\$2,550.37
24500	\$56.32
24505	\$371.09
24515	\$2,550.37
24516	\$2,550.37
24530	\$56.32
24535	\$371.09
24538	\$1,369.19
24545	\$3,564.13
24546	\$5,289.98
24560	\$56.32
24565	\$371.09
24566	\$371.09
24575	\$2,550.37
24576	\$56.32
24577	\$371.09
24579	\$2,550.37
24582	\$643.95
24586	\$2,550.37
24587	\$3,553.10
24600	\$56.32
24605	\$371.09
24615	\$1,369.19
24620	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
24635	\$1,369.19
24650	\$56.32
24655	\$371.09
24665	\$1,369.19
24666	\$3,966.63
24670	\$56.32
24675	\$371.09
24685	\$1,369.19
24800	\$1,369.19
24802	\$2,550.37
24925	\$643.95
25000	\$371.09
25001	\$371.09
25020	\$371.09
25023	\$643.95
25024	\$643.95
25025	\$371.09
25028	\$643.95
25031	\$371.09
25035	\$1,369.19
25040	\$643.95
25066	\$534.71
25071	\$273.14
25073	\$534.71
25075	\$273.14
25076	\$273.14
25077	\$273.14
25078	\$534.71
25085	\$643.95
25100	\$371.09
25101	\$643.95
25105	\$643.95
25107	\$643.95
25109	\$643.95
25110	\$371.09
25111	\$371.09
25112	\$371.09
25115	\$371.09
25116	\$643.95
25118	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
25119	\$643.95
25120	\$643.95
25125	\$371.09
25126	\$643.95
25130	\$643.95
25135	\$643.95
25136	\$1,369.19
25145	\$643.95
25150	\$643.95
25151	\$643.95
25210	\$643.95
25215	\$643.95
25230	\$643.95
25240	\$643.95
25248	\$371.09
25250	\$371.09
25251	\$643.95
25259	\$371.09
25260	\$643.95
25263	\$643.95
25265	\$643.95
25270	\$643.95
25272	\$643.95
25274	\$643.95
25275	\$643.95
25280	\$643.95
25290	\$643.95
25295	\$643.95
25300	\$643.95
25301	\$643.95
25310	\$643.95
25312	\$643.95
25315	\$1,369.19
25316	\$1,369.19
25320	\$1,369.19
25332	\$643.95
25335	\$643.95
25337	\$1,369.19
25350	\$1,924.64
25355	\$643.95

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CODE	MEDICAID FEE
25360	\$1,369.19
25365	\$2,550.37
25370	\$643.95
25375	\$643.95
25390	\$1,369.19
25391	\$3,735.35
25392	\$643.95
25393	\$643.95
25394	\$643.95
25400	\$1,369.19
25405	\$1,369.19
25415	\$1,369.19
25420	\$1,369.19
25425	\$1,369.19
25426	\$643.95
25430	\$643.95
25431	\$1,369.19
25440	\$1,369.19
25441	\$4,160.61
25442	\$6,004.37
25443	\$2,180.02
25444	\$4,422.37
25445	\$1,369.19
25446	\$6,289.71
25447	\$643.95
25449	\$1,369.19
25450	\$643.95
25455	\$643.95
25490	\$1,369.19
25491	\$2,550.37
25492	\$643.95
25500	\$56.32
25505	\$371.09
25515	\$1,369.19
25520	\$371.09
25525	\$1,369.19
25526	\$1,369.19
25530	\$56.32
25535	\$56.32
25545	\$1,369.19

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
25560	\$56.32
25565	\$371.09
25574	\$1,369.19
25575	\$1,369.19
25600	\$56.32
25605	\$371.09
25606	\$643.95
25607	\$1,922.00
25608	\$1,918.85
25609	\$1,939.88
25622	\$56.32
25624	\$371.09
25628	\$1,369.19
25630	\$56.32
25635	\$371.09
25645	\$643.95
25650	\$56.32
25651	\$643.95
25652	\$1,369.19
25660	\$56.32
25670	\$643.95
25671	\$643.95
25675	\$56.32
25676	\$1,369.19
25680	\$56.32
25685	\$643.95
25690	\$371.09
25695	\$1,369.19
25800	\$1,369.19
25805	\$1,369.19
25810	\$2,550.37
25820	\$1,369.19
25825	\$1,369.19
25830	\$1,369.19
25907	\$643.95
25922	\$371.09
25929	\$411.06
25931	\$643.95
26010	\$44.28
26011	\$273.14

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
26020	\$643.95
26025	\$371.09
26030	\$643.95
26034	\$371.09
26035	\$371.09
26037	\$371.09
26040	\$371.09
26045	\$643.95
26055	\$371.09
26060	\$371.09
26070	\$371.09
26075	\$643.95
26080	\$371.09
26100	\$643.95
26105	\$643.95
26110	\$371.09
26111	\$273.14
26113	\$273.14
26115	\$273.14
26116	\$273.14
26117	\$534.71
26118	\$534.71
26121	\$643.95
26123	\$643.95
26130	\$643.95
26135	\$643.95
26140	\$371.09
26145	\$371.09
26160	\$371.09
26170	\$371.09
26180	\$371.09
26185	\$371.09
26200	\$371.09
26205	\$1,369.19
26210	\$371.09
26215	\$643.95
26230	\$643.95
26235	\$371.09
26236	\$371.09
26250	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
26260	\$643.95
26262	\$371.09
26320	\$273.14
26340	\$371.09
26350	\$643.95
26352	\$643.95
26356	\$643.95
26357	\$643.95
26358	\$643.95
26370	\$643.95
26372	\$1,369.19
26373	\$643.95
26390	\$1,369.19
26392	\$1,369.19
26410	\$371.09
26412	\$643.95
26415	\$371.09
26416	\$643.95
26418	\$371.09
26420	\$643.95
26426	\$643.95
26428	\$643.95
26432	\$371.09
26433	\$643.95
26434	\$643.95
26437	\$371.09
26440	\$371.09
26442	\$643.95
26445	\$643.95
26449	\$643.95
26450	\$643.95
26455	\$371.09
26460	\$371.09
26471	\$643.95
26474	\$371.09
26476	\$371.09
26477	\$643.95
26478	\$643.95
26479	\$371.09
26480	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
26483	\$643.95
26485	\$643.95
26489	\$643.95
26490	\$643.95
26492	\$643.95
26494	\$643.95
26496	\$643.95
26497	\$643.95
26498	\$643.95
26499	\$371.09
26500	\$1,369.19
26502	\$643.95
26508	\$643.95
26510	\$643.95
26516	\$643.95
26517	\$643.95
26518	\$643.95
26520	\$643.95
26525	\$371.09
26530	\$643.95
26531	\$1,917.84
26535	\$643.95
26536	\$1,369.19
26540	\$643.95
26541	\$643.95
26542	\$643.95
26545	\$643.95
26546	\$1,369.19
26548	\$643.95
26550	\$643.95
26555	\$1,369.19
26560	\$371.09
26561	\$643.95
26562	\$643.95
26565	\$643.95
26567	\$643.95
26568	\$1,369.19
26580	\$643.95
26587	\$643.95
26590	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
26591	\$371.09
26593	\$643.95
26596	\$643.95
26600	\$56.32
26605	\$56.32
26607	\$371.09
26608	\$643.95
26615	\$643.95
26641	\$56.32
26645	\$371.09
26650	\$643.95
26665	\$643.95
26670	\$56.32
26675	\$371.09
26676	\$643.95
26685	\$643.95
26686	\$643.95
26700	\$56.32
26705	\$371.09
26706	\$643.95
26715	\$643.95
26720	\$56.32
26725	\$56.32
26727	\$643.95
26735	\$643.95
26740	\$56.32
26742	\$371.09
26746	\$643.95
26750	\$56.32
26755	\$56.32
26756	\$643.95
26765	\$643.95
26770	\$56.32
26775	\$62.19
26776	\$643.95
26785	\$643.95
26820	\$1,369.19
26841	\$1,369.19
26842	\$1,369.19
26843	\$1,369.19

