

**ND Medicaid
 Professional Services Fee Schedule
 as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 10004 | | \$50.40 |
| 10005 | | \$136.50 |
| 10006 | | \$59.85 |
| 10007 | | \$313.24 |
| 10008 | | \$166.25 |
| 10009 | | \$482.64 |
| 10010 | | \$284.54 |
| 10021 | | \$102.90 |
| 10030 | | \$678.28 |
| 10035 | | \$436.79 |
| 10036 | | \$374.84 |
| 10040 | | \$117.95 |
| 10060 | | \$124.25 |
| 10061 | | \$211.04 |
| 10080 | | \$249.54 |
| 10081 | | \$341.94 |
| 10120 | | \$154.70 |
| 10121 | | \$271.59 |
| 10140 | | \$172.55 |
| 10160 | | \$130.90 |
| 10180 | | \$262.49 |
| 11000 | | \$58.10 |
| 11001 | | \$25.20 |
| 11004 | | \$545.98 |
| 11005 | | \$734.63 |
| 11006 | | \$668.83 |
| 11008 | | \$257.94 |
| 11010 | | \$472.49 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 11011 | | \$519.74 |
| 11012 | | \$665.33 |
| 11042 | | \$131.25 |
| 11043 | | \$233.09 |
| 11044 | | \$307.99 |
| 11045 | | \$40.60 |
| 11046 | | \$72.10 |
| 11047 | | \$118.65 |
| 11055 | | \$71.05 |
| 11056 | | \$81.55 |
| 11057 | | \$89.25 |
| 11102 | | \$105.70 |
| 11103 | | \$53.55 |
| 11104 | | \$131.95 |
| 11105 | | \$61.60 |
| 11106 | | \$161.35 |
| 11107 | | \$73.85 |
| 11200 | | \$90.30 |
| 11201 | | \$18.20 |
| 11300 | | \$105.00 |
| 11301 | | \$126.35 |
| 11302 | | \$144.20 |
| 11303 | | \$158.55 |
| 11305 | | \$110.25 |
| 11306 | | \$127.05 |
| 11307 | | \$147.00 |
| 11308 | | \$155.75 |
| 11310 | | \$120.40 |
| 11311 | | \$141.75 |
| 11312 | | \$161.70 |
| 11313 | | \$187.24 |
| 11400 | | \$130.55 |
| 11401 | | \$158.20 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 11402 | | \$174.30 |
| 11403 | | \$199.49 |
| 11404 | | \$226.44 |
| 11406 | | \$317.44 |
| 11420 | | \$130.90 |
| 11421 | | \$162.40 |
| 11422 | | \$182.34 |
| 11423 | | \$206.84 |
| 11424 | | \$236.24 |
| 11426 | | \$334.59 |
| 11440 | | \$146.30 |
| 11441 | | \$176.04 |
| 11442 | | \$194.94 |
| 11443 | | \$229.94 |
| 11444 | | \$285.24 |
| 11446 | | \$387.79 |
| 11450 | | \$433.29 |
| 11451 | | \$530.58 |
| 11462 | | \$419.99 |
| 11463 | | \$536.18 |
| 11470 | | \$455.69 |
| 11471 | | \$548.78 |
| 11600 | | \$202.99 |
| 11601 | | \$233.44 |
| 11602 | | \$249.54 |
| 11603 | | \$282.79 |
| 11604 | | \$314.29 |
| 11606 | | \$446.24 |
| 11620 | | \$203.69 |
| 11621 | | \$234.14 |
| 11622 | | \$257.24 |
| 11623 | | \$299.24 |
| 11624 | | \$339.14 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 11626 | | \$406.69 |
| 11640 | | \$208.24 |
| 11641 | | \$241.49 |
| 11642 | | \$271.94 |
| 11643 | | \$318.14 |
| 11644 | | \$390.59 |
| 11646 | | \$504.69 |
| 11719 | | \$14.00 |
| 11720 | | \$33.25 |
| 11721 | | \$44.80 |
| 11730 | | \$118.30 |
| 11732 | | \$34.30 |
| 11740 | | \$57.05 |
| 11750 | | \$164.50 |
| 11755 | | \$128.45 |
| 11760 | | \$196.69 |
| 11762 | | \$298.89 |
| 11765 | | \$172.55 |
| 11770 | | \$350.34 |
| 11771 | | \$623.33 |
| 11772 | | \$770.33 |
| 11900 | | \$56.70 |
| 11901 | | \$70.35 |
| 11920 | | \$193.89 |
| 11921 | | \$219.44 |
| 11922 | | \$60.20 |
| 11950 | | \$79.10 |
| 11951 | | \$105.70 |
| 11952 | | \$141.40 |
| 11954 | | \$155.40 |
| 11960 | | \$1,007.62 |
| 11970 | | \$550.53 |
| 11971 | | \$537.58 |

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 11976 | | \$144.20 |
| 11980 | | \$94.50 |
| 11981 | | \$102.55 |
| 11982 | | \$115.50 |
| 11983 | | \$142.80 |
| 12001 | | \$93.45 |
| 12002 | | \$112.70 |
| 12004 | | \$130.55 |
| 12005 | | \$173.95 |
| 12006 | | \$202.99 |
| 12007 | | \$229.94 |
| 12011 | | \$112.70 |
| 12013 | | \$116.90 |
| 12014 | | \$142.45 |
| 12015 | | \$170.80 |
| 12016 | | \$216.99 |
| 12017 | | \$144.55 |
| 12018 | | \$163.45 |
| 12020 | | \$303.79 |
| 12021 | | \$174.65 |
| 12031 | | \$267.74 |
| 12032 | | \$311.84 |
| 12034 | | \$338.79 |
| 12035 | | \$397.59 |
| 12036 | | \$435.74 |
| 12037 | | \$486.14 |
| 12041 | | \$268.44 |
| 12042 | | \$313.94 |
| 12044 | | \$387.09 |
| 12045 | | \$410.19 |
| 12046 | | \$504.69 |
| 12047 | | \$550.53 |
| 12051 | | \$287.34 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 12052 | | \$319.19 |
| 12053 | | \$372.39 |
| 12054 | | \$391.29 |
| 12055 | | \$509.59 |
| 12056 | | \$586.58 |
| 12057 | | \$619.83 |
| 13100 | | \$351.39 |
| 13101 | | \$410.19 |
| 13102 | | \$119.35 |
| 13120 | | \$365.04 |
| 13121 | | \$438.54 |
| 13122 | | \$129.85 |
| 13131 | | \$398.29 |
| 13132 | | \$482.99 |
| 13133 | | \$170.80 |
| 13151 | | \$432.24 |
| 13152 | | \$508.54 |
| 13153 | | \$186.54 |
| 13160 | | \$777.68 |
| 14000 | | \$629.28 |
| 14001 | | \$798.33 |
| 14020 | | \$697.53 |
| 14021 | | \$859.23 |
| 14040 | | \$754.23 |
| 14041 | | \$917.32 |
| 14060 | | \$762.98 |
| 14061 | | \$988.37 |
| 14301 | | \$1,076.22 |
| 14302 | | \$208.94 |
| 14350 | | \$672.33 |
| 15002 | | \$353.14 |
| 15003 | | \$71.05 |
| 15004 | | \$401.44 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 15005 | | \$117.60 |
| 15040 | | \$273.34 |
| 15050 | | \$596.73 |
| 15100 | | \$861.68 |
| 15101 | | \$191.79 |
| 15110 | | \$807.78 |
| 15111 | | \$108.15 |
| 15115 | | \$800.08 |
| 15116 | | \$160.30 |
| 15120 | | \$842.78 |
| 15121 | | \$214.54 |
| 15130 | | \$722.73 |
| 15131 | | \$95.20 |
| 15135 | | \$871.13 |
| 15136 | | \$93.80 |
| 15150 | | \$690.53 |
| 15151 | | \$113.05 |
| 15152 | | \$138.95 |
| 15155 | | \$788.88 |
| 15156 | | \$151.90 |
| 15157 | | \$169.40 |
| 15200 | | \$834.03 |
| 15201 | | \$147.00 |
| 15220 | | \$769.28 |
| 15221 | | \$135.80 |
| 15240 | | \$926.07 |
| 15241 | | \$178.14 |
| 15260 | | \$994.67 |
| 15261 | | \$209.29 |
| 15271 | | \$154.70 |
| 15272 | | \$24.85 |
| 15273 | | \$314.99 |
| 15274 | | \$82.25 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 15275 | | \$160.65 |
| 15276 | | \$32.55 |
| 15277 | | \$344.04 |
| 15278 | | \$95.90 |
| 15570 | | \$905.07 |
| 15572 | | \$869.73 |
| 15574 | | \$874.98 |
| 15600 | | \$343.69 |
| 15610 | | \$372.04 |
| 15620 | | \$448.69 |
| 15630 | | \$464.09 |
| 15650 | | \$506.09 |
| 15730 | | \$1,499.01 |
| 15731 | | \$1,109.47 |
| 15733 | | \$1,011.47 |
| 15734 | | \$1,452.11 |
| 15736 | | \$1,188.57 |
| 15738 | | \$1,248.76 |
| 15740 | | \$995.72 |
| 15750 | | \$902.62 |
| 15756 | | \$2,223.49 |
| 15757 | | \$2,214.74 |
| 15758 | | \$2,224.19 |
| 15760 | | \$841.73 |
| 15769 | | \$469.69 |
| 15770 | | \$656.23 |
| 15771 | | \$566.98 |
| 15772 | | \$176.04 |
| 15773 | | \$571.88 |
| 15774 | | \$171.15 |
| 15777 | | \$206.84 |
| 15782 | | \$518.69 |
| 15783 | | \$459.89 |

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| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 15819 | | \$780.13 |
| 15820 | | \$580.28 |
| 15821 | | \$617.73 |
| 15822 | | \$461.64 |
| 15823 | | \$621.93 |
| 15830 | | \$1,139.57 |
| 15832 | | \$895.62 |
| 15840 | | \$989.77 |
| 15841 | | \$1,735.25 |
| 15842 | | \$2,628.77 |
| 15845 | | \$993.62 |
| 15851 | | \$108.85 |
| 15852 | | \$44.45 |
| 15860 | | \$102.55 |
| 15920 | | \$611.78 |
| 15922 | | \$779.43 |
| 15931 | | \$681.43 |
| 15933 | | \$842.43 |
| 15934 | | \$921.52 |
| 15935 | | \$1,129.07 |
| 15936 | | \$876.72 |
| 15937 | | \$1,018.12 |
| 15940 | | \$682.83 |
