

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
10009	\$185.40
10011	\$185.40
10030	\$185.40
10121	\$346.70
10180	\$598.10
11010	\$185.40
11011	\$185.40
11012	\$598.10
11042	\$97.11
11043	\$151.06
11044	\$346.70
11104	\$53.11
11307	\$53.11
11311	\$53.11
11404	\$346.70
11406	\$346.70
11424	\$346.70
11426	\$598.10
11444	\$346.70
11446	\$598.10
11450	\$598.10
11451	\$598.10
11462	\$598.10
11463	\$598.10
11470	\$598.10
11471	\$598.10
11604	\$185.40
11606	\$346.70
11624	\$346.70
11626	\$598.10

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
11644	\$346.70
11646	\$598.10
11760	\$151.06
11770	\$598.10
11771	\$598.10
11772	\$598.10
11960	\$904.89
11970	\$1,686.23
11971	\$598.10
12005	\$97.11
12006	\$97.11
12007	\$53.11
12015	\$53.11
12016	\$97.11
12017	\$97.11
12018	\$53.11
12020	\$151.06
12021	\$97.11
12031	\$97.11
12032	\$97.11
12034	\$97.11
12035	\$97.11
12036	\$151.06
12037	\$493.20
12041	\$97.11
12042	\$97.11
12044	\$151.06
12045	\$151.06
12046	\$97.11
12047	\$493.20
12051	\$97.11
12052	\$97.11
12053	\$97.11
12054	\$97.11
12055	\$97.11

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
12056	\$97.11
12057	\$97.11
13100	\$151.06
13101	\$151.06
13120	\$151.06
13121	\$151.06
13131	\$97.11
13132	\$151.06
13151	\$151.06
13152	\$151.06
13160	\$493.20
14000	\$493.20
14001	\$493.20
14020	\$493.20
14021	\$493.20
14040	\$493.20
14041	\$493.20
14060	\$493.20
14061	\$493.20
14301	\$904.89
14350	\$493.20
15002	\$493.20
15004	\$151.06
15040	\$493.20
15050	\$151.06
15100	\$493.20
15110	\$493.20
15115	\$493.20
15120	\$904.89
15130	\$493.20
15135	\$904.89
15150	\$493.20
15155	\$904.89
15200	\$493.20
15220	\$493.20

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
15240	\$493.20
15260	\$493.20
15271	\$493.20
15273	\$904.89
15275	\$493.20
15277	\$493.20
15570	\$493.20
15572	\$904.89
15574	\$493.20
15576	\$493.20
15600	\$904.89
15610	\$493.20
15620	\$493.20
15630	\$493.20
15650	\$493.20
15730	\$904.89
15731	\$904.89
15733	\$904.89
15734	\$904.89
15736	\$493.20
15738	\$904.89
15740	\$493.20
15750	\$904.89
15760	\$493.20
15770	\$904.89
15775	\$97.11
15776	\$97.11
15781	\$185.40
15783	\$97.11
15789	\$151.06
15819	\$493.20
15820	\$493.20
15821	\$493.20
15822	\$493.20
15823	\$493.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
15824	\$493.20
15825	\$904.89
15826	\$904.89
15828	\$904.89
15829	\$904.89
15830	\$1,319.26
15832	\$598.10
15833	\$598.10
15834	\$598.10
15835	\$598.10
15836	\$598.10
15837	\$598.10
15838	\$598.10
15839	\$598.10
15840	\$904.89
15841	\$904.89
15842	\$493.20
15845	\$904.89
15850	\$151.06
15876	\$904.89
15877	\$904.89
15878	\$493.20
15879	\$904.89
15920	\$598.10
15922	\$904.89
15931	\$598.10
15933	\$598.10
15934	\$904.89
15935	\$904.89
15936	\$493.20
15937	\$493.20
15940	\$598.10
15941	\$598.10
15944	\$904.89
15945	\$493.20

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
15946	\$493.20
15950	\$346.70
15951	\$598.10
15952	\$493.20
15953	\$904.89
15956	\$493.20
15958	\$904.89
16025	\$53.11
16030	\$97.11
16035	\$97.11
17106	\$97.11
17107	\$151.06
17270	\$53.11
17271	\$53.11
17311	\$151.06
17313	\$151.06
17380	\$151.06
19020	\$346.70
19081	\$346.70
19083	\$346.70
19085	\$346.70
19100	\$346.70
19101	\$672.75
19105	\$672.75
19110	\$672.75
19112	\$672.75
19120	\$672.75
19125	\$672.75
19296	\$2,511.79
19298	\$1,319.26
19300	\$672.75
19301	\$672.75
19302	\$1,319.26
19303	\$1,319.26
19316	\$1,319.26

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
19318	\$1,319.26
19324	\$1,611.71
19325	\$1,611.71
19328	\$672.75
19330	\$672.75
19340	\$1,319.26
19342	\$1,611.71
19350	\$672.75
19355	\$672.75
19357	\$2,817.26
19366	\$1,319.26
19370	\$672.75
19371	\$672.75
19380	\$1,319.26
19396	\$672.75
20103	\$185.40
20150	\$773.69
20200	\$346.70
20205	\$598.10
20206	\$346.70
20220	\$346.70
20225	\$346.70
20240	\$598.10
20245	\$598.10
20250	\$773.69
20251	\$1,686.23
20525	\$598.10
20555	\$773.69
20650	\$773.69
20662	\$428.87
20663	\$773.69
20665	\$110.51
20670	\$346.70
20680	\$598.10
20690	\$2,259.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
20692	\$4,895.19
20693	\$1,686.23
20694	\$428.87
20696	\$7,140.46
20697	\$428.87
20822	\$428.87
20900	\$1,686.23
20902	\$1,686.23
20910	\$151.06
20912	\$904.89
20920	\$493.20
20922	\$493.20
20924	\$1,686.23
20950	\$185.40
20972	\$1,686.23
20973	\$1,686.23
20982	\$1,686.23
20983	\$2,283.37
21010	\$634.62
21012	\$346.70
21014	\$598.10
21015	\$598.10
21016	\$598.10
21025	\$1,351.31
21026	\$1,351.31
21029	\$634.62
21034	\$1,351.31
21040	\$634.62
21044	\$1,351.31
21046	\$1,351.31
21047	\$1,351.31
21048	\$1,351.31
21050	\$1,351.31
21060	\$1,351.31
21070	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
21085	\$61.89
21088	\$634.62
21100	\$1,351.31
21110	\$322.77
21120	\$1,351.31
21121	\$634.62
21122	\$1,351.31
21123	\$634.62
21125	\$1,351.31
21127	\$1,351.31
21137	\$634.62
21138	\$1,351.31
21139	\$1,351.31
21150	\$1,351.31
21181	\$1,351.31
21198	\$1,351.31
21199	\$1,351.31
21206	\$1,351.31
21208	\$1,772.43
21209	\$1,351.31
21210	\$1,351.31
21215	\$1,351.31
21230	\$1,351.31
21235	\$1,351.31
21240	\$1,351.31
21242	\$1,351.31
21243	\$7,283.41
21244	\$1,351.31
21245	\$1,351.31
21246	\$1,351.31
21248	\$1,351.31
21249	\$1,351.31
21260	\$1,351.31
21267	\$1,351.31
21270	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
21275	\$1,351.31
21280	\$634.62
21282	\$634.62
21295	\$322.77
21296	\$634.62
21310	\$65.54
21315	\$322.77
21320	\$634.62
21325	\$634.62
21330	\$1,351.31
21335	\$634.62
21336	\$773.69
21337	\$634.62
21338	\$1,972.87
21339	\$1,351.31
21340	\$634.62
21345	\$322.77
21355	\$634.62
21356	\$1,351.31
21360	\$1,351.31
21390	\$1,351.31
21400	\$134.25
21401	\$322.77
21406	\$1,351.31
21407	\$1,351.31
21421	\$634.62
21445	\$1,351.31
21450	\$134.25
21451	\$322.77
21452	\$1,351.31
21453	\$1,351.31
21454	\$1,351.31
21461	\$1,896.93
21462	\$1,857.77
21465	\$1,351.31

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
21480	\$65.54
21485	\$322.77
21490	\$634.62
21497	\$322.77
21501	\$598.10
21502	\$773.69
21550	\$346.70
21552	\$598.10
21554	\$598.10
21555	\$346.70
21556	\$598.10
21557	\$598.10
21558	\$598.10
21600	\$1,686.23
21610	\$773.69
21685	\$1,351.31
21700	\$1,686.23
21720	\$773.69
21725	\$185.40
21820	\$65.54
21925	\$346.70
21930	\$346.70
21931	\$346.70
21932	\$598.10
21933	\$598.10
21935	\$598.10
21936	\$598.10
22102	\$1,686.23
22310	\$65.54
22315	\$773.69
22505	\$428.87
22510	\$773.69
22511	\$773.69
22513	\$1,686.23
22514	\$1,686.23