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
26844	\$1,369.19
26850	\$1,369.19
26852	\$1,369.19
26860	\$643.95
26862	\$643.95
26910	\$643.95
26951	\$643.95
26952	\$643.95
26990	\$643.95
26991	\$371.09
27000	\$371.09
27001	\$643.95
27003	\$1,369.19
27033	\$643.95
27035	\$643.95
27040	\$273.14
27041	\$273.14
27043	\$534.71
27045	\$534.71
27047	\$534.71
27048	\$534.71
27049	\$534.71
27050	\$371.09
27052	\$371.09
27059	\$534.71
27060	\$643.95
27062	\$643.95
27065	\$643.95
27066	\$643.95
27067	\$1,369.19
27080	\$643.95
27086	\$273.14
27087	\$643.95
27097	\$643.95
27098	\$371.09
27100	\$1,369.19
27105	\$643.95
27110	\$1,369.19
27111	\$643.95
27197	\$56.32

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27198	\$56.32
27202	\$643.95
27220	\$56.32
27230	\$56.32
27238	\$371.09
27246	\$56.32
27250	\$56.32
27252	\$371.09
27256	\$56.32
27257	\$371.09
27265	\$56.32
27266	\$371.09
27267	\$371.09
27275	\$371.09
27279	\$6,267.03
27301	\$534.71
27305	\$643.95
27306	\$371.09
27307	\$643.95
27310	\$643.95
27323	\$273.14
27324	\$534.71
27325	\$395.16
27326	\$395.16
27327	\$273.14
27328	\$534.71
27329	\$534.71
27330	\$643.95
27331	\$643.95
27332	\$643.95
27333	\$643.95
27334	\$643.95
27335	\$1,369.19
27337	\$534.71
27339	\$534.71
27340	\$643.95
27345	\$643.95
27347	\$643.95
27350	\$643.95
27355	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27356	\$2,550.37
27357	\$1,369.19
27360	\$643.95
27364	\$534.71
27372	\$534.71
27380	\$1,369.19
27381	\$1,369.19
27385	\$1,369.19
27386	\$1,369.19
27390	\$643.95
27391	\$643.95
27392	\$643.95
27393	\$643.95
27394	\$1,369.19
27395	\$643.95
27396	\$1,369.19
27397	\$1,369.19
27400	\$1,369.19
27403	\$643.95
27405	\$1,369.19
27407	\$1,369.19
27409	\$1,369.19
27415	\$4,126.83
27416	\$1,369.19
27418	\$1,369.19
27420	\$1,369.19
27422	\$1,369.19
27424	\$1,369.19
27425	\$643.95
27427	\$1,369.19
27428	\$2,550.37
27429	\$2,550.37
27430	\$1,369.19
27435	\$643.95
27437	\$1,369.19
27438	\$3,535.74
27440	\$3,669.68
27441	\$2,550.37
27442	\$3,695.01
27443	\$2,550.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27446	\$3,710.02
27475	\$1,369.19
27479	\$1,885.48
27496	\$643.95
27497	\$643.95
27498	\$371.09
27499	\$643.95
27500	\$56.32
27501	\$56.32
27502	\$371.09
27503	\$371.09
27508	\$56.32
27509	\$1,369.19
27510	\$371.09
27516	\$56.32
27517	\$371.09
27520	\$56.32
27524	\$1,369.19
27530	\$56.32
27532	\$643.95
27538	\$56.32
27550	\$56.32
27552	\$371.09
27560	\$56.32
27562	\$56.32
27566	\$1,369.19
27570	\$371.09
27594	\$643.95
27600	\$643.95
27601	\$643.95
27602	\$643.95
27603	\$534.71
27604	\$371.09
27605	\$371.09
27606	\$643.95
27607	\$643.95
27610	\$643.95
27612	\$643.95
27614	\$534.71
27615	\$534.71

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27616	\$534.71
27618	\$273.14
27619	\$534.71
27620	\$643.95
27625	\$643.95
27626	\$643.95
27630	\$643.95
27632	\$534.71
27634	\$534.71
27635	\$643.95
27637	\$1,369.19
27638	\$1,369.19
27640	\$643.95
27641	\$643.95
27647	\$643.95
27650	\$643.95
27652	\$1,369.19
27654	\$1,369.19
27656	\$643.95
27658	\$643.95
27659	\$1,369.19
27664	\$1,369.19
27665	\$1,369.19
27675	\$643.95
27676	\$1,369.19
27680	\$643.95
27681	\$643.95
27685	\$643.95
27686	\$643.95
27687	\$643.95
27690	\$1,369.19
27691	\$1,369.19
27695	\$1,369.19
27696	\$1,369.19
27698	\$1,369.19
27700	\$1,369.19
27704	\$643.95
27705	\$1,369.19
27707	\$643.95
27709	\$2,550.37

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27720	\$1,369.19
27726	\$1,369.19
27730	\$643.95
27732	\$643.95
27734	\$643.95
27740	\$886.77
27742	\$643.95
27745	\$1,369.19
27750	\$56.32
27752	\$371.09
27756	\$1,369.19
27758	\$2,550.37
27759	\$2,550.37
27760	\$56.32
27762	\$371.09
27766	\$1,369.19
27767	\$56.32
27768	\$371.09
27769	\$1,369.19
27780	\$56.32
27781	\$371.09
27784	\$1,369.19
27786	\$56.32
27788	\$56.32
27792	\$1,369.19
27808	\$56.32
27810	\$371.09
27814	\$1,369.19
27816	\$56.32
27818	\$371.09
27822	\$1,369.19
27823	\$1,369.19
27824	\$56.32
27825	\$371.09
27826	\$1,369.19
27827	\$2,550.37
27828	\$2,550.37
27829	\$1,369.19
27830	\$56.32
27831	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
27832	\$1,369.19
27840	\$56.32
27842	\$371.09
27846	\$1,369.19
27848	\$1,369.19
27860	\$371.09
27870	\$3,609.40
27871	\$2,550.37
27884	\$643.95
27889	\$1,369.19
27892	\$643.95
27893	\$1,369.19
27894	\$371.09
28002	\$371.09
28003	\$643.95
28005	\$643.95
28008	\$643.95
28011	\$371.09
28020	\$643.95
28022	\$643.95
28024	\$371.09
28035	\$395.16
28039	\$534.71
28041	\$534.71
28043	\$273.14
28045	\$534.71
28046	\$534.71
28047	\$534.71
28050	\$643.95
28052	\$643.95
28054	\$643.95
28055	\$395.16
28060	\$643.95
28062	\$643.95
28070	\$643.95
28072	\$643.95
28080	\$371.09
28086	\$643.95
28088	\$371.09
28090	\$371.09