| 15941 | | \$904.37 |
| 15944 | | \$898.07 |
| 15945 | | \$996.77 |
| 15946 | | \$1,573.21 |
| 15950 | | \$598.13 |
| 15951 | | \$880.92 |
| 15952 | | \$895.27 |
| 15953 | | \$986.62 |
| 15956 | | \$1,135.02 |
| 15958 | | \$1,158.47 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 16000 | | \$73.85 |
| 16020 | | \$85.05 |
| 16025 | | \$155.05 |
| 16030 | | \$193.19 |
| 16035 | | \$186.89 |
| 16036 | | \$75.25 |
| 17000 | | \$66.50 |
| 17003 | | \$6.65 |
| 17004 | | \$167.30 |
| 17106 | | \$342.29 |
| 17107 | | \$446.94 |
| 17108 | | \$629.63 |
| 17110 | | \$115.50 |
| 17111 | | \$134.75 |
| 17250 | | \$91.00 |
| 17260 | | \$99.75 |
| 17261 | | \$149.80 |
| 17262 | | \$179.89 |
| 17263 | | \$194.59 |
| 17264 | | \$208.59 |
| 17266 | | \$237.29 |
| 17270 | | \$150.85 |
| 17271 | | \$167.30 |
| 17272 | | \$190.04 |
| 17273 | | \$211.04 |
| 17274 | | \$246.74 |
| 17276 | | \$285.59 |
| 17280 | | \$142.10 |
| 17281 | | \$180.94 |
| 17282 | | \$207.19 |
| 17283 | | \$244.99 |
| 17284 | | \$278.59 |
| 17286 | | \$356.64 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 17311 | | \$680.38 |
| 17312 | | \$414.39 |
| 17313 | | \$639.43 |
| 17314 | | \$396.89 |
| 17315 | | \$77.35 |
| 17340 | | \$51.80 |
| 17360 | | \$123.20 |
| 19000 | | \$108.85 |
| 19001 | | \$26.60 |
| 19020 | | \$481.94 |
| 19030 | | \$171.85 |
| 19081 | | \$584.13 |
| 19082 | | \$469.69 |
| 19083 | | \$584.83 |
| 19084 | | \$461.29 |
| 19085 | | \$902.27 |
| 19086 | | \$716.43 |
| 19100 | | \$157.85 |
| 19101 | | \$340.89 |
| 19105 | | \$2,781.72 |
| 19110 | | \$498.39 |
| 19112 | | \$472.14 |
| 19120 | | \$508.19 |
| 19125 | | \$558.93 |
| 19126 | | \$151.90 |
| 19281 | | \$250.24 |
| 19282 | | \$179.19 |
| 19283 | | \$276.14 |
| 19284 | | \$211.39 |
| 19285 | | \$440.64 |
| 19286 | | \$373.09 |
| 19287 | | \$758.08 |
| 19288 | | \$600.23 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 19294 | | \$155.75 |
| 19296 | | \$4,305.93 |
| 19297 | | \$89.60 |
| 19298 | | \$1,014.62 |
| 19300 | | \$576.78 |
| 19301 | | \$633.83 |
| 19302 | | \$870.43 |
| 19303 | | \$919.77 |
| 19305 | | \$1,101.07 |
| 19306 | | \$1,173.17 |
| 19307 | | \$1,139.22 |
| 19316 | | \$772.08 |
| 19318 | | \$1,067.47 |
| 19325 | | \$601.63 |
| 19328 | | \$542.48 |
| 19330 | | \$631.38 |
| 19340 | | \$739.53 |
| 19342 | | \$745.13 |
| 19350 | | \$825.63 |
| 19355 | | \$752.13 |
| 19357 | | \$1,143.42 |
| 19361 | | \$1,521.76 |
| 19364 | | \$2,654.67 |
| 19367 | | \$1,725.45 |
| 19368 | | \$2,119.19 |
| 19369 | | \$1,969.04 |
| 19370 | | \$655.88 |
| 19371 | | \$696.48 |
| 19380 | | \$789.93 |
| 19396 | | \$290.14 |
| 20100 | | \$579.58 |
| 20101 | | \$614.23 |
| 20102 | | \$635.58 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 20103 | | \$580.98 |
| 20150 | | \$977.17 |
| 20200 | | \$227.49 |
| 20205 | | \$311.14 |
| 20206 | | \$247.44 |
| 20220 | | \$255.14 |
| 20225 | | \$421.04 |
| 20240 | | \$139.65 |
| 20245 | | \$336.34 |
| 20250 | | \$377.64 |
| 20251 | | \$410.89 |
| 20500 | | \$119.35 |
| 20501 | | \$149.10 |
| 20520 | | \$219.09 |
| 20525 | | \$486.14 |
| 20526 | | \$79.80 |
| 20527 | | \$85.40 |
| 20550 | | \$55.65 |
| 20551 | | \$57.05 |
| 20552 | | \$53.90 |
| 20553 | | \$61.95 |
| 20555 | | \$327.24 |
| 20600 | | \$51.45 |
| 20604 | | \$80.85 |
| 20605 | | \$53.55 |
| 20606 | | \$88.55 |
| 20610 | | \$63.35 |
| 20611 | | \$98.35 |
| 20612 | | \$63.00 |
| 20615 | | \$258.29 |
| 20650 | | \$219.09 |
| 20660 | | \$225.39 |
| 20661 | | \$492.44 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 20662 | | \$509.94 |
| 20663 | | \$470.04 |
| 20664 | | \$834.73 |
| 20665 | | \$114.80 |
| 20670 | | \$387.09 |
| 20680 | | \$616.68 |
| 20690 | | \$582.03 |
| 20692 | | \$1,096.52 |
| 20693 | | \$436.79 |
| 20694 | | \$431.19 |
| 20696 | | \$1,163.37 |
| 20697 | | \$2,141.94 |
| 20700 | | \$80.15 |
| 20701 | | \$60.55 |
| 20702 | | \$134.05 |
| 20703 | | \$96.60 |
| 20704 | | \$139.65 |
| 20705 | | \$115.50 |
| 20802 | | \$2,658.52 |
| 20805 | | \$3,156.56 |
| 20808 | | \$3,808.24 |
| 20816 | | \$1,990.74 |
| 20822 | | \$1,720.20 |
| 20824 | | \$1,994.24 |
| 20827 | | \$1,766.40 |
| 20838 | | \$2,700.52 |
| 20900 | | \$413.69 |
| 20902 | | \$269.84 |
| 20910 | | \$466.54 |
| 20912 | | \$470.04 |
| 20920 | | \$387.79 |
| 20922 | | \$593.93 |
| 20924 | | \$498.74 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 20931 | | \$102.90 |
| 20932 | | \$727.98 |
| 20933 | | \$667.78 |
| 20934 | | \$727.63 |
| 20937 | | \$157.50 |
| 20938 | | \$171.85 |
| 20939 | | \$65.45 |
| 20950 | | \$278.24 |
| 20955 | | \$2,406.88 |
| 20956 | | \$2,556.68 |
| 20957 | | \$2,663.42 |
| 20962 | | \$2,585.03 |
| 20969 | | \$2,642.77 |
| 20970 | | \$2,757.57 |
| 20972 | | \$2,749.87 |
| 20973 | | \$2,903.52 |
| 20974 | | \$80.50 |
| 20975 | | \$169.05 |
| 20979 | | \$54.25 |
| 20982 | | \$4,014.04 |
| 20983 | | \$5,921.13 |
| 20985 | | \$139.65 |
| 21010 | | \$741.28 |
| 21011 | | \$374.14 |
| 21012 | | \$330.39 |
| 21013 | | \$537.58 |
| 21014 | | \$510.64 |
| 21015 | | \$687.73 |
| 21016 | | \$977.17 |
| 21025 | | \$803.58 |
| 21026 | | \$550.18 |
| 21029 | | \$773.48 |
| 21030 | | \$482.99 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 21031 | | \$396.19 |
| 21032 | | \$392.69 |
| 21034 | | \$1,293.91 |
| 21040 | | \$489.64 |
| 21044 | | \$848.38 |
| 21045 | | \$1,178.77 |
| 21046 | | \$1,016.37 |
| 21047 | | \$1,250.86 |
| 21048 | | \$1,028.97 |
| 21049 | | \$1,184.37 |
| 21050 | | \$873.58 |
| 21060 | | \$791.68 |
| 21070 | | \$614.93 |
| 21073 | | \$381.84 |
| 21076 | | \$869.38 |
| 21077 | | \$2,126.19 |
| 21079 | | \$1,454.21 |
| 21080 | | \$1,681.00 |
| 21081 | | \$1,548.36 |
| 21082 | | \$1,417.46 |
| 21083 | | \$1,353.76 |
| 21084 | | \$1,546.26 |
| 21085 | | \$678.28 |
| 21086 | | \$1,584.40 |
| 21087 | | \$1,584.40 |
| 21100 | | \$657.63 |
| 21110 | | \$889.32 |
| 21116 | | \$222.59 |
| 21120 | | \$690.18 |
| 21121 | | \$661.48 |
| 21122 | | \$762.28 |
| 21123 | | \$876.37 |
| 21125 | | \$2,899.67 |

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| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 21127 | | \$4,306.63 |
| 21141 | | \$1,332.41 |
| 21142 | | \$1,367.76 |
| 21143 | | \$1,416.06 |
| 21145 | | \$1,549.06 |
| 21146 | | \$1,616.95 |
| 21147 | | \$1,702.35 |
| 21150 | | \$1,616.25 |
| 21151 | | \$1,776.90 |
| 21154 | | \$1,910.60 |
| 21155 | | \$2,116.39 |
| 21159 | | \$2,531.83 |
| 21160 | | \$2,743.92 |
| 21172 | | \$1,972.89 |
| 21175 | | \$2,160.49 |
| 21179 | | \$1,486.06 |
| 21180 | | \$1,659.30 |
| 21181 | | \$725.53 |
| 21182 | | \$2,063.19 |
| 21183 | | \$2,244.49 |
| 21184 | | \$2,413.53 |
| 21188 | | \$1,608.20 |
| 21193 | | \$1,231.61 |
| 21194 | | \$1,423.41 |
| 21195 | | \$1,368.46 |
| 21196 | | \$1,391.21 |
| 21198 | | \$1,064.32 |
| 21199 | | \$1,017.77 |
| 21206 | | \$996.07 |
| 21208 | | \$1,750.65 |
| 21209 | | \$808.83 |
| 21210 | | \$1,951.89 |
| 21215 | | \$4,382.92 |

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Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 21230 | | \$733.23 |