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
22551	\$5,064.50
22554	\$5,068.88
22612	\$5,177.49
22856	\$7,101.80
22867	\$7,365.67
22869	\$5,939.74
22900	\$598.10
22901	\$598.10
22902	\$346.70
22903	\$598.10
22904	\$598.10
22905	\$598.10
23000	\$598.10
23020	\$773.69
23030	\$598.10
23031	\$598.10
23035	\$428.87
23040	\$773.69
23044	\$773.69
23066	\$598.10
23071	\$346.70
23073	\$598.10
23075	\$346.70
23076	\$598.10
23077	\$598.10
23078	\$598.10
23100	\$773.69
23101	\$773.69
23105	\$1,686.23
23106	\$773.69
23107	\$1,686.23
23120	\$773.69
23125	\$773.69
23130	\$773.69
23140	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
23145	\$773.69
23146	\$1,686.23
23150	\$773.69
23155	\$1,686.23
23156	\$2,611.91
23170	\$773.69
23172	\$773.69
23174	\$1,686.23
23180	\$1,686.23
23182	\$1,686.23
23184	\$1,686.23
23190	\$773.69
23195	\$1,686.23
23330	\$185.40
23333	\$598.10
23334	\$598.10
23395	\$1,686.23
23397	\$1,686.23
23400	\$1,686.23
23405	\$1,686.23
23406	\$2,417.27
23410	\$1,686.23
23412	\$1,686.23
23415	\$1,686.23
23420	\$1,686.23
23430	\$1,686.23
23440	\$1,686.23
23450	\$1,686.23
23455	\$1,686.23
23460	\$1,686.23
23462	\$1,686.23
23465	\$1,686.23
23466	\$1,686.23
23480	\$1,686.23
23485	\$4,726.55

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
23490	\$1,686.23
23491	\$4,814.92
23500	\$65.54
23505	\$428.87
23515	\$2,313.92
23520	\$428.87
23525	\$65.54
23530	\$1,686.23
23532	\$1,686.23
23540	\$65.54
23545	\$65.54
23550	\$1,686.23
23552	\$2,299.06
23570	\$65.54
23575	\$428.87
23585	\$1,686.23
23600	\$65.54
23605	\$428.87
23615	\$4,986.25
23616	\$7,020.00
23620	\$65.54
23625	\$428.87
23630	\$2,229.55
23650	\$65.54
23655	\$428.87
23660	\$1,686.23
23665	\$428.87
23670	\$1,686.23
23675	\$428.87
23680	\$5,035.83
23700	\$428.87
23800	\$1,686.23
23802	\$3,444.89
23921	\$493.20
23930	\$598.10

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
23931	\$346.70
23935	\$773.69
24000	\$773.69
24006	\$773.69
24066	\$598.10
24071	\$598.10
24073	\$598.10
24075	\$346.70
24076	\$598.10
24077	\$598.10
24079	\$598.10
24100	\$773.69
24101	\$773.69
24102	\$773.69
24105	\$773.69
24110	\$773.69
24115	\$1,686.23
24116	\$1,686.23
24120	\$773.69
24125	\$773.69
24126	\$2,569.49
24130	\$773.69
24134	\$1,686.23
24136	\$773.69
24138	\$1,686.23
24140	\$773.69
24145	\$1,686.23
24147	\$773.69
24149	\$1,686.23
24152	\$1,686.23
24155	\$773.69
24160	\$773.69
24164	\$773.69
24201	\$598.10
24300	\$428.87

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
24301	\$1,686.23
24305	\$773.69
24310	\$773.69
24320	\$1,686.23
24330	\$1,686.23
24331	\$1,686.23
24332	\$773.69
24340	\$1,686.23
24341	\$1,686.23
24342	\$1,686.23
24343	\$773.69
24344	\$1,686.23
24345	\$1,686.23
24346	\$3,444.89
24357	\$773.69
24358	\$773.69
24359	\$773.69
24360	\$1,686.23
24361	\$7,346.80
24362	\$3,444.89
24363	\$7,341.40
24365	\$5,165.01
24366	\$5,491.16
24370	\$5,072.60
24371	\$6,579.46
24400	\$1,686.23
24410	\$3,444.89
24420	\$1,686.23
24430	\$4,826.72
24435	\$4,861.45
24470	\$773.69
24495	\$1,686.23
24498	\$4,759.60
24500	\$65.54
24505	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
24515	\$4,701.25
24516	\$4,768.37
24530	\$65.54
24535	\$428.87
24538	\$1,686.23
24545	\$4,935.66
24546	\$6,597.90
24560	\$65.54
24565	\$428.87
24566	\$428.87
24575	\$4,458.75
24576	\$65.54
24577	\$428.87
24579	\$4,534.97
24582	\$1,686.23
24586	\$3,444.89
24587	\$4,968.72
24600	\$65.54
24605	\$428.87
24615	\$1,686.23
24620	\$428.87
24635	\$2,353.38
24650	\$65.54
24655	\$428.87
24665	\$1,686.23
24666	\$5,463.16
24670	\$65.54
24675	\$428.87
24685	\$2,215.52
24800	\$1,686.23
24802	\$3,444.89
24925	\$773.69
25000	\$428.87
25001	\$773.69
25020	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
25023	\$773.69
25024	\$773.69
25025	\$428.87
25028	\$773.69
25031	\$428.87
25035	\$1,686.23
25040	\$773.69
25066	\$598.10
25071	\$346.70
25073	\$598.10
25075	\$346.70
25076	\$346.70
25077	\$598.10
25078	\$598.10
25085	\$773.69
25100	\$773.69
25101	\$773.69
25105	\$773.69
25107	\$773.69
25109	\$773.69
25110	\$428.87
25111	\$428.87
25112	\$428.87
25115	\$428.87
25116	\$773.69
25118	\$428.87
25119	\$773.69
25120	\$773.69
25125	\$428.87
25126	\$773.69
25130	\$773.69
25135	\$1,686.23
25136	\$2,234.01
25145	\$773.69
25150	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
25151	\$773.69
25210	\$773.69
25215	\$773.69
25230	\$773.69
25240	\$773.69
25248	\$428.87
25250	\$428.87
25251	\$773.69
25259	\$428.87
25260	\$773.69
25263	\$1,686.23
25265	\$773.69
25270	\$773.69
25272	\$773.69
25274	\$773.69
25275	\$773.69
25280	\$773.69
25290	\$773.69
25295	\$773.69
25300	\$773.69
25301	\$773.69
25310	\$773.69
25312	\$773.69
25315	\$1,686.23
25316	\$1,686.23
25320	\$1,686.23
25332	\$773.69
25335	\$773.69
25337	\$1,686.23
25350	\$2,612.24
25355	\$773.69
25360	\$1,686.23
25365	\$3,444.89
25370	\$773.69
25375	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
25390	\$2,374.18
25391	\$4,836.50
25392	\$1,686.23
25393	\$1,686.23
25394	\$773.69
25400	\$2,378.63
25405	\$2,352.05
25415	\$2,433.61
25420	\$1,686.23
25425	\$1,686.23
25426	\$773.69
25430	\$773.69
25431	\$1,686.23
25440	\$1,686.23
25441	\$5,616.96
25442	\$7,686.18
25443	\$2,351.06
25444	\$5,663.17
25445	\$2,375.82
25446	\$7,731.13
25447	\$773.69
25449	\$1,686.23
25450	\$773.69
25455	\$773.69
25490	\$1,686.23
25491	\$3,444.89
25492	\$773.69
25500	\$65.54
25505	\$428.87
25515	\$2,263.40
25520	\$428.87
25525	\$1,686.23
25526	\$2,241.44
25530	\$65.54
25535	\$65.54

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
25545	\$2,220.15
25560	\$65.54
25565	\$428.87
25574	\$2,387.88
25575	\$2,321.68
25600	\$65.54
25605	\$428.87
25606	\$773.69
25607	\$2,428.33
25608	\$2,417.93
25609	\$2,427.83
25622	\$65.54
25624	\$428.87
25628	\$1,686.23
25630	\$65.54
25635	\$428.87
25645	\$773.69
25650	\$65.54
25651	\$773.69
25652	\$1,686.23
25660	\$65.54
25670	\$1,686.23
25671	\$773.69
25675	\$65.54
25676	\$1,686.23
25680	\$65.54
25685	\$1,686.23
25690	\$428.87
25695	\$1,686.23
25800	\$2,452.10
25805	\$2,438.24
25810	\$4,783.88
25820	\$2,292.13
25825	\$2,278.92
25830	\$2,234.67