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
28092	\$371.09
28100	\$643.95
28102	\$1,369.19
28103	\$1,369.19
28104	\$643.95
28106	\$1,369.19
28107	\$1,369.19
28108	\$371.09
28110	\$643.95
28111	\$643.95
28112	\$643.95
28113	\$643.95
28114	\$643.95
28116	\$643.95
28118	\$643.95
28119	\$643.95
28120	\$643.95
28122	\$643.95
28126	\$371.09
28130	\$643.95
28140	\$643.95
28150	\$643.95
28153	\$371.09
28160	\$643.95
28171	\$643.95
28173	\$643.95
28175	\$371.09
28192	\$273.14
28193	\$273.14
28200	\$643.95
28202	\$1,369.19
28208	\$643.95
28210	\$1,369.19
28222	\$643.95
28225	\$643.95
28226	\$371.09
28234	\$371.09
28238	\$1,369.19
28240	\$643.95
28250	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
28260	\$371.09
28261	\$371.09
28262	\$1,369.19
28264	\$371.09
28270	\$643.95
28280	\$643.95
28285	\$643.95
28286	\$371.09
28288	\$643.95
28289	\$643.95
28291	\$1,885.48
28292	\$643.95
28295	\$643.95
28296	\$643.95
28297	\$1,369.19
28298	\$1,369.19
28299	\$643.95
28300	\$1,369.19
28302	\$1,369.19
28304	\$1,369.19
28305	\$1,369.19
28306	\$1,369.19
28307	\$643.95
28308	\$643.95
28309	\$1,369.19
28310	\$643.95
28312	\$643.95
28313	\$643.95
28315	\$643.95
28320	\$2,550.37
28322	\$1,369.19
28340	\$371.09
28341	\$643.95
28344	\$643.95
28345	\$371.09
28400	\$56.32
28405	\$56.32
28406	\$1,369.19
28415	\$1,369.19
28420	\$3,638.48

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
28430	\$56.32
28435	\$371.09
28436	\$1,369.19
28445	\$1,369.19
28446	\$1,369.19
28450	\$56.32
28456	\$1,369.19
28465	\$1,369.19
28470	\$56.32
28475	\$56.32
28476	\$643.95
28485	\$1,369.19
28495	\$56.32
28496	\$643.95
28505	\$643.95
28525	\$643.95
28531	\$1,369.19
28540	\$56.32
28545	\$643.95
28546	\$371.09
28555	\$1,369.19
28570	\$56.32
28575	\$643.95
28576	\$371.09
28585	\$2,071.34
28600	\$56.32
28605	\$56.32
28606	\$643.95
28615	\$1,369.19
28635	\$371.09
28636	\$371.09
28645	\$643.95
28665	\$62.19
28666	\$643.95
28675	\$643.95
28705	\$5,289.28
28715	\$3,657.25
28725	\$2,550.37
28730	\$3,731.36
28735	\$3,719.17

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
28737	\$3,749.19
28740	\$1,919.35
28750	\$1,918.35
28755	\$1,369.19
28760	\$1,369.19
28810	\$643.95
28820	\$371.09
28825	\$371.09
29000	\$62.19
29010	\$62.19
29015	\$62.19
29035	\$62.19
29040	\$62.19
29044	\$35.49
29046	\$62.19
29055	\$62.19
29305	\$62.19
29325	\$62.19
29800	\$643.95
29804	\$643.95
29805	\$643.95
29806	\$1,369.19
29807	\$1,369.19
29819	\$643.95
29820	\$1,369.19
29821	\$643.95
29822	\$643.95
29823	\$643.95
29824	\$643.95
29825	\$643.95
29827	\$1,369.19
29828	\$1,369.19
29830	\$643.95
29834	\$643.95
29835	\$643.95
29836	\$1,369.19
29837	\$643.95
29838	\$643.95
29840	\$643.95
29843	\$643.95

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
29844	\$643.95
29845	\$643.95
29846	\$643.95
29847	\$1,369.19
29848	\$371.09
29850	\$371.09
29851	\$371.09
29855	\$1,883.97
29856	\$4,035.58
29860	\$1,369.19
29861	\$643.95
29862	\$1,369.19
29863	\$643.95
29866	\$1,369.19
29870	\$643.95
29871	\$643.95
29873	\$643.95
29874	\$643.95
29875	\$643.95
29876	\$643.95
29877	\$643.95
29879	\$643.95
29880	\$643.95
29881	\$643.95
29882	\$643.95
29883	\$643.95
29884	\$643.95
29885	\$1,369.19
29886	\$643.95
29887	\$1,369.19
29888	\$1,369.19
29889	\$2,550.37
29891	\$643.95
29892	\$1,369.19
29893	\$643.95
29894	\$643.95
29895	\$643.95
29897	\$643.95
29898	\$643.95
29899	\$1,369.19

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
29900	\$643.95
29901	\$643.95
29902	\$371.09
29904	\$643.95
29905	\$643.95
29906	\$643.95
29907	\$2,550.37
29914	\$1,369.19
29915	\$1,369.19
29916	\$1,369.19
30000	\$46.78
30115	\$479.07
30117	\$479.07
30118	\$479.07
30120	\$479.07
30124	\$298.30
30125	\$1,077.94
30130	\$479.07
30140	\$479.07
30150	\$1,077.94
30160	\$1,077.94
30220	\$298.30
30310	\$479.07
30320	\$298.30
30400	\$1,077.94
30410	\$1,077.94
30420	\$1,077.94
30430	\$1,077.94
30435	\$1,077.94
30450	\$1,077.94
30460	\$1,077.94
30462	\$1,077.94
30465	\$1,077.94
30520	\$479.07
30540	\$1,077.94
30545	\$1,077.94
30560	\$120.53
30580	\$1,077.94
30600	\$1,077.94
30620	\$1,077.94

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
30630	\$479.07
30801	\$298.30
30802	\$298.30
30903	\$27.53
30905	\$27.53
30906	\$46.78
30915	\$653.31
30920	\$653.31
30930	\$479.07
31000	\$46.78
31002	\$298.30
31020	\$479.07
31030	\$1,077.94
31032	\$1,077.94
31040	\$1,077.94
31050	\$1,077.94
31051	\$1,077.94
31070	\$1,077.94
31075	\$1,077.94
31080	\$1,077.94
31081	\$1,077.94
31084	\$1,077.94
31085	\$1,077.94
31086	\$1,077.94
31087	\$1,077.94
31090	\$1,077.94
31200	\$1,077.94
31201	\$479.07
31205	\$479.07
31231	\$41.17
31233	\$98.41
31235	\$295.95
31237	\$295.95
31238	\$295.95
31239	\$577.74
31240	\$295.95
31253	\$889.54
31254	\$889.54
31255	\$889.54
31256	\$577.74