| 21235 | | \$731.13 |
| 21240 | | \$1,051.37 |
| 21242 | | \$1,010.77 |
| 21243 | | \$1,603.30 |
| 21244 | | \$1,012.17 |
| 21245 | | \$1,265.56 |
| 21246 | | \$849.78 |
| 21247 | | \$1,579.85 |
| 21248 | | \$1,014.62 |
| 21249 | | \$1,372.31 |
| 21255 | | \$1,364.61 |
| 21256 | | \$1,211.32 |
| 21260 | | \$1,367.76 |
| 21261 | | \$2,405.48 |
| 21263 | | \$2,227.69 |
| 21267 | | \$1,600.85 |
| 21268 | | \$1,998.79 |
| 21270 | | \$1,008.32 |
| 21275 | | \$827.38 |
| 21280 | | \$577.48 |
| 21282 | | \$391.29 |
| 21295 | | \$190.74 |
| 21296 | | \$407.74 |
| 21310 | | \$135.10 |
| 21315 | | \$290.14 |
| 21320 | | \$265.99 |
| 21325 | | \$448.69 |
| 21330 | | \$535.83 |
| 21335 | | \$713.98 |
| 21336 | | \$648.53 |
| 21337 | | \$422.79 |
| 21338 | | \$673.73 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 21339 | | \$758.43 |
| 21340 | | \$730.78 |
| 21343 | | \$1,074.47 |
| 21344 | | \$1,364.61 |
| 21345 | | \$789.23 |
| 21346 | | \$1,011.47 |
| 21347 | | \$1,023.72 |
| 21348 | | \$1,061.87 |
| 21355 | | \$442.74 |
| 21356 | | \$509.94 |
| 21360 | | \$508.54 |
| 21365 | | \$1,070.97 |
| 21366 | | \$1,247.36 |
| 21385 | | \$733.23 |
| 21386 | | \$677.93 |
| 21387 | | \$764.73 |
| 21390 | | \$793.08 |
| 21395 | | \$988.37 |
| 21400 | | \$209.29 |
| 21401 | | \$523.59 |
| 21406 | | \$573.98 |
| 21407 | | \$634.53 |
| 21408 | | \$884.07 |
| 21421 | | \$678.98 |
| 21422 | | \$637.33 |
| 21423 | | \$796.58 |
| 21431 | | \$711.18 |
| 21432 | | \$715.73 |
| 21433 | | \$1,691.50 |
| 21435 | | \$1,373.71 |
| 21436 | | \$1,986.89 |
| 21440 | | \$691.58 |
| 21445 | | \$814.78 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 21450 | | \$615.63 |
| 21451 | | \$797.63 |
| 21452 | | \$792.03 |
| 21453 | | \$1,114.72 |
| 21454 | | \$489.29 |
| 21461 | | \$2,018.04 |
| 21462 | | \$2,204.24 |
| 21465 | | \$799.38 |
| 21470 | | \$1,146.57 |
| 21480 | | \$139.30 |
| 21485 | | \$1,003.42 |
| 21490 | | \$787.13 |
| 21497 | | \$734.63 |
| 21501 | | \$487.54 |
| 21502 | | \$491.04 |
| 21510 | | \$438.54 |
| 21550 | | \$275.09 |
| 21552 | | \$432.24 |
| 21554 | | \$706.63 |
| 21555 | | \$436.79 |
| 21556 | | \$516.59 |
| 21557 | | \$923.62 |
| 21558 | | \$1,292.86 |
| 21600 | | \$543.53 |
| 21601 | | \$1,125.92 |
| 21602 | | \$1,528.06 |
| 21603 | | \$1,660.70 |
| 21610 | | \$1,123.47 |
| 21615 | | \$582.03 |
| 21616 | | \$668.48 |
| 21620 | | \$491.74 |
| 21627 | | \$527.08 |
| 21630 | | \$1,150.77 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 21632 | | \$1,157.07 |
| 21685 | | \$969.82 |
| 21700 | | \$334.94 |
| 21705 | | \$498.74 |
| 21720 | | \$503.29 |
| 21725 | | \$532.33 |
| 21740 | | \$975.77 |
| 21750 | | \$645.73 |
| 21811 | | \$564.18 |
| 21812 | | \$683.88 |
| 21813 | | \$929.22 |
| 21820 | | \$148.05 |
| 21825 | | \$528.48 |
| 21920 | | \$267.04 |
| 21925 | | \$482.64 |
| 21930 | | \$501.19 |
| 21931 | | \$454.64 |
| 21932 | | \$641.18 |
| 21933 | | \$712.93 |
| 21935 | | \$990.47 |
| 21936 | | \$1,356.21 |
| 22010 | | \$926.77 |
| 22015 | | \$913.12 |
| 22100 | | \$831.58 |
| 22101 | | \$834.03 |
| 22102 | | \$802.18 |
| 22103 | | \$133.00 |
| 22110 | | \$1,000.27 |
| 22112 | | \$1,062.22 |
| 22114 | | \$1,062.22 |
| 22116 | | \$131.60 |
| 22206 | | \$2,312.38 |
| 22207 | | \$2,275.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 22208 | | \$547.73 |
| 22210 | | \$1,703.40 |
| 22212 | | \$1,439.86 |
| 22214 | | \$1,443.01 |
| 22216 | | \$341.24 |
| 22220 | | \$1,541.36 |
| 22222 | | \$1,638.30 |
| 22224 | | \$1,530.16 |
| 22226 | | \$339.84 |
| 22310 | | \$304.49 |
| 22315 | | \$869.03 |
| 22318 | | \$1,534.36 |
| 22319 | | \$1,700.60 |
| 22325 | | \$1,391.91 |
| 22326 | | \$1,419.91 |
| 22327 | | \$1,448.26 |
| 22328 | | \$262.14 |
| 22505 | | \$127.05 |
| 22510 | | \$1,954.34 |
| 22511 | | \$1,948.74 |
| 22512 | | \$843.13 |
| 22513 | | \$6,805.56 |
| 22514 | | \$6,781.76 |
| 22515 | | \$3,658.10 |
| 22526 | | \$2,305.03 |
| 22527 | | \$1,924.25 |
| 22532 | | \$1,699.55 |
| 22533 | | \$1,591.05 |
| 22534 | | \$337.74 |
| 22548 | | \$1,823.80 |
| 22551 | | \$1,605.75 |
| 22552 | | \$368.89 |
| 22554 | | \$1,194.52 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 22556 | | \$1,580.90 |
| 22558 | | \$1,458.76 |
| 22585 | | \$305.89 |
| 22586 | | \$1,886.80 |
| 22590 | | \$1,489.21 |
| 22595 | | \$1,423.06 |
| 22600 | | \$1,229.16 |
| 22610 | | \$1,213.07 |
| 22612 | | \$1,513.01 |
| 22614 | | \$365.04 |
| 22630 | | \$1,488.86 |
| 22632 | | \$296.79 |
| 22633 | | \$1,752.40 |
| 22634 | | \$462.69 |
| 22800 | | \$1,301.61 |
| 22802 | | \$2,016.29 |
| 22804 | | \$2,319.03 |
| 22808 | | \$1,735.95 |
| 22810 | | \$1,969.74 |
| 22812 | | \$2,134.94 |
| 22818 | | \$2,085.24 |
| 22819 | | \$2,399.88 |
| 22830 | | \$786.78 |
| 22840 | | \$709.43 |
| 22842 | | \$711.88 |
| 22843 | | \$762.28 |
| 22844 | | \$928.87 |
| 22845 | | \$677.58 |
| 22846 | | \$704.18 |
| 22847 | | \$771.03 |
| 22848 | | \$338.79 |
| 22849 | | \$1,243.86 |
| 22850 | | \$703.83 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 22852 | | \$677.93 |
| 22853 | | \$241.14 |
| 22854 | | \$311.84 |
| 22855 | | \$1,055.22 |
| 22856 | | \$1,543.46 |
| 22857 | | \$1,715.30 |
| 22858 | | \$475.29 |
| 22859 | | \$311.84 |
| 22861 | | \$2,142.99 |
| 22862 | | \$2,145.44 |
| 22864 | | \$1,915.50 |
| 22865 | | \$2,095.04 |
| 22867 | | \$936.92 |
| 22868 | | \$227.49 |
| 22869 | | \$436.79 |
| 22870 | | \$118.65 |
| 22900 | | \$546.33 |
| 22901 | | \$643.63 |
| 22902 | | \$471.09 |
| 22903 | | \$425.94 |
| 22904 | | \$1,003.77 |
| 22905 | | \$1,267.66 |
| 23000 | | \$578.53 |
| 23020 | | \$676.88 |
| 23030 | | \$453.94 |
| 23031 | | \$438.89 |
| 23035 | | \$669.53 |
| 23040 | | \$704.53 |
| 23044 | | \$553.33 |
| 23065 | | \$228.54 |
| 23066 | | \$586.93 |
| 23071 | | \$408.09 |
| 23073 | | \$676.53 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 23075 | | \$521.84 |
| 23076 | | \$528.83 |
| 23077 | | \$1,086.02 |
| 23078 | | \$1,382.46 |
| 23100 | | \$499.44 |
| 23101 | | \$451.49 |
| 23105 | | \$631.03 |
| 23106 | | \$495.94 |
| 23107 | | \$650.98 |
| 23120 | | \$578.88 |
| 23125 | | \$696.83 |
| 23130 | | \$608.63 |
| 23140 | | \$547.03 |
| 23145 | | \$683.53 |
| 23146 | | \$613.88 |
| 23150 | | \$647.83 |
| 23155 | | \$781.88 |
| 23156 | | \$667.08 |
| 23170 | | \$555.78 |
| 23172 | | \$561.38 |
| 23174 | | \$749.33 |
| 23180 | | \$649.23 |
| 23182 | | \$660.43 |
| 23184 | | \$727.28 |
| 23190 | | \$566.28 |
| 23195 | | \$732.88 |
| 23200 | | \$1,462.96 |
| 23210 | | \$1,715.30 |
| 23220 | | \$1,876.30 |
| 23330 | | \$306.94 |
| 23333 | | \$466.54 |
| 23334 | | \$1,040.52 |
| 23335 | | \$1,234.76 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 23350 | | \$169.40 |
| 23395 | | \$1,251.21 |
| 23397 | | \$1,103.87 |
| 23400 | | \$950.92 |
| 23405 | | \$610.38 |
| 23406 | | \$746.88 |
| 23410 | | \$803.58 |
| 23412 | | \$834.38 |
| 23415 | | \$685.63 |
| 23420 | | \$952.67 |
| 23430 | | \$731.13 |
| 23440 | | \$740.58 |
| 23450 | | \$924.32 |
| 23455 | | \$970.52 |
| 23460 | | \$1,063.27 |
| 23462 | | \$1,040.52 |
| 23465 | | \$1,090.92 |