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
25907	\$773.69
25922	\$428.87
25929	\$493.20
25931	\$773.69
26010	\$53.11
26011	\$346.70
26020	\$773.69
26025	\$773.69
26030	\$773.69
26034	\$428.87
26035	\$773.69
26037	\$773.69
26040	\$428.87
26045	\$773.69
26055	\$428.87
26060	\$428.87
26070	\$428.87
26075	\$773.69
26080	\$428.87
26100	\$773.69
26105	\$773.69
26110	\$428.87
26111	\$346.70
26113	\$346.70
26115	\$346.70
26116	\$346.70
26117	\$598.10
26118	\$598.10
26121	\$773.69
26123	\$773.69
26130	\$773.69
26135	\$773.69
26140	\$428.87
26145	\$428.87
26160	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
26170	\$428.87
26180	\$428.87
26185	\$428.87
26200	\$428.87
26205	\$1,686.23
26210	\$428.87
26215	\$773.69
26230	\$773.69
26235	\$428.87
26236	\$428.87
26250	\$773.69
26260	\$773.69
26262	\$428.87
26320	\$346.70
26340	\$428.87
26350	\$773.69
26352	\$1,686.23
26356	\$773.69
26357	\$773.69
26358	\$1,686.23
26370	\$773.69
26372	\$1,686.23
26373	\$773.69
26390	\$2,237.48
26392	\$1,686.23
26410	\$428.87
26412	\$773.69
26415	\$773.69
26416	\$773.69
26418	\$428.87
26420	\$773.69
26426	\$773.69
26428	\$773.69
26432	\$428.87
26433	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
26434	\$773.69
26437	\$773.69
26440	\$428.87
26442	\$773.69
26445	\$773.69
26449	\$773.69
26450	\$773.69
26455	\$428.87
26460	\$428.87
26471	\$773.69
26474	\$428.87
26476	\$773.69
26477	\$773.69
26478	\$773.69
26479	\$773.69
26480	\$773.69
26483	\$773.69
26485	\$773.69
26489	\$773.69
26490	\$773.69
26492	\$773.69
26494	\$773.69
26496	\$773.69
26497	\$773.69
26498	\$773.69
26499	\$773.69
26500	\$1,686.23
26502	\$773.69
26508	\$773.69
26510	\$773.69
26516	\$773.69
26517	\$773.69
26518	\$1,686.23
26520	\$773.69
26525	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
26530	\$1,686.23
26531	\$2,418.76
26535	\$773.69
26536	\$2,238.14
26540	\$773.69
26541	\$773.69
26542	\$773.69
26545	\$773.69
26546	\$1,686.23
26548	\$773.69
26550	\$773.69
26555	\$1,686.23
26560	\$428.87
26561	\$773.69
26562	\$773.69
26565	\$773.69
26567	\$773.69
26568	\$1,686.23
26580	\$773.69
26587	\$773.69
26590	\$428.87
26591	\$773.69
26593	\$773.69
26596	\$773.69
26600	\$65.54
26605	\$65.54
26607	\$773.69
26608	\$773.69
26615	\$773.69
26641	\$65.54
26645	\$428.87
26650	\$773.69
26665	\$773.69
26670	\$65.54
26675	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
26676	\$773.69
26685	\$773.69
26686	\$773.69
26700	\$65.54
26705	\$428.87
26706	\$773.69
26715	\$773.69
26720	\$65.54
26725	\$65.54
26727	\$773.69
26735	\$773.69
26740	\$65.54
26742	\$428.87
26746	\$773.69
26755	\$65.54
26756	\$773.69
26765	\$773.69
26770	\$65.54
26775	\$69.85
26776	\$773.69
26785	\$773.69
26820	\$2,312.43
26841	\$1,686.23
26842	\$1,686.23
26843	\$1,686.23
26844	\$1,686.23
26850	\$1,686.23
26852	\$1,686.23
26860	\$773.69
26862	\$773.69
26910	\$773.69
26951	\$773.69
26952	\$773.69
26990	\$773.69
26991	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
27000	\$428.87
27001	\$773.69
27003	\$1,686.23
27033	\$1,686.23
27035	\$773.69
27040	\$346.70
27041	\$346.70
27043	\$598.10
27045	\$598.10
27047	\$598.10
27048	\$598.10
27049	\$598.10
27050	\$428.87
27052	\$428.87
27059	\$598.10
27060	\$1,686.23
27062	\$773.69
27065	\$1,686.23
27066	\$773.69
27067	\$1,686.23
27080	\$773.69
27086	\$346.70
27087	\$773.69
27097	\$773.69
27098	\$773.69
27100	\$1,686.23
27105	\$773.69
27110	\$1,686.23
27111	\$773.69
27197	\$65.54
27198	\$65.54
27202	\$773.69
27220	\$65.54
27230	\$65.54
27238	\$428.87

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
27246	\$65.54
27250	\$65.54
27252	\$428.87
27256	\$65.54
27257	\$428.87
27265	\$65.54
27266	\$428.87
27267	\$773.69
27275	\$428.87
27279	\$7,808.90
27301	\$598.10
27305	\$773.69
27306	\$773.69
27307	\$773.69
27310	\$773.69
27323	\$346.70
27324	\$598.10
27325	\$479.27
27326	\$479.27
27327	\$346.70
27328	\$598.10
27329	\$598.10
27330	\$773.69
27331	\$773.69
27332	\$773.69
27333	\$773.69
27334	\$773.69
27335	\$1,686.23
27337	\$598.10
27339	\$598.10
27340	\$773.69
27345	\$773.69
27347	\$773.69
27350	\$1,686.23
27355	\$773.69

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
27356	\$3,444.89
27357	\$1,686.23
27360	\$773.69
27364	\$598.10
27372	\$598.10
27380	\$1,686.23
27381	\$1,686.23
27385	\$1,686.23
27386	\$1,686.23
27390	\$773.69
27391	\$773.69
27392	\$773.69
27393	\$1,686.23
27394	\$1,686.23
27395	\$773.69
27396	\$1,686.23
27397	\$1,686.23
27400	\$1,686.23
27403	\$2,227.74
27405	\$1,686.23
27407	\$1,686.23
27409	\$1,686.23
27415	\$5,660.48
27416	\$1,686.23
27418	\$1,686.23
27420	\$1,686.23
27422	\$1,686.23
27424	\$1,686.23
27425	\$773.69
27427	\$2,183.99
27428	\$4,641.89
27429	\$6,083.42
27430	\$1,686.23
27435	\$773.69
27437	\$1,686.23

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
27438	\$4,731.61
27440	\$5,088.11
27441	\$3,444.89
27442	\$5,097.89
27443	\$4,972.43
27446	\$5,059.10
27475	\$1,686.23
27479	\$1,686.23
27496	\$773.69
27497	\$773.69
27498	\$428.87
27499	\$1,686.23
27500	\$65.54
27501	\$65.54
27502	\$428.87
27503	\$428.87
27508	\$65.54
27509	\$1,686.23
27510	\$428.87
27516	\$65.54
27517	\$428.87
27520	\$65.54
27524	\$1,686.23
27530	\$65.54
27532	\$773.69
27538	\$65.54
27550	\$65.54
27552	\$428.87
27560	\$65.54
27562	\$65.54
27566	\$1,686.23
27570	\$428.87
27594	\$773.69
27600	\$773.69
27601	\$773.69

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
27602	\$773.69
27603	\$598.10
27604	\$773.69
27605	\$428.87
27606	\$773.69
27607	\$773.69
27610	\$773.69
27612	\$773.69
27614	\$598.10
27615	\$598.10
27616	\$598.10
27618	\$346.70
27619	\$598.10
27620	\$773.69
27625	\$773.69
27626	\$773.69
27630	\$773.69
27632	\$598.10
27634	\$598.10
27635	\$773.69
27637	\$1,686.23
27638	\$1,686.23
27640	\$773.69
27641	\$773.69
27647	\$773.69
27650	\$1,686.23
27652	\$1,686.23
27654	\$1,686.23
27656	\$773.69
27658	\$773.69
27659	\$1,686.23
27664	\$1,686.23
27665	\$1,686.23
27675	\$773.69
27676	\$1,686.23

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
27680	\$773.69
27681	\$773.69
27685	\$773.69
27686	\$773.69
27687	\$773.69
27690	\$1,686.23
27691	\$1,686.23
27695	\$1,686.23
27696	\$1,686.23
27698	\$1,686.23
27700	\$1,686.23
27704	\$773.69
27705	\$2,428.66
27707	\$773.69
27709	\$3,444.89
27720	\$2,314.41
27726	\$2,357.67
27730	\$773.69
27732	\$773.69
27734	\$773.69
27740	\$773.69
27742	\$773.69
27745	\$2,349.08
27750	\$65.54
27752	\$428.87
27756	\$2,463.66
27758	\$4,867.87
27759	\$4,806.15
27760	\$65.54
27762	\$428.87
27766	\$1,686.23
27767	\$65.54
27768	\$428.87
27769	\$1,686.23
27780	\$65.54