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
31257	\$889.54
31259	\$889.54
31267	\$889.54
31276	\$889.54
31287	\$889.54
31288	\$889.54
31295	\$889.54
31296	\$889.54
31297	\$889.54
31298	\$889.54
31300	\$479.07
31400	\$1,077.94
31420	\$1,077.94
31500	\$46.78
31502	\$46.78
31510	\$577.74
31511	\$41.17
31512	\$577.74
31513	\$98.41
31515	\$98.41
31520	\$98.41
31525	\$295.95
31526	\$295.95
31527	\$577.74
31528	\$577.74
31529	\$577.74
31530	\$295.95
31531	\$577.74
31535	\$577.74
31536	\$577.74
31540	\$577.74
31541	\$577.74
31545	\$577.74
31546	\$889.54
31551	\$1,077.94
31552	\$1,077.94
31553	\$1,077.94
31554	\$1,077.94
31560	\$889.54
31561	\$889.54

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
31570	\$577.74
31571	\$577.74
31572	\$577.74
31573	\$295.95
31574	\$295.95
31576	\$295.95
31577	\$98.41
31578	\$577.74
31580	\$1,077.94
31590	\$1,077.94
31591	\$1,077.94
31592	\$1,077.94
31595	\$479.07
31603	\$298.30
31605	\$120.53
31611	\$479.07
31612	\$479.07
31613	\$479.07
31614	\$1,077.94
31615	\$120.53
31622	\$295.95
31623	\$295.95
31624	\$295.95
31625	\$295.95
31626	\$889.54
31628	\$577.74
31629	\$577.74
31630	\$577.74
31631	\$889.54
31634	\$889.54
31635	\$295.95
31636	\$1,258.10
31638	\$889.54
31640	\$577.74
31641	\$577.74
31643	\$295.95
31645	\$295.95
31646	\$98.41
31647	\$889.54
31648	\$577.74

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
31649	\$295.95
31652	\$577.74
31653	\$577.74
31717	\$98.41
31730	\$295.95
31750	\$1,077.94
31755	\$1,077.94
31820	\$479.07
31825	\$479.07
31830	\$479.07
32400	\$273.14
32405	\$273.14
32550	\$670.46
32552	\$160.55
32553	\$311.01
32554	\$160.55
32555	\$160.55
32556	\$315.68
32557	\$257.62
32960	\$160.55
32994	\$1,055.11
32998	\$1,055.11
33010	\$257.62
33011	\$257.62
33206	\$3,913.62
33207	\$3,940.54
33208	\$4,030.17
33210	\$1,872.08
33211	\$3,040.27
33212	\$2,969.68
33213	\$3,987.39
33214	\$3,911.81
33215	\$653.31
33216	\$1,872.08
33217	\$2,895.48
33218	\$751.65
33220	\$751.65
33221	\$6,449.91
33222	\$411.06
33223	\$411.06

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
33224	\$3,959.33
33226	\$653.31
33227	\$2,946.96
33228	\$3,928.10
33229	\$6,430.38
33230	\$9,919.76
33231	\$13,996.16
33233	\$1,872.08
33234	\$751.65
33235	\$751.65
33240	\$10,063.80
33241	\$751.65
33249	\$13,755.67
33262	\$9,754.45
33263	\$9,818.24
33264	\$13,781.33
33270	\$13,717.54
33271	\$3,091.75
33273	\$751.65
33282	\$3,221.75
33284	\$150.14
34490	\$653.31
35188	\$1,117.79
35207	\$653.31
35761	\$653.31
35875	\$1,117.79
35876	\$1,117.79
36002	\$160.55
36260	\$1,539.28
36261	\$1,087.62
36262	\$751.65
36440	\$98.30
36450	\$98.30
36455	\$98.30
36465	\$411.06
36466	\$411.06
36473	\$653.31
36475	\$653.31
36478	\$653.31
36482	\$1,117.79

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
36511	\$320.20
36512	\$320.20
36513	\$98.30
36514	\$320.20
36516	\$969.75
36522	\$969.75
36555	\$257.62
36556	\$257.62
36557	\$1,117.79
36558	\$653.31
36560	\$905.61
36561	\$653.31
36563	\$1,847.07
36565	\$653.31
36566	\$1,117.79
36568	\$160.55
36569	\$257.62
36570	\$653.31
36571	\$653.31
36575	\$160.55
36576	\$257.62
36578	\$653.31
36580	\$257.62
36581	\$653.31
36582	\$653.31
36583	\$1,969.10
36584	\$257.62
36585	\$653.31
36589	\$160.55
36590	\$160.55
36596	\$257.62
36597	\$257.62
36640	\$653.31
36800	\$1,117.79
36810	\$653.31
36815	\$1,117.79
36818	\$1,117.79
36819	\$1,117.79
36820	\$1,117.79
36821	\$653.31

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
36825	\$1,117.79
36830	\$1,117.79
36831	\$1,117.79
36832	\$1,117.79
36833	\$1,117.79
36835	\$653.31
36860	\$160.55
36861	\$1,117.79
36901	\$160.55
36902	\$1,270.16
36903	\$2,254.03
36904	\$1,270.16
36905	\$2,254.03
36906	\$3,483.89
37184	\$1,270.16
37187	\$1,270.16
37188	\$653.31
37197	\$653.31
37200	\$1,117.79
37211	\$1,117.79
37212	\$653.31
37220	\$1,270.16
37221	\$3,220.88
37224	\$1,270.16
37225	\$3,533.91
37226	\$3,395.43
37227	\$5,466.26
37228	\$2,254.03
37229	\$5,145.86
37230	\$5,135.60
37231	\$5,169.89
37236	\$2,254.03
37238	\$3,279.34
37242	\$2,254.03
37243	\$2,254.03
37246	\$1,270.16
37248	\$1,270.16
37500	\$1,117.79
37607	\$653.31
37609	\$273.14

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
37650	\$653.31
37700	\$653.31
37718	\$653.31
37722	\$653.31
37735	\$653.31
37760	\$653.31
37761	\$257.62
37780	\$257.62
37785	\$653.31
37790	\$606.69
38206	\$320.20
38230	\$320.20
38232	\$969.75
38241	\$320.20
38242	\$320.20
38243	\$320.20
38300	\$273.14
38305	\$273.14
38308	\$518.21
38500	\$518.21
38505	\$273.14
38510	\$518.21
38520	\$518.21
38525	\$518.21
38530	\$518.21
38542	\$1,055.11
38550	\$518.21
38555	\$1,029.41
38570	\$1,055.11
38571	\$1,694.69
38572	\$1,694.69
38573	\$1,694.69
38700	\$1,029.41
38740	\$1,055.11
38745	\$1,055.11
38760	\$1,029.41
40500	\$479.07
40510	\$479.07
40520	\$479.07
40525	\$479.07

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
40527	\$1,077.94
40530	\$479.07
40650	\$120.53
40652	\$120.53
40654	\$298.30
40700	\$1,077.94
40701	\$1,077.94
40702	\$1,077.94
40720	\$479.07
40761	\$1,077.94
40801	\$120.53
40814	\$479.07
40816	\$479.07
40818	\$120.53
40819	\$298.30
40830	\$46.78
40831	\$120.53
40840	\$1,077.94
40842	\$1,077.94
40843	\$1,077.94
40844	\$1,077.94
40845	\$1,077.94
41005	\$46.78
41006	\$298.30
41007	\$298.30
41008	\$479.07
41009	\$120.53
41010	\$298.30
41015	\$120.53
41016	\$1,077.94
41017	\$479.07
41018	\$298.30
41019	\$1,077.94
41112	\$479.07
41113	\$479.07
41114	\$479.07
41116	\$479.07
41120	\$1,077.94
41251	\$46.78
41252	\$120.53