| 23466 | | \$1,091.97 |
| 23470 | | \$1,170.37 |
| 23472 | | \$1,408.71 |
| 23473 | | \$1,569.71 |
| 23474 | | \$1,692.55 |
| 23480 | | \$803.23 |
| 23485 | | \$926.77 |
| 23490 | | \$842.08 |
| 23491 | | \$991.87 |
| 23500 | | \$222.59 |
| 23505 | | \$357.34 |
| 23515 | | \$707.33 |
| 23520 | | \$240.79 |
| 23525 | | \$395.14 |
| 23530 | | \$566.98 |
| 23532 | | \$616.33 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 23540 | | \$236.24 |
| 23545 | | \$346.49 |
| 23550 | | \$563.83 |
| 23552 | | \$643.98 |
| 23570 | | \$234.84 |
| 23575 | | \$408.44 |
| 23585 | | \$953.72 |
| 23600 | | \$334.94 |
| 23605 | | \$470.04 |
| 23615 | | \$865.53 |
| 23616 | | \$1,203.62 |
| 23620 | | \$271.24 |
| 23625 | | \$380.44 |
| 23630 | | \$765.78 |
| 23650 | | \$321.99 |
| 23655 | | \$404.94 |
| 23660 | | \$576.78 |
| 23665 | | \$430.49 |
| 23670 | | \$853.28 |
| 23675 | | \$548.08 |
| 23680 | | \$907.17 |
| 23700 | | \$192.14 |
| 23800 | | \$1,002.37 |
| 23802 | | \$1,250.16 |
| 23900 | | \$1,346.76 |
| 23920 | | \$1,095.12 |
| 23921 | | \$465.14 |
| 23930 | | \$372.39 |
| 23931 | | \$313.94 |
| 23935 | | \$505.39 |
| 24000 | | \$471.44 |
| 24006 | | \$700.33 |
| 24065 | | \$265.99 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 24066 | | \$634.53 |
| 24071 | | \$394.79 |
| 24073 | | \$674.08 |
| 24075 | | \$541.43 |
| 24076 | | \$531.98 |
| 24077 | | \$994.67 |
| 24079 | | \$1,273.26 |
| 24100 | | \$415.09 |
| 24101 | | \$498.04 |
| 24102 | | \$609.68 |
| 24105 | | \$356.99 |
| 24110 | | \$572.93 |
| 24115 | | \$723.43 |
| 24116 | | \$841.38 |
| 24120 | | \$525.68 |
| 24125 | | \$613.18 |
| 24126 | | \$639.78 |
| 24130 | | \$505.04 |
| 24134 | | \$733.23 |
| 24136 | | \$622.63 |
| 24138 | | \$676.18 |
| 24140 | | \$691.23 |
| 24145 | | \$585.53 |
| 24147 | | \$621.23 |
| 24149 | | \$1,154.27 |
| 24150 | | \$1,501.11 |
| 24152 | | \$1,307.56 |
| 24155 | | \$833.68 |
| 24160 | | \$1,226.71 |
| 24164 | | \$708.38 |
| 24200 | | \$223.29 |
| 24201 | | \$557.88 |
| 24220 | | \$197.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 24300 | | \$432.59 |
| 24301 | | \$736.03 |
| 24305 | | \$572.58 |
| 24310 | | \$468.29 |
| 24320 | | \$764.73 |
| 24330 | | \$704.53 |
| 24331 | | \$769.98 |
| 24332 | | \$605.83 |
| 24340 | | \$609.33 |
| 24341 | | \$734.98 |
| 24342 | | \$761.23 |
| 24343 | | \$703.48 |
| 24344 | | \$1,072.02 |
| 24345 | | \$698.93 |
| 24346 | | \$1,079.02 |
| 24357 | | \$418.24 |
| 24358 | | \$521.84 |
| 24359 | | \$651.68 |
| 24360 | | \$883.02 |
| 24361 | | \$984.17 |
| 24362 | | \$1,035.27 |
| 24363 | | \$1,411.16 |
| 24365 | | \$630.68 |
| 24366 | | \$669.88 |
| 24370 | | \$1,495.86 |
| 24371 | | \$1,721.25 |
| 24400 | | \$809.53 |
| 24410 | | \$1,032.82 |
| 24420 | | \$1,035.97 |
| 24430 | | \$1,030.72 |
| 24435 | | \$1,057.32 |
| 24470 | | \$660.43 |
| 24495 | | \$754.23 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 24498 | | \$847.33 |
| 24500 | | \$362.59 |
| 24505 | | \$501.89 |
| 24515 | | \$863.08 |
| 24516 | | \$841.03 |
| 24530 | | \$383.59 |
| 24535 | | \$618.08 |
| 24538 | | \$770.33 |
| 24545 | | \$908.22 |
| 24546 | | \$1,012.87 |
| 24560 | | \$334.94 |
| 24565 | | \$539.33 |
| 24566 | | \$710.83 |
| 24575 | | \$719.23 |
| 24576 | | \$352.79 |
| 24577 | | \$554.38 |
| 24579 | | \$817.58 |
| 24582 | | \$803.23 |
| 24586 | | \$1,062.57 |
| 24587 | | \$1,061.17 |
| 24600 | | \$369.59 |
| 24605 | | \$473.89 |
| 24615 | | \$700.68 |
| 24620 | | \$554.03 |
| 24635 | | \$664.98 |
| 24640 | | \$104.65 |
| 24650 | | \$266.34 |
| 24655 | | \$443.44 |
| 24665 | | \$649.93 |
| 24666 | | \$721.33 |
| 24670 | | \$293.99 |
| 24675 | | \$458.49 |
| 24685 | | \$645.38 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 24800 | | \$816.53 |
| 24802 | | \$979.27 |
| 24900 | | \$721.68 |
| 24920 | | \$718.53 |
| 24925 | | \$560.68 |
| 24930 | | \$758.08 |
| 24931 | | \$909.62 |
| 24935 | | \$1,188.22 |
| 25000 | | \$342.99 |
| 25001 | | \$343.69 |
| 25020 | | \$718.18 |
| 25023 | | \$1,281.31 |
| 25024 | | \$766.13 |
| 25025 | | \$1,157.77 |
| 25028 | | \$668.13 |
| 25031 | | \$364.34 |
| 25035 | | \$577.48 |
| 25040 | | \$552.63 |
| 25065 | | \$263.89 |
| 25066 | | \$358.74 |
| 25071 | | \$412.99 |
| 25073 | | \$524.99 |
| 25075 | | \$529.88 |
| 25076 | | \$509.24 |
| 25077 | | \$863.78 |
| 25078 | | \$1,122.07 |
| 25085 | | \$444.84 |
| 25100 | | \$346.49 |
| 25101 | | \$401.44 |
| 25105 | | \$482.29 |
| 25107 | | \$610.38 |
| 25109 | | \$529.18 |
| 25110 | | \$341.94 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 25111 | | \$322.34 |
| 25112 | | \$385.69 |
| 25115 | | \$745.48 |
| 25116 | | \$596.38 |
| 25118 | | \$379.74 |
| 25119 | | \$493.84 |
| 25120 | | \$496.64 |
| 25125 | | \$586.93 |
| 25126 | | \$590.78 |
| 25130 | | \$447.64 |
| 25135 | | \$553.68 |
| 25136 | | \$492.09 |
| 25145 | | \$514.14 |
| 25150 | | \$560.68 |
| 25151 | | \$578.18 |
| 25170 | | \$1,427.26 |
| 25210 | | \$487.89 |
| 25215 | | \$611.43 |
| 25230 | | \$428.74 |
| 25240 | | \$425.94 |
| 25246 | | \$202.64 |
| 25248 | | \$412.64 |
| 25250 | | \$527.08 |
| 25251 | | \$705.93 |
| 25259 | | \$427.69 |
| 25260 | | \$625.78 |
| 25263 | | \$624.38 |
| 25265 | | \$739.53 |
| 25270 | | \$489.29 |
| 25272 | | \$551.93 |
| 25274 | | \$656.23 |
| 25275 | | \$662.18 |
| 25280 | | \$559.63 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 25290 | | \$432.59 |
| 25295 | | \$521.49 |
| 25300 | | \$678.98 |
| 25301 | | \$634.88 |
| 25310 | | \$613.18 |
| 25312 | | \$703.13 |
| 25315 | | \$754.58 |
| 25316 | | \$896.32 |
| 25320 | | \$969.47 |
| 25332 | | \$828.78 |
| 25335 | | \$923.62 |
| 25337 | | \$873.58 |
| 25350 | | \$665.33 |
| 25355 | | \$750.73 |
| 25360 | | \$643.98 |
| 25365 | | \$897.02 |
| 25370 | | \$989.42 |
| 25375 | | \$933.07 |
| 25390 | | \$757.03 |
| 25391 | | \$973.67 |
| 25392 | | \$990.12 |
| 25393 | | \$1,101.42 |
| 25394 | | \$768.58 |
| 25400 | | \$788.53 |
| 25405 | | \$1,015.67 |
| 25415 | | \$947.07 |
| 25420 | | \$1,137.47 |
| 25425 | | \$942.52 |
| 25426 | | \$1,095.12 |
| 25430 | | \$718.18 |
| 25431 | | \$772.43 |
| 25440 | | \$756.68 |
| 25441 | | \$917.67 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 25442 | | \$795.88 |
| 25443 | | \$769.98 |
| 25444 | | \$814.43 |
| 25445 | | \$708.73 |
| 25446 | | \$1,146.57 |
| 25447 | | \$817.58 |
| 25449 | | \$1,011.82 |
| 25450 | | \$608.28 |
| 25455 | | \$717.48 |
| 25490 | | \$705.58 |
| 25491 | | \$724.83 |
| 25492 | | \$887.22 |
| 25500 | | \$285.24 |
| 25505 | | \$503.64 |
| 25515 | | \$659.03 |
| 25520 | | \$573.98 |
| 25525 | | \$775.23 |
| 25526 | | \$935.52 |
| 25530 | | \$267.04 |
| 25535 | | \$495.94 |
| 25545 | | \$615.63 |
| 25560 | | \$290.84 |
| 25565 | | \$515.54 |
| 25574 | | \$664.98 |
| 25575 | | \$886.87 |
| 25600 | | \$339.84 |
| 25605 | | \$537.93 |
| 25606 | | \$657.28 |
| 25607 | | \$726.93 |
| 25608 | | \$812.33 |
| 25609 | | \$1,031.07 |
| 25622 | | \$309.04 |
| 25624 | | \$490.34 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 25628 | | \$710.13 |
| 25630 | | \$307.29 |
| 25635 | | \$465.84 |