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
27781	\$428.87
27784	\$1,686.23
27786	\$65.54
27788	\$65.54
27792	\$2,228.57
27808	\$65.54
27810	\$428.87
27814	\$2,263.89
27816	\$65.54
27818	\$428.87
27822	\$2,254.32
27823	\$2,246.89
27824	\$65.54
27825	\$428.87
27826	\$2,355.36
27827	\$4,822.33
27828	\$4,906.65
27829	\$1,686.23
27830	\$65.54
27831	\$773.69
27832	\$1,686.23
27840	\$65.54
27842	\$428.87
27846	\$1,686.23
27848	\$2,484.13
27860	\$773.69
27870	\$5,081.70
27871	\$4,897.55
27884	\$773.69
27889	\$1,686.23
27892	\$773.69
27893	\$1,686.23
27894	\$773.69
28002	\$428.87
28003	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
28005	\$773.69
28008	\$773.69
28011	\$428.87
28020	\$773.69
28022	\$773.69
28024	\$428.87
28035	\$479.27
28039	\$598.10
28041	\$598.10
28043	\$346.70
28045	\$598.10
28046	\$598.10
28047	\$598.10
28050	\$773.69
28052	\$773.69
28054	\$773.69
28055	\$479.27
28060	\$773.69
28062	\$773.69
28070	\$1,686.23
28072	\$773.69
28080	\$428.87
28086	\$773.69
28088	\$773.69
28090	\$428.87
28092	\$428.87
28100	\$773.69
28102	\$1,686.23
28103	\$1,686.23
28104	\$773.69
28106	\$1,686.23
28107	\$1,686.23
28108	\$428.87
28110	\$773.69
28111	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
28112	\$773.69
28113	\$773.69
28114	\$773.69
28116	\$773.69
28118	\$773.69
28119	\$773.69
28120	\$773.69
28122	\$773.69
28126	\$773.69
28130	\$2,516.49
28140	\$773.69
28150	\$773.69
28153	\$773.69
28160	\$773.69
28171	\$773.69
28173	\$773.69
28175	\$428.87
28192	\$346.70
28193	\$346.70
28200	\$773.69
28202	\$1,686.23
28208	\$773.69
28210	\$1,686.23
28222	\$773.69
28225	\$773.69
28226	\$773.69
28234	\$428.87
28238	\$1,686.23
28240	\$773.69
28250	\$773.69
28260	\$773.69
28261	\$428.87
28262	\$2,667.06
28264	\$428.87
28270	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
28280	\$773.69
28285	\$773.69
28286	\$773.69
28288	\$773.69
28289	\$773.69
28291	\$2,586.82
28292	\$773.69
28295	\$773.69
28296	\$773.69
28297	\$2,418.59
28298	\$1,686.23
28299	\$1,686.23
28300	\$2,255.31
28302	\$1,686.23
28304	\$1,686.23
28305	\$2,428.33
28306	\$1,686.23
28307	\$1,686.23
28308	\$773.69
28309	\$1,686.23
28310	\$1,686.23
28312	\$773.69
28313	\$773.69
28315	\$773.69
28320	\$5,340.05
28322	\$2,300.05
28340	\$773.69
28341	\$773.69
28344	\$773.69
28345	\$428.87
28400	\$65.54
28405	\$65.54
28406	\$1,686.23
28415	\$2,330.76
28420	\$4,962.65

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
28430	\$65.54
28435	\$428.87
28436	\$1,686.23
28445	\$2,188.11
28446	\$1,686.23
28450	\$65.54
28456	\$1,686.23
28465	\$2,304.50
28470	\$65.54
28475	\$65.54
28476	\$773.69
28485	\$2,244.75
28495	\$65.54
28496	\$773.69
28505	\$773.69
28525	\$773.69
28531	\$1,686.23
28540	\$65.54
28545	\$773.69
28546	\$428.87
28555	\$1,686.23
28570	\$65.54
28575	\$773.69
28576	\$1,686.23
28585	\$2,486.94
28600	\$65.54
28605	\$65.54
28606	\$773.69
28615	\$2,198.85
28635	\$428.87
28636	\$773.69
28645	\$773.69
28665	\$69.85
28666	\$773.69
28675	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
28705	\$6,964.70
28715	\$5,316.45
28725	\$4,883.38
28730	\$5,254.05
28735	\$5,306.66
28737	\$5,044.60
28740	\$2,493.05
28750	\$2,447.31
28755	\$1,686.23
28760	\$1,686.23
28810	\$773.69
28820	\$773.69
28825	\$773.69
29000	\$69.85
29010	\$69.85
29015	\$69.85
29035	\$69.85
29040	\$69.85
29044	\$40.65
29046	\$69.85
29055	\$69.85
29305	\$69.85
29325	\$69.85
29584	\$40.65
29800	\$773.69
29804	\$773.69
29805	\$773.69
29806	\$1,686.23
29807	\$1,686.23
29819	\$773.69
29820	\$1,686.23
29821	\$773.69
29822	\$773.69
29823	\$773.69
29824	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
29825	\$773.69
29827	\$1,686.23
29828	\$1,686.23
29830	\$773.69
29834	\$773.69
29835	\$773.69
29836	\$1,686.23
29837	\$773.69
29838	\$773.69
29840	\$773.69
29843	\$773.69
29844	\$773.69
29845	\$773.69
29846	\$773.69
29847	\$1,686.23
29848	\$428.87
29850	\$428.87
29851	\$428.87
29855	\$2,588.14
29856	\$4,717.78
29860	\$1,686.23
29861	\$1,686.23
29862	\$1,686.23
29863	\$773.69
29866	\$1,686.23
29870	\$773.69
29871	\$773.69
29873	\$773.69
29874	\$773.69
29875	\$773.69
29876	\$773.69
29877	\$773.69
29879	\$773.69
29880	\$773.69
29881	\$773.69

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
29882	\$773.69
29883	\$773.69
29884	\$773.69
29885	\$1,686.23
29886	\$773.69
29887	\$1,686.23
29888	\$2,329.77
29889	\$4,608.50
29891	\$773.69
29892	\$1,686.23
29893	\$773.69
29894	\$773.69
29895	\$773.69
29897	\$773.69
29898	\$773.69
29899	\$2,186.30
29900	\$773.69
29901	\$773.69
29902	\$428.87
29904	\$773.69
29905	\$1,686.23
29906	\$773.69
29907	\$4,728.91
29914	\$1,686.23
29915	\$1,686.23
29916	\$1,686.23
30000	\$61.89
30115	\$634.62
30117	\$634.62
30118	\$634.62
30120	\$634.62
30124	\$322.77
30125	\$1,351.31
30130	\$634.62
30140	\$634.62

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
30150	\$1,351.31
30160	\$1,351.31
30220	\$322.77
30310	\$634.62
30320	\$322.77
30400	\$1,351.31
30410	\$1,351.31
30420	\$1,351.31
30430	\$1,351.31
30435	\$1,351.31
30450	\$1,351.31
30460	\$1,351.31
30462	\$1,351.31
30465	\$1,351.31
30520	\$634.62
30540	\$1,351.31
30545	\$1,351.31
30560	\$134.25
30580	\$1,351.31
30600	\$1,351.31
30620	\$1,351.31
30630	\$634.62
30801	\$322.77
30802	\$322.77
30903	\$33.14
30905	\$33.14
30906	\$61.89
30915	\$806.75
30920	\$806.75
30930	\$634.62
31000	\$61.89
31002	\$322.77
31020	\$634.62
31030	\$1,351.31
31032	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
31040	\$1,351.31
31050	\$1,351.31
31051	\$1,351.31
31070	\$1,351.31
31075	\$1,351.31
31080	\$1,351.31
31081	\$1,351.31
31084	\$1,351.31
31085	\$1,351.31
31086	\$1,351.31
31087	\$1,351.31
31090	\$1,351.31
31200	\$1,351.31
31201	\$322.77
31205	\$634.62
31231	\$47.58
31233	\$114.85
31235	\$367.93
31237	\$367.93
31238	\$367.93
31239	\$744.49
31240	\$367.93
31253	\$1,140.38
31254	\$1,140.38
31255	\$1,140.38
31256	\$744.49
31257	\$1,140.38
31259	\$1,140.38
31267	\$1,140.38
31276	\$1,140.38
31287	\$1,140.38
31288	\$1,140.38
31298	\$1,140.38
31300	\$634.62
31400	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
31420	\$1,351.31
31500	\$61.89
31502	\$61.89
31510	\$744.49
31511	\$47.58
31512	\$744.49
31513	\$114.85
31515	\$114.85
31520	\$114.85
31525	\$367.93
31526	\$367.93
31527	\$744.49
31528	\$744.49
31529	\$744.49
31530	\$367.93
31531	\$744.49
31535	\$744.49
31536	\$744.49
31540	\$744.49
31541	\$744.49
31545	\$744.49
31546	\$1,140.38
31551	\$1,351.31
31552	\$1,351.31
31553	\$1,351.31
31554	\$1,351.31
31560	\$1,140.38
31561	\$1,140.38
31570	\$744.49
31571	\$744.49
31572	\$744.49
31574	\$367.93
31576	\$367.93
31577	\$114.85
31578	\$744.49