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
41500	\$479.07
41510	\$479.07
41512	\$1,077.94
41520	\$479.07
41827	\$1,077.94
42000	\$46.78
42107	\$1,077.94
42120	\$1,077.94
42140	\$479.07
42145	\$1,077.94
42180	\$120.53
42182	\$1,077.94
42200	\$1,077.94
42205	\$479.07
42210	\$1,077.94
42215	\$1,077.94
42220	\$1,077.94
42225	\$1,077.94
42226	\$1,077.94
42227	\$1,077.94
42235	\$1,077.94
42260	\$1,077.94
42281	\$1,077.94
42300	\$298.30
42305	\$479.07
42310	\$120.53
42320	\$120.53
42340	\$479.07
42405	\$479.07
42408	\$479.07
42409	\$479.07
42410	\$1,077.94
42415	\$1,077.94
42420	\$1,077.94
42425	\$1,077.94
42440	\$1,077.94
42450	\$1,077.94
42500	\$1,077.94
42505	\$1,077.94
42507	\$1,077.94

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
42509	\$1,077.94
42510	\$479.07
42600	\$479.07
42665	\$479.07
42700	\$46.78
42720	\$479.07
42725	\$1,077.94
42804	\$479.07
42806	\$479.07
42808	\$479.07
42810	\$479.07
42815	\$1,077.94
42820	\$1,077.94
42821	\$479.07
42825	\$1,077.94
42826	\$479.07
42830	\$479.07
42831	\$479.07
42835	\$479.07
42836	\$479.07
42860	\$479.07
42870	\$1,077.94
42890	\$1,077.94
42892	\$1,077.94
42900	\$298.30
42950	\$1,077.94
42955	\$298.30
42960	\$120.53
42962	\$479.07
42970	\$46.78
42972	\$479.07
43030	\$1,077.94
43130	\$1,077.94
43180	\$1,077.94
43191	\$315.68
43192	\$315.68
43193	\$315.68
43194	\$315.68
43195	\$609.79
43196	\$609.79

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
43200	\$194.86
43201	\$315.68
43202	\$315.68
43204	\$315.68
43205	\$315.68
43206	\$315.68
43210	\$1,694.69
43211	\$315.68
43212	\$1,395.64
43213	\$315.68
43214	\$315.68
43215	\$315.68
43216	\$315.68
43217	\$315.68
43220	\$315.68
43226	\$315.68
43227	\$315.68
43229	\$609.79
43231	\$315.68
43232	\$315.68
43233	\$315.68
43235	\$194.86
43236	\$194.86
43237	\$315.68
43238	\$315.68
43239	\$194.86
43240	\$609.79
43241	\$315.68
43242	\$315.68
43243	\$315.68
43244	\$315.68
43245	\$315.68
43246	\$315.68
43247	\$194.86
43248	\$194.86
43249	\$315.68
43250	\$315.68
43251	\$315.68
43252	\$609.79
43253	\$315.68

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
43254	\$315.68
43255	\$315.68
43257	\$609.79
43259	\$315.68
43260	\$609.79
43261	\$609.79
43262	\$609.79
43263	\$609.79
43264	\$609.79
43265	\$930.06
43266	\$1,433.79
43270	\$315.68
43274	\$930.06
43275	\$609.79
43276	\$930.06
43277	\$609.79
43278	\$609.79
43284	\$1,694.69
43285	\$1,055.11
43450	\$194.86
43453	\$315.68
43653	\$1,055.11
43752	\$86.49
43755	\$35.73
43756	\$194.86
43757	\$194.86
43760	\$60.16
43761	\$60.16
43870	\$609.79
43886	\$710.38
43887	\$411.06
43888	\$710.38
44100	\$194.86
44312	\$710.38
44340	\$710.38
44360	\$315.68
44361	\$315.68
44363	\$315.68
44364	\$315.68
44365	\$315.68

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
44366	\$315.68
44369	\$315.68
44370	\$930.06
44372	\$315.68
44373	\$315.68
44376	\$315.68
44377	\$315.68
44378	\$315.68
44379	\$930.06
44380	\$194.86
44381	\$315.68
44382	\$194.86
44384	\$609.79
44385	\$186.08
44386	\$186.08
44388	\$186.08
44389	\$245.42
44390	\$245.42
44391	\$245.42
44392	\$245.42
44394	\$245.42
44401	\$245.42
44402	\$1,408.05
44403	\$245.42
44404	\$245.42
44405	\$245.42
44406	\$245.42
44407	\$245.42
44408	\$186.08
44500	\$194.86
45000	\$245.42
45005	\$245.42
45020	\$573.08
45100	\$573.08
45108	\$573.08
45150	\$245.42
45160	\$573.08
45171	\$573.08
45172	\$573.08
45190	\$573.08

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
45303	\$245.42
45305	\$245.42
45307	\$573.08
45308	\$573.08
45309	\$245.42
45315	\$245.42
45317	\$245.42
45320	\$573.08
45321	\$573.08
45327	\$930.06
45331	\$186.08
45332	\$245.42
45333	\$186.08
45334	\$245.42
45335	\$186.08
45337	\$245.42
45338	\$245.42
45340	\$245.42
45341	\$245.42
45342	\$245.42
45346	\$245.42
45347	\$1,459.54
45349	\$245.42
45350	\$245.42
45378	\$186.08
45379	\$245.42
45380	\$245.42
45381	\$245.42
45382	\$245.42
45384	\$245.42
45385	\$245.42
45386	\$245.42
45388	\$245.42
45389	\$1,429.09
45390	\$245.42
45391	\$245.42
45392	\$245.42
45393	\$245.42
45398	\$245.42
45500	\$573.08

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
45505	\$573.08
45541	\$573.08
45560	\$573.08
45900	\$186.08
45905	\$245.42
45910	\$245.42
45915	\$245.42
45990	\$573.08
46020	\$573.08
46030	\$245.42
46040	\$245.42
46045	\$573.08
46050	\$186.08
46060	\$573.08
46070	\$573.08
46080	\$573.08
46083	\$60.16
46200	\$573.08
46220	\$245.42
46230	\$573.08
46250	\$573.08
46255	\$573.08
46257	\$573.08
46258	\$573.08
46260	\$573.08
46261	\$573.08
46262	\$573.08
46270	\$573.08
46275	\$573.08
46280	\$573.08
46285	\$573.08
46288	\$573.08
46505	\$245.42
46604	\$245.42
46607	\$245.42
46608	\$186.08
46610	\$573.08
46611	\$186.08
46612	\$573.08
46615	\$573.08

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
46700	\$573.08
46706	\$573.08
46707	\$573.08
46750	\$573.08
46753	\$573.08
46754	\$573.08
46760	\$573.08
46761	\$573.08
46762	\$1,593.40
46900	\$81.46
46916	\$44.28
46917	\$573.08
46922	\$573.08
46924	\$573.08
46946	\$573.08
46947	\$573.08
47000	\$273.14
47382	\$1,055.11
47383	\$1,055.11
47533	\$670.46
47534	\$670.46
47535	\$670.46
47536	\$670.46
47537	\$194.86
47538	\$1,547.38
47539	\$1,055.11
47540	\$1,493.23
47541	\$670.46
47552	\$670.46
47553	\$670.46
47554	\$1,055.11
47555	\$670.46
47556	\$1,055.11
47562	\$1,055.11
47563	\$1,055.11
47564	\$1,055.11
48102	\$273.14
49082	\$194.86
49083	\$194.86
49084	\$194.86