| 25645 | | \$563.13 |
| 25650 | | \$330.74 |
| 25651 | | \$485.44 |
| 25652 | | \$614.23 |
| 25660 | | \$444.49 |
| 25670 | | \$600.23 |
| 25671 | | \$527.43 |
| 25675 | | \$444.14 |
| 25676 | | \$622.28 |
| 25680 | | \$523.59 |
| 25685 | | \$721.33 |
| 25690 | | \$486.14 |
| 25695 | | \$624.73 |
| 25800 | | \$720.63 |
| 25805 | | \$830.53 |
| 25810 | | \$851.18 |
| 25820 | | \$641.53 |
| 25825 | | \$782.93 |
| 25830 | | \$1,011.12 |
| 25900 | | \$703.48 |
| 25905 | | \$689.13 |
| 25907 | | \$605.48 |
| 25909 | | \$673.03 |
| 25915 | | \$1,135.37 |
| 25920 | | \$718.18 |
| 25922 | | \$636.98 |
| 25924 | | \$701.73 |
| 25927 | | \$861.33 |
| 25929 | | \$589.73 |
| 25931 | | \$798.68 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 26010 | | \$344.04 |
| 26011 | | \$489.99 |
| 26020 | | \$550.18 |
| 26025 | | \$418.24 |
| 26030 | | \$484.39 |
| 26034 | | \$544.93 |
| 26035 | | \$844.88 |
| 26037 | | \$554.73 |
| 26040 | | \$314.99 |
| 26045 | | \$467.94 |
| 26055 | | \$600.58 |
| 26060 | | \$257.94 |
| 26070 | | \$321.99 |
| 26075 | | \$335.64 |
| 26080 | | \$395.84 |
| 26100 | | \$336.69 |
| 26105 | | \$338.79 |
| 26110 | | \$323.74 |
| 26111 | | \$409.49 |
| 26113 | | \$539.33 |
| 26115 | | \$561.38 |
| 26116 | | \$518.69 |
| 26117 | | \$726.23 |
| 26118 | | \$1,031.77 |
| 26121 | | \$592.53 |
| 26123 | | \$824.23 |
| 26125 | | \$260.74 |
| 26130 | | \$463.74 |
| 26135 | | \$547.73 |
| 26140 | | \$503.29 |
| 26145 | | \$509.94 |
| 26160 | | \$623.68 |
| 26170 | | \$405.64 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 26180 | | \$446.94 |
| 26185 | | \$549.48 |
| 26200 | | \$446.59 |
| 26205 | | \$596.73 |
| 26210 | | \$444.14 |
| 26215 | | \$559.63 |
| 26230 | | \$494.54 |
| 26235 | | \$487.54 |
| 26236 | | \$437.49 |
| 26250 | | \$1,039.47 |
| 26260 | | \$780.13 |
| 26262 | | \$619.83 |
| 26320 | | \$347.54 |
| 26340 | | \$350.69 |
| 26341 | | \$113.75 |
| 26350 | | \$757.73 |
| 26352 | | \$845.23 |
| 26356 | | \$790.63 |
| 26357 | | \$881.97 |
| 26358 | | \$971.92 |
| 26370 | | \$797.98 |
| 26372 | | \$925.72 |
| 26373 | | \$891.77 |
| 26390 | | \$876.37 |
| 26392 | | \$1,009.37 |
| 26410 | | \$611.08 |
| 26412 | | \$726.23 |
| 26415 | | \$857.13 |
| 26416 | | \$924.32 |
| 26418 | | \$632.08 |
| 26420 | | \$752.48 |
| 26426 | | \$498.39 |
| 26428 | | \$803.58 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 26432 | | \$550.18 |
| 26433 | | \$578.88 |
| 26434 | | \$698.93 |
| 26437 | | \$670.93 |
| 26440 | | \$666.38 |
| 26442 | | \$997.47 |
| 26445 | | \$624.03 |
| 26449 | | \$689.48 |
| 26450 | | \$459.19 |
| 26455 | | \$456.04 |
| 26460 | | \$448.69 |
| 26471 | | \$665.68 |
| 26474 | | \$655.53 |
| 26476 | | \$647.83 |
| 26477 | | \$631.38 |
| 26478 | | \$668.13 |
| 26479 | | \$679.33 |
| 26480 | | \$798.33 |
| 26483 | | \$882.67 |
| 26485 | | \$848.38 |
| 26489 | | \$972.97 |
| 26490 | | \$838.93 |
| 26492 | | \$925.37 |
| 26494 | | \$842.43 |
| 26496 | | \$904.72 |
| 26497 | | \$903.67 |
| 26498 | | \$1,170.02 |
| 26499 | | \$871.13 |
| 26500 | | \$666.73 |
| 26502 | | \$757.73 |
| 26508 | | \$680.38 |
| 26510 | | \$647.13 |
| 26516 | | \$747.23 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 26517 | | \$865.88 |
| 26518 | | \$876.37 |
| 26520 | | \$697.53 |
| 26525 | | \$698.93 |
| 26530 | | \$534.43 |
| 26531 | | \$622.63 |
| 26535 | | \$434.34 |
| 26536 | | \$760.53 |
| 26540 | | \$704.18 |
| 26541 | | \$836.48 |
| 26542 | | \$726.58 |
| 26545 | | \$737.08 |
| 26546 | | \$1,032.12 |
| 26548 | | \$800.78 |
| 26550 | | \$1,641.10 |
| 26551 | | \$3,226.91 |
| 26553 | | \$3,205.56 |
| 26554 | | \$3,725.99 |
| 26555 | | \$1,383.51 |
| 26556 | | \$3,332.25 |
| 26560 | | \$640.13 |
| 26561 | | \$978.92 |
| 26562 | | \$1,360.76 |
| 26565 | | \$735.68 |
| 26567 | | \$724.83 |
| 26568 | | \$939.72 |
| 26580 | | \$1,521.06 |
| 26587 | | \$1,020.22 |
| 26590 | | \$1,415.36 |
| 26591 | | \$492.79 |
| 26593 | | \$651.68 |
| 26596 | | \$805.68 |
| 26600 | | \$302.39 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 26605 | | \$331.09 |
| 26607 | | \$501.89 |
| 26608 | | \$479.84 |
| 26615 | | \$570.13 |
| 26641 | | \$419.29 |
| 26645 | | \$433.64 |
| 26650 | | \$480.89 |
| 26665 | | \$619.48 |
| 26670 | | \$347.54 |
| 26675 | | \$461.64 |
| 26676 | | \$507.84 |
| 26685 | | \$570.83 |
| 26686 | | \$614.93 |
| 26700 | | \$333.54 |
| 26705 | | \$425.24 |
| 26706 | | \$443.09 |
| 26715 | | \$567.68 |
| 26720 | | \$200.54 |
| 26725 | | \$342.29 |
| 26727 | | \$472.84 |
| 26735 | | \$588.68 |
| 26740 | | \$233.79 |
| 26742 | | \$375.89 |
| 26746 | | \$732.88 |
| 26750 | | \$187.24 |
| 26755 | | \$320.94 |
| 26756 | | \$423.14 |
| 26765 | | \$498.74 |
| 26770 | | \$283.14 |
| 26775 | | \$393.74 |
| 26776 | | \$448.69 |
| 26785 | | \$542.13 |
| 26820 | | \$830.53 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 26841 | | \$774.53 |
| 26842 | | \$832.98 |
| 26843 | | \$783.98 |
| 26844 | | \$860.28 |
| 26850 | | \$737.78 |
| 26852 | | \$835.08 |
| 26860 | | \$617.03 |
| 26861 | | \$99.05 |
| 26862 | | \$769.63 |
| 26863 | | \$217.34 |
| 26910 | | \$762.28 |
| 26951 | | \$701.03 |
| 26952 | | \$685.98 |
| 26990 | | \$666.73 |
| 26991 | | \$719.23 |
| 26992 | | \$985.57 |
| 27000 | | \$407.04 |
| 27001 | | \$533.03 |
| 27003 | | \$589.38 |
| 27005 | | \$704.88 |
| 27006 | | \$710.48 |
| 27025 | | \$899.47 |
| 27027 | | \$862.03 |
| 27030 | | \$914.87 |
| 27033 | | \$949.52 |
| 27035 | | \$1,162.32 |
| 27036 | | \$992.22 |
| 27040 | | \$353.14 |
| 27041 | | \$688.43 |
| 27043 | | \$452.89 |
| 27045 | | \$713.63 |
| 27047 | | \$492.09 |
| 27048 | | \$594.28 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27049 | | \$1,293.56 |
| 27050 | | \$400.39 |
| 27052 | | \$569.08 |
| 27054 | | \$675.48 |
| 27057 | | \$985.57 |
| 27059 | | \$1,745.40 |
| 27060 | | \$459.54 |
| 27062 | | \$449.39 |
| 27065 | | \$518.34 |
| 27066 | | \$800.78 |
| 27067 | | \$1,011.12 |
| 27070 | | \$873.58 |
| 27071 | | \$951.62 |
| 27075 | | \$2,018.74 |
| 27076 | | \$2,438.73 |
| 27077 | | \$2,718.72 |
| 27078 | | \$1,991.09 |
| 27080 | | \$496.99 |
| 27086 | | \$321.29 |
| 27087 | | \$597.43 |
| 27090 | | \$810.93 |
| 27091 | | \$1,545.91 |
| 27093 | | \$243.59 |
| 27095 | | \$328.99 |
| 27096 | | \$168.00 |
| 27097 | | \$670.23 |
| 27098 | | \$682.48 |
| 27100 | | \$813.03 |
| 27105 | | \$851.88 |
| 27110 | | \$948.82 |
| 27111 | | \$883.72 |
| 27120 | | \$1,264.51 |
| 27122 | | \$1,074.82 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27125 | | \$1,102.12 |
| 27130 | | \$1,248.76 |
| 27132 | | \$1,621.50 |
| 27134 | | \$1,845.50 |
| 27137 | | \$1,422.71 |
| 27138 | | \$1,478.01 |
| 27140 | | \$873.23 |
| 27146 | | \$1,244.91 |
| 27147 | | \$1,421.31 |
| 27151 | | \$1,536.11 |
| 27156 | | \$1,654.05 |
| 27158 | | \$1,360.76 |
| 27161 | | \$1,186.12 |
| 27165 | | \$1,341.86 |
| 27170 | | \$1,139.22 |
| 27175 | | \$651.68 |
| 27176 | | \$901.57 |
| 27177 | | \$1,087.77 |
| 27178 | | \$901.57 |
| 27179 | | \$956.17 |
| 27181 | | \$1,091.97 |
| 27185 | | \$704.53 |
| 27187 | | \$972.27 |
| 27197 | | \$130.55 |