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
31580	\$1,351.31
31590	\$1,351.31
31591	\$1,351.31
31592	\$1,351.31
31603	\$322.77
31605	\$61.89
31611	\$634.62
31612	\$634.62
31613	\$634.62
31614	\$1,351.31
31615	\$134.25
31622	\$367.93
31623	\$367.93
31624	\$367.93
31625	\$367.93
31626	\$1,140.38
31628	\$744.49
31629	\$744.49
31630	\$744.49
31631	\$1,140.38
31634	\$1,140.38
31635	\$367.93
31636	\$1,668.72
31638	\$1,140.38
31640	\$744.49
31641	\$744.49
31643	\$367.93
31645	\$367.93
31646	\$114.85
31647	\$1,486.50
31648	\$744.49
31649	\$367.93
31652	\$744.49
31653	\$744.49
31717	\$114.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
31730	\$367.93
31750	\$1,351.31
31755	\$1,351.31
31820	\$634.62
31825	\$634.62
31830	\$634.62
32400	\$346.70
32405	\$346.70
32550	\$828.40
32552	\$191.63
32553	\$378.50
32554	\$191.63
32555	\$191.63
32556	\$398.83
32557	\$348.82
32960	\$191.63
32994	\$1,319.74
32998	\$1,319.74
33206	\$4,442.60
33207	\$4,591.86
33208	\$4,702.06
33210	\$2,287.20
33211	\$3,528.91
33212	\$3,730.23
33213	\$4,638.17
33214	\$4,551.12
33215	\$806.75
33216	\$3,289.97
33217	\$4,014.17
33218	\$906.94
33220	\$1,279.34
33221	\$7,054.49
33222	\$493.20
33223	\$493.20
33224	\$4,714.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
33226	\$806.75
33227	\$3,646.25
33228	\$4,592.41
33229	\$7,102.68
33230	\$12,000.64
33231	\$16,025.49
33233	\$3,219.88
33234	\$906.94
33235	\$1,173.86
33240	\$11,875.24
33241	\$906.94
33249	\$16,061.20
33262	\$11,731.74
33263	\$11,897.37
33264	\$16,084.41
33270	\$15,917.47
33271	\$3,765.38
33273	\$906.94
33274	\$6,693.97
33275	\$806.75
33285	\$4,003.65
33286	\$185.40
34490	\$806.75
35188	\$1,396.58
35207	\$806.75
35875	\$1,396.58
35876	\$1,396.58
36002	\$191.63
36260	\$1,396.58
36261	\$1,580.90
36262	\$906.94
36440	\$117.94
36450	\$117.94
36455	\$117.94
36465	\$493.20

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
36466	\$493.20
36475	\$806.75
36478	\$806.75
36511	\$402.29
36512	\$402.29
36513	\$117.94
36514	\$402.29
36522	\$1,160.52
36555	\$348.82
36556	\$348.82
36557	\$1,396.58
36558	\$806.75
36560	\$806.75
36561	\$806.75
36563	\$1,396.58
36565	\$806.75
36566	\$1,396.58
36568	\$191.63
36569	\$348.82
36570	\$806.75
36571	\$806.75
36572	\$191.63
36573	\$348.82
36575	\$191.63
36576	\$348.82
36578	\$806.75
36580	\$348.82
36581	\$806.75
36582	\$806.75
36583	\$2,518.49
36584	\$348.82
36585	\$806.75
36589	\$191.63
36590	\$191.63
36595	\$806.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
36596	\$348.82
36597	\$348.82
36640	\$806.75
36800	\$1,396.58
36810	\$806.75
36815	\$1,396.58
36818	\$1,396.58
36819	\$1,396.58
36820	\$1,396.58
36821	\$806.75
36825	\$1,396.58
36830	\$1,396.58
36831	\$1,396.58
36832	\$1,396.58
36833	\$1,396.58
36835	\$1,202.80
36860	\$191.63
36861	\$1,396.58
36902	\$1,288.26
36903	\$3,800.96
36904	\$1,729.47
36905	\$2,516.06
36906	\$6,124.65
37184	\$3,867.48
37187	\$1,866.45
37188	\$806.75
37197	\$806.75
37200	\$1,396.58
37211	\$1,396.58
37212	\$806.75
37220	\$1,288.26
37221	\$3,717.21
37224	\$1,876.66
37225	\$4,015.28
37226	\$3,876.59

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
37227	\$6,581.47
37228	\$3,410.76
37229	\$6,187.51
37230	\$6,076.21
37231	\$6,405.71
37236	\$3,576.05
37238	\$3,725.83
37241	\$2,516.06
37242	\$3,667.20
37243	\$2,516.06
37246	\$1,288.26
37248	\$1,288.26
37500	\$1,396.58
37607	\$806.75
37609	\$346.70
37650	\$806.75
37700	\$806.75
37718	\$806.75
37722	\$806.75
37735	\$806.75
37760	\$806.75
37761	\$348.82
37780	\$348.82
37785	\$806.75
37790	\$828.25
38206	\$402.29
38230	\$402.29
38232	\$1,160.52
38241	\$402.29
38242	\$402.29
38243	\$402.29
38300	\$598.10
38305	\$598.10
38308	\$672.75
38500	\$672.75

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
38505	\$346.70
38510	\$672.75
38520	\$672.75
38525	\$672.75
38530	\$672.75
38542	\$1,319.74
38550	\$672.75
38555	\$1,319.26
38570	\$1,319.74
38571	\$2,158.54
38572	\$2,158.54
38573	\$2,158.54
38700	\$1,319.26
38740	\$1,319.74
38745	\$1,319.74
38760	\$1,319.26
40500	\$634.62
40510	\$634.62
40520	\$634.62
40525	\$634.62
40527	\$1,351.31
40530	\$634.62
40650	\$134.25
40652	\$134.25
40654	\$322.77
40700	\$1,351.31
40701	\$1,351.31
40702	\$1,351.31
40720	\$634.62
40761	\$1,351.31
40801	\$134.25
40814	\$634.62
40816	\$634.62
40818	\$134.25
40819	\$322.77

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
40830	\$61.89
40831	\$134.25
40840	\$1,351.31
40842	\$1,351.31
40843	\$1,351.31
40844	\$1,351.31
40845	\$1,351.31
41005	\$61.89
41006	\$322.77
41007	\$322.77
41008	\$634.62
41009	\$134.25
41010	\$322.77
41015	\$134.25
41016	\$1,351.31
41017	\$634.62
41018	\$322.77
41019	\$1,351.31
41112	\$634.62
41113	\$634.62
41114	\$634.62
41116	\$634.62
41120	\$1,351.31
41251	\$61.89
41252	\$61.89
41510	\$634.62
41512	\$1,351.31
41520	\$634.62
41820	\$634.62
41821	\$322.77
41827	\$1,351.31
41850	\$322.77
41870	\$322.77
42000	\$61.89
42107	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
42120	\$1,351.31
42140	\$634.62
42145	\$1,351.31
42180	\$134.25
42182	\$1,351.31
42200	\$1,351.31
42205	\$634.62
42210	\$1,351.31
42215	\$1,351.31
42220	\$1,351.31
42225	\$1,351.31
42226	\$1,351.31
42227	\$1,351.31
42235	\$1,351.31
42260	\$1,351.31
42281	\$1,351.31
42300	\$322.77
42305	\$634.62
42310	\$134.25
42320	\$134.25
42340	\$634.62
42405	\$322.77
42408	\$634.62
42409	\$634.62
42410	\$1,351.31
42415	\$1,351.31
42420	\$1,351.31
42425	\$1,351.31
42440	\$1,351.31
42450	\$1,351.31
42500	\$1,351.31
42505	\$1,351.31
42507	\$1,351.31
42509	\$1,351.31
42510	\$634.62

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
42600	\$634.62
42665	\$634.62
42700	\$61.89
42720	\$634.62
42725	\$1,351.31
42804	\$634.62
42806	\$634.62
42808	\$634.62
42810	\$634.62
42815	\$1,351.31
42820	\$1,351.31
42821	\$634.62
42825	\$1,351.31
42826	\$634.62
42830	\$634.62
42831	\$634.62
42835	\$634.62
42836	\$634.62
42860	\$634.62
42870	\$1,351.31
42890	\$1,351.31
42892	\$1,351.31
42900	\$322.77
42950	\$1,351.31
42955	\$322.77
42960	\$134.25
42962	\$634.62
42970	\$61.89
42972	\$634.62
43030	\$1,351.31
43130	\$1,351.31
43180	\$1,351.31
43191	\$398.83
43192	\$398.83
43193	\$398.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
43194	\$398.83
43195	\$785.65
43196	\$785.65
43200	\$238.87
43201	\$398.83
43202	\$398.83
43204	\$398.83
43205	\$398.83
43206	\$398.83
43210	\$2,158.54
43211	\$398.83
43212	\$1,879.45
43213	\$398.83
43214	\$398.83
43215	\$398.83
43216	\$398.83
43217	\$398.83
43220	\$398.83
43226	\$398.83
43227	\$398.83
43229	\$785.65
43231	\$398.83
43232	\$398.83
43233	\$398.83
43235	\$238.87
43236	\$238.87
43237	\$398.83
43238	\$398.83
43239	\$238.87
43240	\$1,183.48
43241	\$398.83
43242	\$398.83
43243	\$398.83
43244	\$398.83
43245	\$398.83

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
43246	\$398.83
43247	\$238.87
43248	\$238.87
43249	\$398.83
43250	\$398.83
43251	\$398.83
43252	\$785.65
43253	\$398.83
43254	\$398.83
43255	\$398.83
43257	\$785.65
43259	\$398.83
43260	\$785.65
43261	\$785.65
43262	\$785.65
43263	\$785.65
43264	\$785.65
43265	\$1,179.29
43266	\$1,903.93
43270	\$398.83
43274	\$1,179.29
43275	\$785.65
43276	\$1,179.29
43277	\$785.65
43278	\$785.65
43284	\$3,080.82
43285	\$1,319.74
43450	\$238.87
43453	\$398.83
43653	\$1,319.74
43752	\$110.51
43755	\$42.05
43756	\$238.87
43757	\$238.87
43761	\$71.39