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
49180	\$273.14
49250	\$670.46
49320	\$1,055.11
49321	\$1,055.11
49322	\$1,055.11
49324	\$1,055.11
49325	\$1,055.11
49402	\$670.46
49406	\$273.14
49407	\$273.14
49418	\$670.46
49419	\$1,117.79
49421	\$670.46
49422	\$653.31
49423	\$315.68
49426	\$670.46
49429	\$653.31
49436	\$315.68
49440	\$315.68
49441	\$315.68
49442	\$245.42
49446	\$315.68
49450	\$194.86
49451	\$194.86
49452	\$194.86
49460	\$194.86
49465	\$60.89
49495	\$670.46
49496	\$670.46
49500	\$670.46
49501	\$670.46
49505	\$670.46
49507	\$670.46
49520	\$670.46
49521	\$670.46
49525	\$670.46
49540	\$1,055.11
49550	\$670.46
49553	\$670.46
49555	\$670.46

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
49557	\$670.46
49560	\$670.46
49561	\$670.46
49565	\$1,055.11
49566	\$1,055.11
49570	\$670.46
49572	\$670.46
49580	\$670.46
49582	\$670.46
49585	\$670.46
49587	\$670.46
49590	\$670.46
49600	\$670.46
49650	\$1,055.11
49651	\$1,055.11
49652	\$1,055.11
49653	\$1,055.11
49654	\$1,694.69
49655	\$1,694.69
49656	\$1,694.69
49657	\$1,694.69
50080	\$1,929.90
50081	\$1,929.90
50200	\$273.14
50382	\$392.23
50384	\$392.23
50385	\$392.23
50387	\$392.23
50389	\$148.24
50390	\$150.14
50395	\$606.69
50396	\$392.23
50432	\$392.23
50433	\$392.23
50434	\$392.23
50435	\$392.23
50551	\$883.98
50553	\$883.98
50555	\$883.98
50557	\$1,929.90

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
50561	\$883.98
50562	\$1,929.90
50570	\$392.23
50572	\$148.24
50574	\$392.23
50575	\$883.98
50576	\$883.98
50580	\$883.98
50590	\$883.98
50592	\$1,055.11
50593	\$1,694.69
50686	\$35.73
50688	\$392.23
50693	\$606.69
50694	\$606.69
50695	\$606.69
50727	\$606.69
50947	\$1,055.11
50948	\$1,694.69
50951	\$392.23
50953	\$883.98
50955	\$883.98
50957	\$883.98
50961	\$883.98
50970	\$392.23
50972	\$392.23
50974	\$883.98
50976	\$883.98
50980	\$883.98
51020	\$606.69
51030	\$606.69
51040	\$392.23
51045	\$392.23
51050	\$883.98
51065	\$883.98
51080	\$534.71
51102	\$392.23
51500	\$1,055.11
51520	\$392.23
51535	\$392.23

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
51703	\$35.73
51710	\$148.24
51715	\$606.69
51726	\$148.24
51785	\$60.16
51880	\$606.69
51992	\$1,055.11
52000	\$148.24
52001	\$606.69
52005	\$392.23
52007	\$606.69
52010	\$148.24
52204	\$392.23
52214	\$392.23
52224	\$392.23
52234	\$606.69
52235	\$606.69
52240	\$883.98
52250	\$883.98
52260	\$392.23
52270	\$392.23
52275	\$392.23
52276	\$392.23
52277	\$606.69
52281	\$392.23
52282	\$606.69
52283	\$392.23
52285	\$392.23
52287	\$392.23
52290	\$392.23
52300	\$606.69
52301	\$606.69
52305	\$883.98
52310	\$392.23
52315	\$392.23
52317	\$606.69
52318	\$883.98
52320	\$883.98
52325	\$883.98
52327	\$883.98

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
52330	\$606.69
52332	\$606.69
52334	\$606.69
52341	\$392.23
52342	\$883.98
52343	\$392.23
52344	\$606.69
52345	\$883.98
52346	\$883.98
52351	\$392.23
52352	\$883.98
52353	\$883.98
52354	\$883.98
52355	\$883.98
52356	\$883.98
52400	\$392.23
52402	\$606.69
52450	\$606.69
52500	\$606.69
52601	\$883.98
52630	\$883.98
52640	\$606.69
52647	\$883.98
52648	\$883.98
52649	\$883.98
52700	\$883.98
53000	\$392.23
53010	\$883.98
53020	\$392.23
53025	\$392.23
53040	\$883.98
53080	\$392.23
53085	\$392.23
53200	\$606.69
53210	\$883.98
53215	\$883.98
53220	\$883.98
53230	\$883.98
53235	\$883.98
53240	\$883.98

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
53250	\$392.23
53260	\$392.23
53265	\$392.23
53270	\$606.69
53275	\$392.23
53400	\$883.98
53405	\$883.98
53410	\$883.98
53420	\$883.98
53425	\$883.98
53430	\$883.98
53431	\$883.98
53440	\$3,047.03
53442	\$883.98
53444	\$6,391.29
53445	\$6,618.84
53446	\$883.98
53447	\$6,475.69
53449	\$883.98
53450	\$392.23
53460	\$883.98
53502	\$606.69
53505	\$883.98
53510	\$883.98
53515	\$883.98
53520	\$883.98
53605	\$392.23
53665	\$392.23
53850	\$606.69
53860	\$392.23
54000	\$392.23
54001	\$392.23
54015	\$273.14
54057	\$411.06
54060	\$411.06
54065	\$411.06
54100	\$273.14
54105	\$534.71
54110	\$883.98
54111	\$883.98

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
54112	\$1,929.90
54115	\$534.71
54120	\$883.98
54150	\$392.23
54160	\$392.23
54161	\$392.23
54162	\$392.23
54163	\$392.23
54164	\$392.23
54205	\$883.98
54220	\$60.16
54300	\$606.69
54304	\$392.23
54308	\$883.98
54312	\$606.69
54316	\$883.98
54318	\$606.69
54322	\$392.23
54324	\$883.98
54326	\$883.98
54328	\$606.69
54340	\$606.69
54344	\$883.98
54348	\$883.98
54352	\$1,929.90
54360	\$606.69
54380	\$606.69
54385	\$392.23
54400	\$6,455.61
54401	\$6,665.69
54405	\$6,677.96
54406	\$606.69
54408	\$883.98
54410	\$6,564.93
54415	\$606.69
54416	\$6,478.66
54420	\$392.23
54435	\$392.23
54437	\$392.23
54450	\$60.16

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
54500	\$534.71
54505	\$606.69
54512	\$392.23
54520	\$606.69
54522	\$606.69
54530	\$670.46
54550	\$670.46
54560	\$392.23
54600	\$606.69
54620	\$606.69
54640	\$670.46
54660	\$1,254.14
54670	\$392.23
54680	\$392.23
54690	\$1,055.11
54692	\$1,055.11
54700	\$392.23
54800	\$273.14
54830	\$392.23
54840	\$392.23
54860	\$392.23
54861	\$606.69
54865	\$606.69
54900	\$392.23
54901	\$606.69
55040	\$670.46
55041	\$670.46
55060	\$392.23
55100	\$273.14
55110	\$392.23
55120	\$392.23
55150	\$606.69
55175	\$606.69
55180	\$883.98
55200	\$392.23
55250	\$392.23
55400	\$606.69
55500	\$606.69
55520	\$606.69
55530	\$606.69