| 27198 | | \$310.09 |
| 27200 | | \$185.49 |
| 27202 | | \$517.99 |
| 27215 | | \$601.28 |
| 27216 | | \$889.67 |
| 27217 | | \$836.48 |
| 27218 | | \$1,148.67 |
| 27220 | | \$411.24 |
| 27222 | | \$955.12 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27226 | | \$1,028.97 |
| 27227 | | \$1,602.95 |
| 27228 | | \$1,817.50 |
| 27230 | | \$480.89 |
| 27232 | | \$719.23 |
| 27235 | | \$886.17 |
| 27236 | | \$1,162.32 |
| 27238 | | \$460.94 |
| 27240 | | \$936.92 |
| 27244 | | \$1,195.57 |
| 27245 | | \$1,194.52 |
| 27246 | | \$386.04 |
| 27248 | | \$728.33 |
| 27250 | | \$170.45 |
| 27252 | | \$738.13 |
| 27253 | | \$919.07 |
| 27254 | | \$1,238.26 |
| 27256 | | \$296.79 |
| 27257 | | \$351.74 |
| 27258 | | \$1,083.92 |
| 27259 | | \$1,499.36 |
| 27265 | | \$400.04 |
| 27266 | | \$574.68 |
| 27267 | | \$432.59 |
| 27268 | | \$534.78 |
| 27269 | | \$1,206.42 |
| 27275 | | \$181.64 |
| 27279 | | \$830.18 |
| 27280 | | \$1,295.31 |
| 27282 | | \$841.38 |
| 27284 | | \$1,556.06 |
| 27286 | | \$1,594.90 |
| 27290 | | \$1,578.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27295 | | \$1,209.92 |
| 27301 | | \$680.38 |
| 27303 | | \$632.78 |
| 27305 | | \$475.29 |
| 27306 | | \$336.34 |
| 27307 | | \$473.89 |
| 27310 | | \$717.83 |
| 27323 | | \$280.34 |
| 27324 | | \$398.99 |
| 27325 | | \$556.13 |
| 27326 | | \$515.19 |
| 27327 | | \$506.79 |
| 27328 | | \$606.18 |
| 27329 | | \$1,003.77 |
| 27330 | | \$414.74 |
| 27331 | | \$470.04 |
| 27332 | | \$634.88 |
| 27333 | | \$579.93 |
| 27334 | | \$673.73 |
| 27335 | | \$751.08 |
| 27337 | | \$407.04 |
| 27339 | | \$729.73 |
| 27340 | | \$370.64 |
| 27345 | | \$478.44 |
| 27347 | | \$520.09 |
| 27350 | | \$642.58 |
| 27355 | | \$596.73 |
| 27356 | | \$725.88 |
| 27357 | | \$801.48 |
| 27358 | | \$264.59 |
| 27360 | | \$883.72 |
| 27364 | | \$1,506.71 |
| 27365 | | \$1,989.34 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27369 | | \$176.04 |
| 27372 | | \$604.78 |
| 27380 | | \$614.23 |
| 27381 | | \$807.43 |
| 27385 | | \$598.83 |
| 27386 | | \$844.53 |
| 27390 | | \$444.14 |
| 27391 | | \$541.78 |
| 27392 | | \$699.98 |
| 27393 | | \$496.64 |
| 27394 | | \$643.98 |
| 27395 | | \$863.08 |
| 27396 | | \$608.28 |
| 27397 | | \$894.92 |
| 27400 | | \$683.53 |
| 27403 | | \$633.83 |
| 27405 | | \$664.98 |
| 27407 | | \$781.18 |
| 27409 | | \$945.67 |
| 27412 | | \$1,601.20 |
| 27415 | | \$1,336.61 |
| 27416 | | \$955.82 |
| 27418 | | \$815.48 |
| 27420 | | \$729.38 |
| 27422 | | \$730.08 |
| 27424 | | \$733.93 |
| 27425 | | \$448.34 |
| 27427 | | \$699.98 |
| 27428 | | \$1,090.57 |
| 27429 | | \$1,227.41 |
| 27430 | | \$728.33 |
| 27435 | | \$795.18 |
| 27437 | | \$649.58 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27438 | | \$822.83 |
| 27440 | | \$781.53 |
| 27441 | | \$806.38 |
| 27442 | | \$851.53 |
| 27443 | | \$799.38 |
| 27445 | | \$1,221.12 |
| 27446 | | \$1,122.42 |
| 27447 | | \$1,247.36 |
| 27448 | | \$789.58 |
| 27450 | | \$991.87 |
| 27454 | | \$1,259.26 |
| 27455 | | \$938.32 |
| 27457 | | \$937.62 |
| 27465 | | \$1,215.17 |
| 27466 | | \$1,154.27 |
| 27468 | | \$1,305.11 |
| 27470 | | \$1,148.67 |
| 27472 | | \$1,230.56 |
| 27475 | | \$651.33 |
| 27477 | | \$718.88 |
| 27479 | | \$897.72 |
| 27485 | | \$659.73 |
| 27486 | | \$1,365.31 |
| 27487 | | \$1,700.95 |
| 27488 | | \$1,168.62 |
| 27495 | | \$1,101.07 |
| 27496 | | \$540.73 |
| 27497 | | \$570.83 |
| 27498 | | \$645.73 |
| 27499 | | \$688.78 |
| 27500 | | \$517.99 |
| 27501 | | \$500.84 |
| 27502 | | \$737.78 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27503 | | \$785.03 |
| 27506 | | \$1,302.31 |
| 27507 | | \$943.57 |
| 27508 | | \$521.84 |
| 27509 | | \$666.03 |
| 27510 | | \$666.38 |
| 27511 | | \$970.17 |
| 27513 | | \$1,201.52 |
| 27514 | | \$941.47 |
| 27516 | | \$514.84 |
| 27517 | | \$676.53 |
| 27519 | | \$868.68 |
| 27520 | | \$326.54 |
| 27524 | | \$738.48 |
| 27530 | | \$309.04 |
| 27532 | | \$611.43 |
| 27535 | | \$875.32 |
| 27536 | | \$1,154.62 |
| 27538 | | \$482.29 |
| 27540 | | \$797.63 |
| 27550 | | \$523.24 |
| 27552 | | \$624.03 |
| 27556 | | \$855.03 |
| 27557 | | \$1,017.07 |
| 27558 | | \$1,157.07 |
| 27560 | | \$375.54 |
| 27562 | | \$483.34 |
| 27566 | | \$872.53 |
| 27570 | | \$149.45 |
| 27580 | | \$1,432.16 |
| 27590 | | \$748.63 |
| 27591 | | \$941.82 |
| 27592 | | \$640.48 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27594 | | \$491.74 |
| 27596 | | \$684.93 |
| 27598 | | \$676.88 |
| 27600 | | \$391.99 |
| 27601 | | \$435.04 |
| 27602 | | \$460.59 |
| 27603 | | \$540.73 |
| 27604 | | \$474.94 |
| 27605 | | \$349.29 |
| 27606 | | \$269.84 |
| 27607 | | \$591.13 |
| 27610 | | \$639.08 |
| 27612 | | \$551.58 |
| 27613 | | \$258.29 |
| 27614 | | \$591.13 |
| 27615 | | \$991.17 |
| 27616 | | \$1,227.41 |
| 27618 | | \$492.09 |
| 27619 | | \$452.19 |
| 27620 | | \$446.24 |
| 27625 | | \$564.88 |
| 27626 | | \$594.28 |
| 27630 | | \$560.33 |
| 27632 | | \$401.44 |
| 27634 | | \$660.78 |
| 27635 | | \$573.98 |
| 27637 | | \$728.68 |
| 27638 | | \$744.08 |
| 27640 | | \$815.48 |
| 27641 | | \$645.38 |
| 27645 | | \$1,715.30 |
| 27646 | | \$1,490.61 |
| 27647 | | \$991.87 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27648 | | \$225.04 |
| 27650 | | \$651.33 |
| 27652 | | \$656.23 |
| 27654 | | \$702.43 |
| 27656 | | \$568.03 |
| 27658 | | \$366.09 |
| 27659 | | \$464.79 |
| 27664 | | \$358.74 |
| 27665 | | \$417.19 |
| 27675 | | \$486.14 |
| 27676 | | \$590.08 |
| 27680 | | \$415.09 |
| 27681 | | \$509.59 |
| 27685 | | \$670.58 |
| 27686 | | \$529.53 |
| 27687 | | \$449.04 |
| 27690 | | \$634.88 |
| 27691 | | \$733.58 |
| 27692 | | \$99.05 |
| 27695 | | \$470.39 |
| 27696 | | \$544.93 |
| 27698 | | \$628.58 |
| 27700 | | \$601.28 |
| 27702 | | \$942.87 |
| 27703 | | \$1,088.47 |
| 27704 | | \$562.78 |
| 27705 | | \$741.63 |
| 27707 | | \$395.84 |
| 27709 | | \$1,125.57 |
| 27712 | | \$1,074.47 |
| 27715 | | \$1,046.12 |
| 27720 | | \$857.13 |
| 27722 | | \$875.32 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27724 | | \$1,220.77 |
| 27725 | | \$1,184.72 |
| 27726 | | \$936.22 |
| 27727 | | \$1,013.57 |
| 27730 | | \$579.23 |
| 27732 | | \$447.99 |
| 27734 | | \$646.43 |
| 27740 | | \$695.08 |
| 27742 | | \$761.93 |
| 27745 | | \$745.83 |
| 27750 | | \$348.94 |
| 27752 | | \$533.03 |
| 27756 | | \$568.38 |
| 27758 | | \$876.37 |
| 27759 | | \$974.02 |
| 27760 | | \$334.94 |
| 27762 | | \$475.99 |
| 27766 | | \$597.43 |
| 27767 | | \$293.64 |
| 27768 | | \$442.74 |
| 27769 | | \$717.13 |
| 27780 | | \$310.79 |
| 27781 | | \$433.99 |
| 27784 | | \$694.73 |
| 27786 | | \$316.74 |
| 27788 | | \$424.54 |
| 27792 | | \$636.28 |
| 27808 | | \$338.09 |
| 27810 | | \$468.99 |
| 27814 | | \$751.78 |
| 27816 | | \$331.44 |
| 27818 | | \$485.44 |
| 27822 | | \$864.48 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 27823 | | \$970.87 |
| 27824 | | \$319.54 |
| 27825 | | \$539.33 |
| 27826 | | \$844.18 |
| 27827 | | \$1,101.77 |
| 27828 | | \$1,302.66 |
| 27829 | | \$702.08 |
| 27830 | | \$389.89 |
| 27831 | | \$404.24 |
| 27832 | | \$743.03 |