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
43762	\$71.39
43763	\$71.39
43870	\$785.65
43886	\$904.89
43887	\$493.20
43888	\$904.89
44100	\$238.87
44312	\$904.89
44340	\$904.89
44360	\$398.83
44361	\$398.83
44363	\$398.83
44364	\$398.83
44365	\$398.83
44366	\$398.83
44369	\$398.83
44370	\$1,905.89
44372	\$398.83
44373	\$398.83
44376	\$398.83
44377	\$398.83
44378	\$398.83
44379	\$1,179.29
44380	\$238.87
44381	\$398.83
44382	\$238.87
44384	\$785.65
44385	\$232.17
44386	\$232.17
44388	\$232.17
44389	\$305.21
44390	\$232.17
44391	\$305.21
44392	\$305.21
44394	\$305.21

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
44401	\$305.21
44402	\$1,770.57
44403	\$305.21
44404	\$305.21
44405	\$305.21
44406	\$305.21
44407	\$305.21
44408	\$232.17
44500	\$238.87
45000	\$305.21
45005	\$305.21
45020	\$661.77
45100	\$661.77
45108	\$661.77
45150	\$305.21
45160	\$661.77
45171	\$661.77
45172	\$661.77
45190	\$661.77
45303	\$305.21
45305	\$305.21
45307	\$661.77
45308	\$661.77
45309	\$305.21
45315	\$305.21
45317	\$305.21
45320	\$661.77
45321	\$661.77
45327	\$1,526.26
45331	\$232.17
45332	\$305.21
45333	\$232.17
45334	\$305.21
45335	\$232.17
45337	\$232.17

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
45338	\$305.21
45340	\$305.21
45341	\$232.17
45342	\$305.21
45346	\$305.21
45347	\$1,953.23
45349	\$661.77
45350	\$305.21
45378	\$232.17
45379	\$305.21
45380	\$305.21
45381	\$305.21
45382	\$305.21
45384	\$305.21
45385	\$305.21
45386	\$305.21
45388	\$305.21
45389	\$1,884.30
45390	\$661.77
45391	\$305.21
45392	\$305.21
45393	\$305.21
45398	\$305.21
45500	\$661.77
45505	\$661.77
45541	\$661.77
45560	\$661.77
45900	\$232.17
45905	\$305.21
45910	\$305.21
45915	\$305.21
45990	\$661.77
46020	\$661.77
46030	\$305.21
46040	\$305.21

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
46045	\$661.77
46050	\$232.17
46060	\$661.77
46070	\$661.77
46080	\$661.77
46083	\$71.39
46200	\$661.77
46220	\$305.21
46230	\$661.77
46250	\$661.77
46255	\$661.77
46257	\$661.77
46258	\$661.77
46260	\$661.77
46261	\$661.77
46262	\$661.77
46270	\$661.77
46275	\$661.77
46280	\$661.77
46285	\$661.77
46288	\$661.77
46505	\$305.21
46604	\$305.21
46607	\$305.21
46608	\$232.17
46610	\$661.77
46611	\$232.17
46612	\$661.77
46615	\$661.77
46700	\$661.77
46706	\$661.77
46707	\$661.77
46750	\$661.77
46753	\$661.77
46754	\$661.77

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
46760	\$661.77
46761	\$661.77
46900	\$97.11
46916	\$53.11
46917	\$661.77
46922	\$661.77
46924	\$661.77
46946	\$661.77
46947	\$661.77
47000	\$346.70
47382	\$1,319.74
47383	\$1,866.18
47533	\$828.40
47534	\$828.40
47535	\$828.40
47536	\$828.40
47537	\$238.87
47538	\$2,002.63
47539	\$1,319.74
47540	\$1,876.26
47541	\$828.40
47552	\$828.40
47553	\$828.40
47554	\$1,319.74
47555	\$828.40
47556	\$1,956.11
47562	\$1,319.74
47563	\$1,319.74
47564	\$1,319.74
48102	\$346.70
49082	\$238.87
49083	\$238.87
49084	\$238.87
49180	\$346.70
49250	\$828.40

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
49320	\$1,319.74
49321	\$1,319.74
49322	\$1,319.74
49324	\$1,319.74
49325	\$1,319.74
49402	\$828.40
49406	\$346.70
49407	\$346.70
49418	\$828.40
49419	\$1,396.58
49421	\$828.40
49422	\$806.75
49423	\$398.83
49426	\$828.40
49429	\$806.75
49436	\$398.83
49440	\$398.83
49441	\$398.83
49442	\$305.21
49446	\$398.83
49450	\$238.87
49451	\$238.87
49452	\$238.87
49460	\$238.87
49465	\$70.83
49495	\$828.40
49496	\$828.40
49500	\$828.40
49501	\$828.40
49505	\$828.40
49507	\$828.40
49520	\$828.40
49521	\$828.40
49525	\$828.40
49540	\$1,319.74

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
49550	\$828.40
49553	\$828.40
49555	\$828.40
49557	\$828.40
49560	\$828.40
49561	\$828.40
49565	\$1,319.74
49566	\$1,319.74
49570	\$828.40
49572	\$828.40
49580	\$828.40
49582	\$828.40
49585	\$828.40
49587	\$828.40
49590	\$828.40
49600	\$828.40
49650	\$1,319.74
49651	\$1,319.74
49652	\$1,319.74
49653	\$1,319.74
49654	\$2,158.54
49655	\$2,158.54
49656	\$2,158.54
49657	\$2,158.54
50080	\$2,403.40
50081	\$2,403.40
50200	\$346.70
50382	\$475.01
50384	\$475.01
50385	\$475.01
50387	\$475.01
50389	\$169.15
50390	\$185.40
50396	\$169.15
50432	\$475.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
50433	\$828.25
50434	\$636.40
50435	\$475.01
50436	\$475.01
50437	\$828.25
50551	\$1,188.74
50553	\$1,188.74
50555	\$2,403.40
50557	\$2,403.40
50561	\$1,188.74
50562	\$2,403.40
50570	\$828.25
50572	\$169.15
50574	\$475.01
50575	\$1,188.74
50576	\$1,188.74
50580	\$1,188.74
50590	\$828.25
50592	\$1,319.74
50593	\$2,957.40
50686	\$42.05
50688	\$475.01
50693	\$828.25
50694	\$828.25
50695	\$828.25
50727	\$828.25
50947	\$1,319.74
50948	\$2,158.54
50951	\$828.25
50953	\$828.25
50955	\$1,188.74
50957	\$1,188.74
50961	\$1,188.74
50970	\$828.25
50972	\$828.25

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
50974	\$1,188.74
50976	\$1,188.74
50980	\$1,188.74
51020	\$828.25
51030	\$828.25
51040	\$475.01
51045	\$475.01
51050	\$1,188.74
51065	\$828.25
51080	\$598.10
51102	\$475.01
51500	\$1,319.74
51520	\$828.25
51535	\$828.25
51703	\$42.05
51710	\$169.15
51715	\$1,098.45
51725	\$71.39
51726	\$71.39
51785	\$71.39
51880	\$828.25
51992	\$1,758.81
52000	\$169.15
52001	\$828.25
52005	\$475.01
52007	\$828.25
52010	\$169.15
52204	\$475.01
52214	\$475.01
52224	\$475.01
52234	\$828.25
52235	\$828.25
52240	\$1,188.74
52250	\$828.25
52260	\$475.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
52270	\$475.01
52275	\$475.01
52276	\$475.01
52277	\$828.25
52281	\$475.01
52282	\$828.25
52283	\$475.01
52285	\$169.15
52287	\$475.01
52290	\$475.01
52300	\$828.25
52301	\$828.25
52305	\$1,188.74
52310	\$475.01
52315	\$475.01
52317	\$828.25
52318	\$828.25
52320	\$828.25
52325	\$1,188.74
52327	\$1,616.80
52330	\$828.25
52332	\$828.25
52334	\$828.25
52341	\$828.25
52342	\$828.25
52343	\$475.01
52344	\$828.25
52345	\$828.25
52346	\$1,188.74
52351	\$828.25
52352	\$828.25
52353	\$1,188.74
52354	\$1,188.74
52355	\$1,188.74
52356	\$1,188.74

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
52400	\$828.25
52402	\$828.25
52450	\$828.25
52500	\$828.25
52601	\$1,188.74
52630	\$1,188.74
52640	\$828.25
52647	\$1,188.74
52648	\$1,188.74
52649	\$1,188.74
52700	\$828.25
53000	\$475.01
53010	\$1,188.74
53020	\$475.01
53025	\$475.01
53040	\$475.01
53080	\$169.15
53085	\$475.01
53200	\$475.01
53210	\$828.25
53215	\$1,188.74
53220	\$828.25
53230	\$1,188.74
53235	\$1,188.74
53240	\$828.25
53250	\$828.25
53260	\$475.01
53265	\$475.01
53270	\$475.01
53275	\$475.01
53400	\$1,188.74
53405	\$1,188.74
53410	\$1,188.74
53420	\$1,188.74
53425	\$1,188.74