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
55535	\$670.46
55540	\$670.46
55550	\$1,055.11
55600	\$392.23
55680	\$392.23
55700	\$392.23
55705	\$392.23
55706	\$606.69
55720	\$392.23
55725	\$392.23
55860	\$883.98
55873	\$2,902.91
55874	\$883.98
55875	\$883.98
55920	\$925.35
56440	\$564.49
56441	\$564.49
56442	\$564.49
56515	\$411.06
56620	\$564.49
56625	\$564.49
56700	\$564.49
56740	\$564.49
56800	\$564.49
56805	\$564.49
56810	\$564.49
57000	\$564.49
57010	\$564.49
57020	\$564.49
57022	\$273.14
57023	\$534.71
57065	\$564.49
57105	\$564.49
57120	\$925.35
57130	\$564.49
57135	\$564.49
57155	\$564.49
57156	\$70.33
57180	\$42.12
57200	\$564.49

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
57210	\$564.49
57220	\$925.35
57230	\$564.49
57240	\$925.35
57250	\$925.35
57260	\$925.35
57265	\$925.35
57268	\$564.49
57287	\$564.49
57288	\$925.35
57289	\$1,296.49
57291	\$564.49
57295	\$564.49
57300	\$564.49
57310	\$1,296.49
57320	\$925.35
57400	\$564.49
57410	\$564.49
57415	\$564.49
57426	\$1,296.49
57513	\$564.49
57520	\$564.49
57522	\$564.49
57530	\$564.49
57550	\$564.49
57556	\$925.35
57558	\$564.49
57700	\$564.49
57720	\$564.49
58120	\$564.49
58145	\$564.49
58260	\$925.35
58262	\$925.35
58346	\$564.49
58353	\$925.35
58541	\$1,055.11
58542	\$1,694.69
58543	\$1,694.69
58544	\$1,694.69
58545	\$1,055.11

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
58546	\$1,694.69
58550	\$1,055.11
58552	\$1,694.69
58553	\$1,694.69
58554	\$1,694.69
58555	\$564.49
58558	\$564.49
58559	\$925.35
58560	\$925.35
58561	\$925.35
58562	\$564.49
58563	\$925.35
58565	\$925.35
58570	\$1,694.69
58571	\$1,694.69
58573	\$1,694.69
58600	\$564.49
58615	\$564.49
58660	\$1,055.11
58661	\$1,055.11
58662	\$1,055.11
58670	\$1,055.11
58671	\$1,055.11
58672	\$1,055.11
58673	\$1,055.11
58674	\$1,694.69
58800	\$564.49
58805	\$564.49
58820	\$564.49
58900	\$564.49
58970	\$150.86
58976	\$70.33
59001	\$70.33
59012	\$70.33
59070	\$70.33
59072	\$70.33
59074	\$70.33
59076	\$70.33
59100	\$564.49
59150	\$1,055.11

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
59151	\$1,055.11
59160	\$564.49
59320	\$564.49
59412	\$564.49
59414	\$564.49
59812	\$564.49
59820	\$564.49
59821	\$564.49
59840	\$564.49
59841	\$564.49
59866	\$70.33
59870	\$564.49
59871	\$564.49
60000	\$298.30
60200	\$1,055.11
60210	\$1,055.11
60212	\$1,055.11
60220	\$1,055.11
60225	\$1,055.11
60240	\$1,055.11
60280	\$1,055.11
60281	\$1,055.11
60500	\$1,077.94
61000	\$142.41
61001	\$142.41
61020	\$176.17
61026	\$142.41
61050	\$64.13
61055	\$64.13
61070	\$142.41
61215	\$1,022.88
61330	\$479.07
61770	\$1,022.88
61790	\$395.16
61791	\$395.16
61880	\$754.65
61885	\$8,261.35
61886	\$11,625.54
61888	\$1,559.83
62194	\$395.16

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
62225	\$1,022.88
62230	\$1,022.88
62263	\$176.17
62264	\$176.17
62267	\$150.14
62268	\$176.17
62269	\$273.14
62270	\$142.41
62272	\$142.41
62273	\$142.41
62280	\$176.17
62281	\$176.17
62282	\$176.17
62287	\$1,022.88
62292	\$395.16
62294	\$176.17
62320	\$142.41
62321	\$142.41
62322	\$142.41
62323	\$142.41
62324	\$176.17
62325	\$176.17
62326	\$176.17
62327	\$176.17
62350	\$1,022.88
62355	\$395.16
62360	\$6,888.67
62361	\$6,586.57
62362	\$6,862.70
62365	\$1,022.88
63001	\$1,369.19
63003	\$1,369.19
63005	\$1,369.19
63020	\$1,369.19
63030	\$1,369.19
63042	\$1,369.19
63045	\$1,369.19
63046	\$1,369.19
63047	\$1,369.19
63055	\$1,369.19

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
63056	\$1,369.19
63600	\$395.16
63610	\$395.16
63615	\$395.16
63650	\$2,311.69
63655	\$7,550.06
63661	\$395.16
63662	\$754.65
63663	\$1,559.83
63664	\$6,497.56
63685	\$11,518.06
63688	\$754.65
63744	\$1,022.88
63746	\$395.16
64410	\$176.17
64415	\$176.17
64416	\$176.17
64417	\$176.17
64420	\$142.41
64421	\$176.17
64430	\$176.17
64446	\$176.17
64448	\$176.17
64449	\$176.17
64479	\$176.17
64483	\$176.17
64490	\$176.17
64493	\$176.17
64510	\$176.17
64517	\$176.17
64520	\$176.17
64530	\$176.17
64553	\$2,358.46
64555	\$2,360.32
64561	\$2,361.33
64568	\$11,714.62
64569	\$2,754.98
64570	\$1,022.88
64575	\$7,258.50
64580	\$7,456.70

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
64581	\$2,503.35
64585	\$754.65
64590	\$8,282.57
64595	\$754.65
64600	\$176.17
64605	\$395.16
64610	\$395.16
64620	\$176.17
64630	\$176.17
64633	\$395.16
64635	\$395.16
64680	\$176.17
64681	\$176.17
64702	\$395.16
64704	\$395.16
64708	\$395.16
64712	\$395.16
64713	\$395.16
64714	\$395.16
64716	\$395.16
64718	\$395.16
64719	\$395.16
64721	\$395.16
64722	\$395.16
64726	\$395.16
64732	\$395.16
64734	\$395.16
64736	\$395.16
64738	\$395.16
64740	\$395.16
64742	\$395.16
64744	\$395.16
64746	\$395.16
64763	\$395.16
64766	\$1,022.88
64771	\$395.16
64772	\$395.16
64774	\$395.16
64776	\$395.16
64782	\$395.16