| 27840 | | \$374.49 |
| 27842 | | \$488.94 |
| 27846 | | \$704.18 |
| 27848 | | \$781.88 |
| 27860 | | \$165.90 |
| 27870 | | \$992.92 |
| 27871 | | \$676.53 |
| 27880 | | \$858.88 |
| 27881 | | \$822.13 |
| 27882 | | \$563.48 |
| 27884 | | \$551.93 |
| 27886 | | \$627.18 |
| 27888 | | \$635.23 |
| 27889 | | \$606.18 |
| 27892 | | \$523.24 |
| 27893 | | \$603.38 |
| 27894 | | \$803.23 |
| 28001 | | \$279.29 |
| 28002 | | \$440.29 |
| 28003 | | \$703.13 |
| 28005 | | \$569.78 |
| 28008 | | \$441.34 |
| 28010 | | \$233.09 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 28011 | | \$314.99 |
| 28020 | | \$557.18 |
| 28022 | | \$497.34 |
| 28024 | | \$466.89 |
| 28035 | | \$537.93 |
| 28039 | | \$500.84 |
| 28041 | | \$444.49 |
| 28043 | | \$396.89 |
| 28045 | | \$492.79 |
| 28046 | | \$704.88 |
| 28047 | | \$1,007.62 |
| 28050 | | \$427.69 |
| 28052 | | \$453.94 |
| 28054 | | \$379.04 |
| 28055 | | \$382.89 |
| 28060 | | \$531.98 |
| 28062 | | \$588.68 |
| 28070 | | \$534.43 |
| 28072 | | \$496.99 |
| 28080 | | \$540.38 |
| 28086 | | \$550.18 |
| 28088 | | \$455.69 |
| 28090 | | \$475.29 |
| 28092 | | \$430.49 |
| 28100 | | \$626.13 |
| 28102 | | \$600.58 |
| 28103 | | \$385.69 |
| 28104 | | \$537.58 |
| 28106 | | \$423.84 |
| 28107 | | \$579.58 |
| 28108 | | \$445.54 |
| 28110 | | \$471.79 |
| 28111 | | \$493.49 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 28112 | | \$494.89 |
| 28113 | | \$596.73 |
| 28114 | | \$1,072.37 |
| 28116 | | \$772.78 |
| 28118 | | \$612.48 |
| 28119 | | \$532.68 |
| 28120 | | \$683.18 |
| 28122 | | \$600.93 |
| 28124 | | \$486.49 |
| 28126 | | \$399.34 |
| 28130 | | \$611.78 |
| 28140 | | \$584.13 |
| 28150 | | \$429.79 |
| 28153 | | \$418.94 |
| 28160 | | \$422.79 |
| 28171 | | \$1,077.97 |
| 28173 | | \$721.33 |
| 28175 | | \$466.54 |
| 28190 | | \$256.54 |
| 28192 | | \$473.89 |
| 28193 | | \$535.48 |
| 28200 | | \$503.64 |
| 28202 | | \$608.28 |
| 28208 | | \$493.49 |
| 28210 | | \$606.88 |
| 28220 | | \$459.89 |
| 28222 | | \$529.88 |
| 28225 | | \$427.34 |
| 28226 | | \$632.78 |
| 28230 | | \$443.79 |
| 28232 | | \$391.29 |
| 28234 | | \$420.69 |
| 28238 | | \$671.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 28240 | | \$456.74 |
| 28250 | | \$585.88 |
| 28260 | | \$707.68 |
| 28261 | | \$1,201.87 |
| 28262 | | \$1,383.86 |
| 28264 | | \$912.42 |
| 28270 | | \$499.44 |
| 28272 | | \$395.49 |
| 28280 | | \$518.69 |
| 28285 | | \$545.63 |
| 28286 | | \$452.19 |
| 28288 | | \$618.78 |
| 28289 | | \$713.98 |
| 28291 | | \$738.13 |
| 28292 | | \$721.33 |
| 28295 | | \$1,137.82 |
| 28296 | | \$925.02 |
| 28297 | | \$1,071.32 |
| 28298 | | \$860.28 |
| 28299 | | \$1,036.67 |
| 28300 | | \$639.08 |
| 28302 | | \$702.08 |
| 28304 | | \$831.23 |
| 28305 | | \$665.68 |
| 28306 | | \$612.83 |
| 28307 | | \$623.68 |
| 28308 | | \$582.03 |
| 28309 | | \$871.48 |
| 28310 | | \$557.53 |
| 28312 | | \$520.44 |
| 28313 | | \$539.33 |
| 28315 | | \$491.39 |
| 28320 | | \$607.23 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 28322 | | \$793.43 |
| 28340 | | \$577.13 |
| 28341 | | \$667.78 |
| 28344 | | \$430.84 |
| 28345 | | \$523.59 |
| 28360 | | \$1,074.47 |
| 28400 | | \$248.49 |
| 28405 | | \$393.74 |
| 28406 | | \$551.58 |
| 28415 | | \$1,107.02 |
| 28420 | | \$1,271.16 |
| 28430 | | \$241.84 |
| 28435 | | \$332.49 |
| 28436 | | \$486.14 |
| 28445 | | \$1,006.92 |
| 28446 | | \$1,193.82 |
| 28450 | | \$212.79 |
| 28455 | | \$291.54 |
| 28456 | | \$362.94 |
| 28465 | | \$624.73 |
| 28470 | | \$220.14 |
| 28475 | | \$257.94 |
| 28476 | | \$385.34 |
| 28485 | | \$557.18 |
| 28490 | | \$142.10 |
| 28495 | | \$179.19 |
| 28496 | | \$470.39 |
| 28505 | | \$667.78 |
| 28510 | | \$121.80 |
| 28515 | | \$163.80 |
| 28525 | | \$580.98 |
| 28530 | | \$115.15 |
| 28531 | | \$343.69 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 28540 | | \$195.29 |
| 28545 | | \$307.99 |
| 28546 | | \$607.58 |
| 28555 | | \$864.83 |
| 28570 | | \$235.19 |
| 28575 | | \$376.59 |
| 28576 | | \$380.44 |
| 28585 | | \$877.42 |
| 28600 | | \$219.09 |
| 28605 | | \$340.89 |
| 28606 | | \$375.89 |
| 28615 | | \$814.43 |
| 28630 | | \$154.70 |
| 28635 | | \$179.19 |
| 28636 | | \$316.74 |
| 28645 | | \$662.88 |
| 28660 | | \$120.40 |
| 28665 | | \$149.45 |
| 28666 | | \$173.60 |
| 28675 | | \$579.58 |
| 28705 | | \$1,192.07 |
| 28715 | | \$924.67 |
| 28725 | | \$764.38 |
| 28730 | | \$722.73 |
| 28735 | | \$767.53 |
| 28737 | | \$674.43 |
| 28740 | | \$840.33 |
| 28750 | | \$800.78 |
| 28755 | | \$519.74 |
| 28760 | | \$776.28 |
| 28800 | | \$521.84 |
| 28805 | | \$697.53 |
| 28810 | | \$415.44 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 28820 | | \$310.09 |
| 28825 | | \$303.79 |
| 28890 | | \$316.74 |
| 29000 | | \$338.44 |
| 29010 | | \$267.74 |
| 29015 | | \$286.99 |
| 29035 | | \$251.64 |
| 29040 | | \$286.64 |
| 29044 | | \$281.39 |
| 29046 | | \$307.64 |
| 29049 | | \$96.95 |
| 29055 | | \$213.49 |
| 29058 | | \$120.75 |
| 29065 | | \$94.15 |
| 29075 | | \$85.75 |
| 29085 | | \$93.80 |
| 29086 | | \$74.20 |
| 29105 | | \$80.85 |
| 29125 | | \$64.40 |
| 29126 | | \$75.25 |
| 29130 | | \$40.25 |
| 29131 | | \$51.45 |
| 29200 | | \$33.60 |
| 29240 | | \$31.15 |
| 29260 | | \$30.10 |
| 29280 | | \$29.40 |
| 29305 | | \$242.54 |
| 29325 | | \$267.74 |
| 29345 | | \$132.30 |
| 29355 | | \$140.00 |
| 29358 | | \$156.80 |
| 29365 | | \$119.35 |
| 29405 | | \$79.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 29425 | | \$74.90 |
| 29435 | | \$111.65 |
| 29440 | | \$42.35 |
| 29445 | | \$127.75 |
| 29450 | | \$141.40 |
| 29505 | | \$86.45 |
| 29515 | | \$70.00 |
| 29520 | | \$36.40 |
| 29530 | | \$30.80 |
| 29540 | | \$28.00 |
| 29550 | | \$18.90 |
| 29580 | | \$64.40 |
| 29581 | | \$92.40 |
| 29584 | | \$86.45 |
| 29700 | | \$60.90 |
| 29705 | | \$63.00 |
| 29710 | | \$119.00 |
| 29720 | | \$83.65 |
| 29730 | | \$61.95 |
| 29740 | | \$96.25 |
| 29750 | | \$104.65 |
| 29800 | | \$521.49 |
| 29804 | | \$606.88 |
| 29805 | | \$464.44 |
| 29806 | | \$1,033.87 |
| 29807 | | \$1,011.12 |
| 29819 | | \$578.88 |
| 29820 | | \$529.53 |
| 29821 | | \$585.88 |
| 29822 | | \$533.38 |
| 29823 | | \$583.43 |
| 29824 | | \$665.68 |
| 29825 | | \$578.88 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 29826 | | \$166.95 |
| 29827 | | \$1,044.37 |
| 29828 | | \$897.02 |
| 29830 | | \$448.34 |
| 29834 | | \$486.49 |
| 29835 | | \$501.54 |
| 29836 | | \$574.68 |
| 29837 | | \$520.44 |
| 29838 | | \$584.48 |
| 29840 | | \$447.29 |
| 29843 | | \$479.49 |
| 29844 | | \$493.84 |
| 29845 | | \$577.83 |
| 29846 | | \$516.24 |
| 29847 | | \$534.78 |
| 29848 | | \$504.69 |
| 29850 | | \$612.48 |
| 29851 | | \$907.87 |
| 29855 | | \$765.78 |
| 29856 | | \$964.57 |
| 29860 | | \$632.43 |
| 29861 | | \$708.03 |
| 29862 | | \$797.98 |
| 29863 | | \$796.58 |
| 29866 | | \$1,027.22 |
| 29867 | | \$1,246.66 |
| 29868 | | \$1,621.50 |
| 29870 | | \$566.63 |
| 29871 | | \$506.09 |
| 29873 | | \$529.53 |
| 29874 | | \$528.48 |
| 29875 | | \$488.94 |
| 29876 | | \$641.53 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 29877 | | \$610.73 |