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
53430	\$1,188.74
53431	\$1,188.74
53440	\$3,937.86
53442	\$1,188.74
53444	\$8,241.28
53445	\$8,984.86
53446	\$1,188.74
53447	\$8,711.84
53449	\$1,188.74
53450	\$828.25
53460	\$828.25
53502	\$828.25
53505	\$1,188.74
53510	\$1,188.74
53515	\$1,188.74
53520	\$1,188.74
53605	\$475.01
53665	\$475.01
53850	\$828.25
53854	\$475.01
53860	\$475.01
54000	\$828.25
54001	\$475.01
54015	\$346.70
54057	\$493.20
54060	\$493.20
54065	\$493.20
54100	\$346.70
54105	\$598.10
54110	\$828.25
54111	\$1,188.74
54112	\$2,403.40
54115	\$598.10
54120	\$828.25
54150	\$475.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
54160	\$169.15
54161	\$475.01
54162	\$475.01
54163	\$475.01
54164	\$475.01
54205	\$1,188.74
54220	\$71.39
54300	\$828.25
54304	\$828.25
54308	\$1,188.74
54312	\$828.25
54316	\$1,188.74
54318	\$828.25
54322	\$828.25
54324	\$828.25
54326	\$475.01
54328	\$828.25
54340	\$828.25
54344	\$1,188.74
54348	\$1,188.74
54352	\$1,188.74
54360	\$828.25
54380	\$475.01
54385	\$475.01
54400	\$8,695.81
54401	\$8,940.91
54405	\$8,986.41
54406	\$828.25
54408	\$1,188.74
54410	\$8,859.73
54415	\$828.25
54416	\$8,803.36
54420	\$475.01
54435	\$828.25
54437	\$828.25

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
54440	\$828.25
54450	\$71.39
54500	\$598.10
54505	\$828.25
54512	\$828.25
54520	\$828.25
54522	\$828.25
54530	\$828.40
54550	\$828.40
54560	\$475.01
54600	\$828.25
54620	\$828.25
54640	\$828.40
54660	\$1,649.39
54670	\$475.01
54680	\$828.25
54690	\$1,319.74
54692	\$1,319.74
54700	\$475.01
54800	\$346.70
54830	\$475.01
54840	\$475.01
54860	\$475.01
54861	\$828.25
54865	\$828.25
54900	\$475.01
54901	\$828.25
55040	\$828.40
55041	\$828.40
55060	\$828.25
55100	\$346.70
55110	\$828.25
55120	\$475.01
55150	\$828.25
55175	\$828.25

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
55180	\$1,188.74
55200	\$828.25
55250	\$475.01
55400	\$828.25
55500	\$828.25
55520	\$828.25
55530	\$828.25
55535	\$828.40
55540	\$828.40
55550	\$1,319.74
55600	\$475.01
55680	\$828.25
55700	\$475.01
55705	\$475.01
55706	\$828.25
55720	\$475.01
55725	\$828.25
55860	\$1,188.74
55873	\$3,726.08
55874	\$1,188.74
55875	\$1,188.74
55920	\$1,092.55
56440	\$743.04
56441	\$743.04
56442	\$743.04
56515	\$493.20
56620	\$743.04
56625	\$743.04
56700	\$743.04
56740	\$743.04
56800	\$743.04
56805	\$743.04
56810	\$743.04
57000	\$743.04
57010	\$743.04

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
57020	\$1,092.55
57022	\$598.10
57023	\$598.10
57065	\$743.04
57105	\$743.04
57120	\$1,092.55
57130	\$743.04
57135	\$743.04
57155	\$1,092.55
57156	\$82.28
57180	\$50.47
57200	\$743.04
57210	\$743.04
57220	\$1,092.55
57230	\$743.04
57240	\$1,092.55
57250	\$1,092.55
57260	\$1,092.55
57265	\$1,092.55
57268	\$1,092.55
57287	\$743.04
57288	\$1,474.75
57289	\$1,642.30
57291	\$1,092.55
57295	\$743.04
57300	\$743.04
57310	\$1,642.30
57320	\$1,092.55
57400	\$743.04
57410	\$743.04
57415	\$743.04
57426	\$1,642.30
57513	\$743.04
57520	\$743.04
57522	\$743.04

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
57530	\$1,092.55
57550	\$1,092.55
57556	\$1,092.55
57558	\$743.04
57700	\$743.04
57720	\$743.04
58120	\$743.04
58145	\$743.04
58260	\$1,092.55
58262	\$1,092.55
58346	\$1,092.55
58353	\$1,092.55
58541	\$1,319.74
58542	\$2,158.54
58543	\$2,158.54
58544	\$2,158.54
58545	\$1,319.74
58546	\$2,158.54
58550	\$1,319.74
58552	\$2,158.54
58553	\$2,158.54
58554	\$2,158.54
58555	\$743.04
58558	\$743.04
58559	\$1,092.55
58560	\$1,092.55
58561	\$1,092.55
58562	\$743.04
58563	\$1,092.55
58565	\$1,092.55
58570	\$2,158.54
58571	\$2,158.54
58572	\$2,158.54
58573	\$2,158.54
58600	\$743.04

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
58615	\$743.04
58660	\$1,319.74
58661	\$1,319.74
58662	\$1,319.74
58670	\$1,319.74
58671	\$1,319.74
58672	\$1,319.74
58673	\$1,319.74
58674	\$2,158.54
58800	\$743.04
58805	\$743.04
58820	\$743.04
58900	\$743.04
58970	\$194.05
58976	\$82.28
59001	\$82.28
59012	\$82.28
59070	\$82.28
59072	\$115.02
59074	\$82.28
59076	\$82.28
59100	\$1,092.55
59150	\$1,319.74
59151	\$1,319.74
59160	\$743.04
59320	\$743.04
59412	\$743.04
59414	\$743.04
59812	\$743.04
59820	\$743.04
59821	\$743.04
59840	\$743.04
59841	\$743.04
59866	\$82.28
59870	\$743.04

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
59871	\$743.04
60000	\$322.77
60200	\$1,319.74
60210	\$1,319.74
60212	\$1,319.74
60220	\$1,319.74
60225	\$1,319.74
60240	\$1,319.74
60280	\$1,319.74
60281	\$1,319.74
60500	\$1,351.31
61000	\$189.97
61001	\$189.97
61020	\$246.81
61026	\$189.97
61050	\$79.56
61055	\$79.56
61070	\$189.97
61215	\$1,305.41
61330	\$634.62
61770	\$1,305.41
61790	\$479.27
61791	\$479.27
61880	\$1,110.34
61885	\$10,410.64
61886	\$14,172.67
61888	\$2,693.97
62194	\$479.27
62225	\$1,305.41
62230	\$1,305.41
62263	\$246.81
62264	\$246.81
62267	\$185.40
62268	\$246.81
62269	\$346.70

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
62270	\$189.97
62272	\$189.97
62273	\$189.97
62280	\$246.81
62281	\$246.81
62282	\$246.81
62287	\$479.27
62292	\$479.27
62294	\$246.81
62320	\$189.97
62321	\$189.97
62322	\$189.97
62323	\$189.97
62324	\$246.81
62325	\$246.81
62326	\$246.81
62327	\$246.81
62350	\$1,743.15
62355	\$479.27
62360	\$8,315.76
62361	\$8,566.61
62362	\$8,221.19
62365	\$1,305.41
62380	\$1,686.23
63001	\$1,686.23
63003	\$1,686.23
63005	\$1,686.23
63020	\$1,686.23
63030	\$1,686.23
63042	\$1,686.23
63045	\$1,686.23
63046	\$1,686.23
63047	\$1,686.23
63055	\$1,686.23
63056	\$1,686.23

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
63600	\$479.27
63610	\$708.31
63650	\$2,715.71
63655	\$9,590.15
63661	\$479.27
63662	\$1,110.34
63663	\$2,654.73
63664	\$8,735.95
63685	\$14,116.23
63688	\$1,110.34
63744	\$1,305.41
63746	\$479.27
64415	\$246.81
64416	\$246.81
64417	\$246.81
64420	\$189.97
64421	\$246.81
64430	\$246.81
64446	\$246.81
64448	\$246.81
64449	\$246.81
64461	\$189.97
64463	\$189.97
64479	\$246.81
64483	\$246.81
64490	\$246.81
64493	\$246.81
64510	\$246.81
64517	\$246.81
64520	\$246.81
64530	\$246.81
64553	\$3,105.56
64555	\$2,818.74
64561	\$2,817.32
64568	\$14,404.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
64569	\$3,287.41
64570	\$1,305.41
64575	\$9,427.06
64580	\$10,249.19
64581	\$2,913.81
64585	\$1,110.34
64590	\$10,401.79
64595	\$1,110.34
64600	\$246.81
64605	\$479.27
64610	\$479.27
64620	\$246.81
64630	\$246.81
64633	\$479.27
64635	\$479.27
64680	\$246.81
64681	\$246.81
64702	\$479.27
64704	\$479.27
64708	\$479.27
64712	\$479.27
64713	\$479.27
64714	\$479.27
64716	\$479.27
64718	\$479.27
64719	\$479.27
64721	\$479.27
64722	\$479.27
64726	\$479.27
64732	\$479.27
64734	\$479.27
64736	\$479.27
64738	\$479.27
64740	\$479.27
64742	\$479.27