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
64784	\$395.16
64786	\$1,022.88
64788	\$395.16
64790	\$395.16
64792	\$1,022.88
64795	\$395.16
64802	\$395.16
64820	\$395.16
64821	\$643.95
64822	\$643.95
64823	\$371.09
64831	\$1,022.88
64834	\$1,022.88
64835	\$1,022.88
64836	\$1,022.88
64840	\$1,022.88
64856	\$1,022.88
64857	\$1,022.88
64858	\$1,022.88
64861	\$1,022.88
64862	\$1,022.88
64864	\$1,022.88
64865	\$1,022.88
64885	\$1,022.88
64886	\$1,022.88
64890	\$1,022.88
64891	\$1,022.88
64892	\$1,022.88
64893	\$1,022.88
64895	\$1,022.88
64896	\$1,022.88
64897	\$1,022.88
64898	\$1,022.88
64905	\$1,022.88
64907	\$1,022.88
64910	\$1,022.88
64912	\$1,022.88
65091	\$657.05
65093	\$657.05
65101	\$657.05

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
65103	\$657.05
65105	\$657.05
65110	\$657.05
65112	\$657.05
65114	\$657.05
65125	\$406.76
65130	\$657.05
65135	\$657.05
65140	\$657.05
65150	\$657.05
65155	\$657.05
65175	\$657.05
65235	\$499.08
65260	\$499.08
65265	\$499.08
65270	\$406.76
65272	\$406.76
65275	\$657.05
65280	\$891.66
65285	\$891.66
65290	\$657.05
65400	\$211.86
65410	\$406.76
65420	\$406.76
65426	\$406.76
65450	\$70.15
65710	\$891.66
65730	\$891.66
65750	\$891.66
65755	\$891.66
65756	\$891.66
65770	\$3,489.35
65772	\$211.86
65775	\$406.76
65780	\$657.05
65781	\$891.66
65782	\$657.05
65785	\$891.66
65800	\$499.08
65810	\$499.08

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
65815	\$499.08
65820	\$891.66
65850	\$499.08
65865	\$499.08
65870	\$499.08
65875	\$499.08
65880	\$891.66
65900	\$499.08
65920	\$499.08
65930	\$499.08
66020	\$499.08
66030	\$499.08
66130	\$406.76
66150	\$891.66
66155	\$891.66
66160	\$499.08
66170	\$499.08
66172	\$499.08
66174	\$891.66
66175	\$891.66
66179	\$891.66
66180	\$891.66
66183	\$891.66
66184	\$499.08
66185	\$499.08
66220	\$499.08
66225	\$891.66
66250	\$406.76
66500	\$499.08
66505	\$499.08
66600	\$891.66
66605	\$499.08
66625	\$499.08
66630	\$499.08
66635	\$499.08
66680	\$499.08
66682	\$499.08
66700	\$499.08
66710	\$406.76
66711	\$499.08

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
66720	\$406.76
66740	\$406.76
66762	\$127.89
66770	\$127.89
66820	\$499.08
66821	\$127.89
66825	\$499.08
66830	\$499.08
66840	\$499.08
66850	\$499.08
66852	\$891.66
66920	\$499.08
66930	\$891.66
66940	\$499.08
66982	\$499.08
66983	\$499.08
66984	\$499.08
66985	\$499.08
66986	\$499.08
67005	\$499.08
67010	\$499.08
67015	\$499.08
67025	\$499.08
67027	\$734.86
67030	\$499.08
67031	\$127.89
67036	\$891.66
67039	\$891.66
67040	\$891.66
67041	\$891.66
67042	\$891.66
67043	\$891.66
67107	\$891.66
67108	\$891.66
67113	\$891.66
67115	\$891.66
67120	\$499.08
67121	\$499.08
67141	\$70.15
67145	\$127.89

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
67208	\$70.15
67210	\$127.89
67218	\$657.05
67220	\$127.89
67229	\$127.89
67250	\$406.76
67255	\$499.08
67311	\$406.76
67312	\$657.05
67314	\$406.76
67316	\$406.76
67318	\$406.76
67343	\$406.76
67346	\$657.05
67400	\$657.05
67405	\$406.76
67412	\$406.76
67413	\$406.76
67414	\$657.05
67415	\$406.76
67420	\$657.05
67430	\$657.05
67440	\$657.05
67445	\$657.05
67450	\$657.05
67500	\$70.15
67550	\$657.05
67560	\$657.05
67570	\$657.05
67700	\$70.15
67715	\$406.76
67808	\$406.76
67830	\$211.86
67835	\$406.76
67875	\$211.86
67880	\$406.76
67882	\$406.76
67900	\$406.76
67901	\$406.76
67902	\$657.05

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
67903	\$406.76
67904	\$406.76
67906	\$657.05
67908	\$406.76
67909	\$406.76
67911	\$406.76
67912	\$406.76
67914	\$406.76
67916	\$406.76
67917	\$406.76
67921	\$406.76
67923	\$406.76
67924	\$406.76
67935	\$406.76
67938	\$70.15
67950	\$406.76
67961	\$406.76
67966	\$406.76
67971	\$406.76
67973	\$406.76
67974	\$657.05
67975	\$406.76
68115	\$406.76
68130	\$406.76
68320	\$406.76
68325	\$657.05
68326	\$657.05
68328	\$406.76
68330	\$499.08
68335	\$657.05
68340	\$406.76
68360	\$657.05
68362	\$406.76
68371	\$406.76
68500	\$657.05
68505	\$657.05
68510	\$406.76
68520	\$657.05
68525	\$406.76
68530	\$70.15

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
68540	\$406.76
68550	\$657.05
68700	\$406.76
68705	\$70.15
68720	\$657.05
68745	\$657.05
68750	\$657.05
68770	\$406.76
68810	\$70.15
68811	\$406.76
68815	\$406.76
68816	\$406.76
69110	\$534.71
69120	\$1,077.94
69140	\$1,077.94
69145	\$534.71
69150	\$1,077.94
69205	\$273.14
69300	\$479.07
69310	\$1,077.94
69320	\$1,077.94
69420	\$46.78
69421	\$479.07
69436	\$298.30
69440	\$479.07
69450	\$479.07
69501	\$1,077.94
69502	\$1,077.94
69505	\$1,077.94
69511	\$1,077.94
69530	\$1,077.94
69550	\$1,077.94
69552	\$1,077.94
69601	\$1,077.94
69602	\$1,077.94
69603	\$1,077.94
69604	\$1,077.94
69605	\$1,077.94
69620	\$479.07
69631	\$1,077.94

ND MEDICAID ASC FEE SCHEDULE

as of 07/01/2018

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

CODE	MEDICAID FEE
69632	\$1,077.94
69633	\$1,077.94
69635	\$1,077.94
69636	\$1,077.94
69637	\$1,077.94
69641	\$1,077.94
69642	\$1,077.94
69643	\$1,077.94
69644	\$1,077.94
69645	\$1,077.94
69646	\$1,077.94
69650	\$479.07
69660	\$1,077.94
69661	\$1,077.94
69662	\$1,077.94
69666	\$479.07
69667	\$479.07
69670	\$1,077.94
69676	\$479.07
69700	\$298.30
69711	\$479.07
69714	\$4,124.71
69715	\$5,969.49
69717	\$2,311.61
69718	\$2,550.37
69720	\$1,077.94
69740	\$1,077.94
69745	\$1,077.94
69805	\$1,077.94
69806	\$1,077.94
69905	\$1,077.94
69910	\$1,077.94
69915	\$479.07
69930	\$15,392.90
91035	\$115.09
93590	\$4,509.40
93591	\$4,509.40
G0105	\$186.08
G0121	\$186.08
G0260	\$142.41
G0365	\$30.00