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
64744	\$479.27
64746	\$479.27
64763	\$479.27
64766	\$479.27
64771	\$479.27
64772	\$479.27
64774	\$479.27
64776	\$479.27
64782	\$479.27
64784	\$479.27
64786	\$1,305.41
64788	\$479.27
64790	\$479.27
64792	\$1,305.41
64795	\$479.27
64802	\$479.27
64820	\$479.27
64821	\$773.69
64822	\$773.69
64823	\$773.69
64831	\$479.27
64834	\$1,305.41
64835	\$1,305.41
64836	\$1,305.41
64840	\$1,305.41
64856	\$1,305.41
64857	\$1,305.41
64858	\$479.27
64861	\$479.27
64862	\$1,305.41
64864	\$1,305.41
64865	\$1,305.41
64885	\$1,305.41
64886	\$1,305.41
64890	\$1,305.41

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
64891	\$1,701.61
64892	\$1,305.41
64893	\$1,305.41
64895	\$1,305.41
64896	\$1,305.41
64897	\$1,305.41
64898	\$1,305.41
64905	\$1,305.41
64907	\$1,305.41
64910	\$1,884.38
64912	\$2,058.33
65091	\$815.42
65093	\$815.42
65101	\$815.42
65103	\$815.42
65105	\$815.42
65110	\$815.42
65112	\$815.42
65114	\$815.42
65125	\$503.42
65130	\$815.42
65135	\$815.42
65140	\$815.42
65150	\$815.42
65155	\$815.42
65175	\$815.42
65235	\$609.15
65260	\$609.15
65265	\$609.15
65270	\$503.42
65272	\$503.42
65275	\$815.42
65280	\$1,104.26
65285	\$1,104.26
65290	\$815.42

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
65400	\$245.26
65410	\$503.42
65420	\$503.42
65426	\$503.42
65450	\$82.21
65710	\$1,104.26
65730	\$1,104.26
65750	\$1,104.26
65755	\$1,104.26
65756	\$1,104.26
65770	\$5,344.52
65772	\$245.26
65775	\$503.42
65780	\$815.42
65781	\$1,104.26
65782	\$815.42
65785	\$1,104.26
65800	\$609.15
65810	\$609.15
65815	\$609.15
65820	\$1,104.26
65850	\$609.15
65865	\$609.15
65870	\$609.15
65875	\$609.15
65880	\$1,104.26
65900	\$609.15
65920	\$609.15
65930	\$609.15
66020	\$609.15
66030	\$609.15
66130	\$503.42
66150	\$1,104.26
66155	\$1,104.26
66160	\$609.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
66170	\$609.15
66172	\$609.15
66174	\$1,104.26
66175	\$1,104.26
66179	\$1,104.26
66180	\$1,481.05
66183	\$1,559.10
66184	\$609.15
66185	\$609.15
66225	\$1,104.26
66250	\$503.42
66500	\$609.15
66505	\$609.15
66600	\$1,104.26
66605	\$609.15
66625	\$609.15
66630	\$609.15
66635	\$609.15
66680	\$609.15
66682	\$609.15
66700	\$609.15
66710	\$503.42
66711	\$609.15
66720	\$503.42
66740	\$503.42
66762	\$154.07
66770	\$154.07
66820	\$609.15
66821	\$154.07
66825	\$609.15
66830	\$609.15
66840	\$609.15
66850	\$609.15
66852	\$1,104.26
66920	\$609.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
66930	\$1,104.26
66940	\$609.15
66982	\$609.15
66983	\$609.15
66984	\$609.15
66985	\$609.15
66986	\$609.15
67005	\$609.15
67010	\$609.15
67015	\$609.15
67025	\$609.15
67027	\$980.00
67030	\$609.15
67031	\$154.07
67036	\$1,104.26
67039	\$1,104.26
67040	\$1,104.26
67041	\$1,104.26
67042	\$1,104.26
67043	\$1,104.26
67107	\$1,104.26
67108	\$1,104.26
67113	\$1,104.26
67115	\$1,104.26
67120	\$609.15
67121	\$609.15
67141	\$82.21
67145	\$154.07
67208	\$82.21
67210	\$154.07
67218	\$815.42
67220	\$154.07
67229	\$154.07
67250	\$503.42
67255	\$609.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
67311	\$503.42
67312	\$815.42
67314	\$503.42
67316	\$503.42
67318	\$503.42
67343	\$503.42
67346	\$815.42
67400	\$815.42
67405	\$503.42
67412	\$503.42
67413	\$503.42
67414	\$815.42
67415	\$503.42
67420	\$815.42
67430	\$815.42
67440	\$815.42
67445	\$815.42
67450	\$815.42
67500	\$82.21
67550	\$815.42
67560	\$815.42
67570	\$815.42
67700	\$82.21
67715	\$503.42
67808	\$503.42
67830	\$245.26
67835	\$503.42
67875	\$245.26
67880	\$503.42
67882	\$503.42
67900	\$503.42
67901	\$503.42
67902	\$815.42
67903	\$503.42
67904	\$503.42

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
67906	\$815.42
67908	\$503.42
67909	\$503.42
67911	\$503.42
67912	\$503.42
67914	\$503.42
67916	\$503.42
67917	\$503.42
67921	\$503.42
67923	\$503.42
67924	\$503.42
67935	\$503.42
67938	\$82.21
67950	\$503.42
67961	\$503.42
67966	\$503.42
67971	\$503.42
67973	\$503.42
67974	\$815.42
67975	\$503.42
68115	\$503.42
68130	\$503.42
68320	\$503.42
68325	\$815.42
68326	\$815.42
68328	\$503.42
68330	\$609.15
68335	\$815.42
68340	\$503.42
68360	\$815.42
68362	\$503.42
68371	\$503.42
68500	\$815.42
68505	\$815.42
68510	\$503.42

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
68520	\$815.42
68525	\$503.42
68530	\$82.21
68540	\$503.42
68550	\$815.42
68700	\$503.42
68705	\$82.21
68720	\$815.42
68745	\$815.42
68750	\$815.42
68770	\$503.42
68810	\$82.21
68811	\$503.42
68815	\$503.42
68816	\$503.42
69110	\$598.10
69120	\$1,351.31
69140	\$1,351.31
69145	\$598.10
69150	\$1,351.31
69205	\$346.70
69300	\$634.62
69310	\$1,351.31
69320	\$1,351.31
69420	\$61.89
69421	\$634.62
69436	\$322.77
69440	\$634.62
69450	\$634.62
69501	\$1,351.31
69502	\$1,351.31
69505	\$1,351.31
69511	\$1,351.31
69530	\$1,351.31
69550	\$1,351.31

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020**

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

Code	Medicaid Fee
69552	\$1,351.31
69601	\$1,351.31
69602	\$1,351.31
69603	\$1,351.31
69604	\$1,351.31
69605	\$1,351.31
69620	\$634.62
69631	\$1,351.31
69632	\$1,351.31
69633	\$1,351.31
69635	\$1,351.31
69636	\$1,351.31
69637	\$1,351.31
69641	\$1,351.31
69642	\$1,351.31
69643	\$1,351.31
69644	\$1,351.31
69645	\$1,351.31
69646	\$1,351.31
69650	\$634.62
69660	\$1,351.31
69661	\$1,351.31
69662	\$1,351.31
69666	\$634.62
69667	\$634.62
69670	\$1,351.31
69676	\$634.62
69700	\$322.77
69711	\$634.62
69714	\$5,688.81
69715	\$6,478.77
69717	\$2,631.72
69718	\$3,444.89
69720	\$1,351.31
69740	\$1,351.31

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
69745	\$1,351.31
69805	\$1,351.31
69806	\$1,351.31
69905	\$1,351.31
69910	\$1,351.31
69915	\$634.62
69930	\$18,464.92
93451	\$826.69
93452	\$826.69
93453	\$826.69
93454	\$826.69
93455	\$826.69
93456	\$826.69
93457	\$826.69
93458	\$826.69
93459	\$826.69
93460	\$826.69
93461	\$826.69
C5271	\$151.06
C5273	\$493.20
C5275	\$151.06
C5277	\$151.06
C9725	\$232.17
C9727	\$322.77
C9728	\$378.50
C9739	\$1,973.99
C9740	\$4,155.75
C9745	\$2,020.23
C9747	\$1,188.74
C9749	\$2,055.96
C9752	\$4,490.46
G0105	\$232.17
G0121	\$232.17
G0186	\$154.07
G0260	\$189.97

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2020

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

Code	Medicaid Fee
G0276	\$1,686.23