| 29879 | | \$649.23 |
| 29880 | | \$552.98 |
| 29881 | | \$533.73 |
| 29882 | | \$677.58 |
| 29883 | | \$820.73 |
| 29884 | | \$608.28 |
| 29885 | | \$740.58 |
| 29886 | | \$624.73 |
| 29887 | | \$737.78 |
| 29888 | | \$955.47 |
| 29889 | | \$1,194.17 |
| 29891 | | \$660.78 |
| 29892 | | \$636.63 |
| 29893 | | \$669.88 |
| 29894 | | \$491.04 |
| 29895 | | \$461.99 |
| 29897 | | \$488.94 |
| 29898 | | \$552.28 |
| 29899 | | \$999.92 |
| 29900 | | \$495.94 |
| 29901 | | \$532.33 |
| 29902 | | \$564.18 |
| 29904 | | \$625.78 |
| 29905 | | \$510.99 |
| 29906 | | \$648.88 |
| 29907 | | \$857.48 |
| 29914 | | \$974.37 |
| 29915 | | \$997.12 |
| 29916 | | \$997.82 |
| 30000 | | \$271.94 |
| 30020 | | \$274.39 |
| 30100 | | \$147.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 30110 | | \$251.29 |
| 30115 | | \$468.29 |
| 30117 | | \$1,013.92 |
| 30118 | | \$787.83 |
| 30120 | | \$514.84 |
| 30124 | | \$300.99 |
| 30125 | | \$652.73 |
| 30130 | | \$420.69 |
| 30140 | | \$296.44 |
| 30150 | | \$800.78 |
| 30160 | | \$810.93 |
| 30200 | | \$114.45 |
| 30210 | | \$152.60 |
| 30220 | | \$319.54 |
| 30300 | | \$208.94 |
| 30310 | | \$209.29 |
| 30320 | | \$488.94 |
| 30400 | | \$1,251.56 |
| 30410 | | \$1,433.56 |
| 30420 | | \$1,450.71 |
| 30435 | | \$1,360.06 |
| 30460 | | \$829.48 |
| 30465 | | \$1,024.07 |
| 30468 | | \$2,928.72 |
| 30520 | | \$673.03 |
| 30540 | | \$737.78 |
| 30545 | | \$1,000.62 |
| 30560 | | \$325.84 |
| 30580 | | \$624.38 |
| 30600 | | \$604.08 |
| 30620 | | \$678.63 |
| 30630 | | \$669.53 |
| 30801 | | \$229.94 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 30802 | | \$287.69 |
| 30901 | | \$158.55 |
| 30903 | | \$249.89 |
| 30905 | | \$364.34 |
| 30906 | | \$375.89 |
| 30915 | | \$598.48 |
| 30920 | | \$867.63 |
| 30930 | | \$116.55 |
| 31000 | | \$187.24 |
| 31002 | | \$196.69 |
| 31020 | | \$500.14 |
| 31030 | | \$653.43 |
| 31032 | | \$596.73 |
| 31040 | | \$803.23 |
| 31050 | | \$517.29 |
| 31051 | | \$695.08 |
| 31070 | | \$477.04 |
| 31075 | | \$825.28 |
| 31080 | | \$1,085.67 |
| 31081 | | \$1,161.27 |
| 31084 | | \$1,201.87 |
| 31085 | | \$1,237.56 |
| 31086 | | \$1,170.37 |
| 31087 | | \$1,109.47 |
| 31090 | | \$1,117.52 |
| 31200 | | \$637.33 |
| 31201 | | \$797.98 |
| 31205 | | \$955.47 |
| 31225 | | \$1,799.65 |
| 31230 | | \$1,989.34 |
| 31231 | | \$199.49 |
| 31233 | | \$273.69 |
| 31235 | | \$311.84 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 31237 | | \$256.19 |
| 31238 | | \$250.24 |
| 31239 | | \$603.38 |
| 31240 | | \$153.65 |
| 31241 | | \$428.74 |
| 31253 | | \$482.99 |
| 31254 | | \$439.24 |
| 31255 | | \$312.54 |
| 31256 | | \$174.30 |
| 31257 | | \$430.49 |
| 31259 | | \$455.69 |
| 31267 | | \$256.19 |
| 31276 | | \$364.69 |
| 31287 | | \$194.24 |
| 31288 | | \$226.09 |
| 31290 | | \$1,115.77 |
| 31291 | | \$1,175.97 |
| 31292 | | \$970.52 |
| 31293 | | \$1,049.62 |
| 31294 | | \$1,198.37 |
| 31295 | | \$1,930.54 |
| 31296 | | \$1,955.74 |
| 31297 | | \$1,916.55 |
| 31298 | | \$3,662.65 |
| 31300 | | \$1,260.66 |
| 31360 | | \$2,037.99 |
| 31365 | | \$2,503.48 |
| 31367 | | \$2,167.84 |
| 31368 | | \$2,400.58 |
| 31370 | | \$2,043.24 |
| 31375 | | \$1,940.69 |
| 31380 | | \$1,914.45 |
| 31382 | | \$2,096.09 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 31390 | | \$2,780.32 |
| 31395 | | \$2,933.97 |
| 31400 | | \$1,004.82 |
| 31420 | | \$822.13 |
| 31500 | | \$136.85 |
| 31502 | | \$33.95 |
| 31505 | | \$92.05 |
| 31510 | | \$216.99 |
| 31511 | | \$213.14 |
| 31512 | | \$215.24 |
| 31513 | | \$126.70 |
| 31515 | | \$217.34 |
| 31520 | | \$150.50 |
| 31525 | | \$251.99 |
| 31526 | | \$151.55 |
| 31527 | | \$187.24 |
| 31528 | | \$138.60 |
| 31529 | | \$155.40 |
| 31530 | | \$191.09 |
| 31531 | | \$202.99 |
| 31535 | | \$181.99 |
| 31536 | | \$202.29 |
| 31540 | | \$232.04 |
| 31541 | | \$253.04 |
| 31545 | | \$347.89 |
| 31546 | | \$528.13 |
| 31551 | | \$1,517.21 |
| 31552 | | \$1,465.41 |
| 31553 | | \$1,676.10 |
| 31554 | | \$1,676.80 |
| 31560 | | \$300.29 |
| 31561 | | \$327.59 |
| 31570 | | \$341.24 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 31571 | | \$239.04 |
| 31572 | | \$546.68 |
| 31573 | | \$284.89 |
| 31574 | | \$1,048.22 |
| 31575 | | \$129.15 |
| 31576 | | \$274.39 |
| 31577 | | \$283.49 |
| 31578 | | \$306.24 |
| 31579 | | \$197.39 |
| 31580 | | \$1,288.31 |
| 31584 | | \$1,415.71 |
| 31587 | | \$1,191.72 |
| 31590 | | \$922.22 |
| 31591 | | \$1,085.67 |
| 31592 | | \$1,702.00 |
| 31600 | | \$293.29 |
| 31601 | | \$433.99 |
| 31603 | | \$307.29 |
| 31605 | | \$315.34 |
| 31610 | | \$959.67 |
| 31611 | | \$537.58 |
| 31612 | | \$91.70 |
| 31613 | | \$437.14 |
| 31614 | | \$725.53 |
| 31615 | | \$173.95 |
| 31622 | | \$250.59 |
| 31623 | | \$282.79 |
| 31624 | | \$261.09 |
| 31625 | | \$363.29 |
| 31626 | | \$878.82 |
| 31627 | | \$1,308.26 |
| 31628 | | \$386.04 |
| 31629 | | \$478.09 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 31630 | | \$193.54 |
| 31631 | | \$221.19 |
| 31632 | | \$64.40 |
| 31633 | | \$80.50 |
| 31634 | | \$1,787.75 |
| 31635 | | \$294.34 |
| 31636 | | \$213.84 |
| 31637 | | \$75.60 |
| 31638 | | \$242.89 |
| 31640 | | \$243.94 |
| 31641 | | \$249.89 |
| 31643 | | \$171.85 |
| 31645 | | \$276.14 |
| 31646 | | \$139.30 |
| 31647 | | \$204.04 |
| 31648 | | \$194.59 |
| 31649 | | \$66.50 |
| 31651 | | \$74.55 |
| 31652 | | \$1,298.11 |
| 31653 | | \$1,346.76 |
| 31654 | | \$124.95 |
| 31660 | | \$193.19 |
| 31661 | | \$204.39 |
| 31717 | | \$298.19 |
| 31720 | | \$53.90 |
| 31725 | | \$76.65 |
| 31730 | | \$1,239.66 |
| 31750 | | \$1,377.21 |
| 31755 | | \$1,760.10 |
| 31760 | | \$1,300.21 |
| 31766 | | \$1,672.95 |
| 31770 | | \$1,252.61 |
| 31775 | | \$1,319.81 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 31780 | | \$1,161.27 |
| 31781 | | \$1,304.41 |
| 31785 | | \$1,042.27 |
| 31786 | | \$1,359.71 |
| 31800 | | \$720.28 |
| 31805 | | \$776.98 |
| 31820 | | \$445.54 |
| 31825 | | \$607.58 |
| 31830 | | \$485.79 |
| 32035 | | \$701.03 |
| 32036 | | \$754.23 |
| 32096 | | \$758.78 |
| 32097 | | \$757.38 |
| 32098 | | \$718.88 |
| 32100 | | \$763.68 |
| 32110 | | \$1,391.91 |
| 32120 | | \$829.13 |
| 32124 | | \$877.77 |
| 32140 | | \$938.32 |
| 32141 | | \$1,433.56 |
| 32150 | | \$953.37 |
| 32151 | | \$952.32 |
| 32160 | | \$756.33 |
| 32200 | | \$1,080.42 |
| 32215 | | \$762.28 |
| 32220 | | \$1,508.81 |
| 32225 | | \$942.17 |
| 32310 | | \$870.43 |
| 32320 | | \$1,516.51 |
| 32400 | | \$164.85 |
| 32408 | | \$964.57 |
| 32440 | | \$1,482.21 |
| 32442 | | \$2,865.72 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 32445 | | \$3,316.86 |
| 32480 | | \$1,396.81 |
| 32482 | | \$1,496.21 |
| 32484 | | \$1,351.31 |
| 32486 | | \$2,198.29 |
| 32488 | | \$2,248.69 |
| 32491 | | \$1,391.56 |
| 32501 | | \$227.49 |
| 32503 | | \$1,691.85 |
| 32504 | | \$1,924.95 |
| 32505 | | \$881.97 |
| 32506 | | \$146.30 |
| 32507 | | \$146.30 |
| 32540 | | \$1,627.10 |
| 32550 | | \$851.53 |
| 32551 | | \$149.45 |
| 32552 | | \$182.34 |
| 32553 | | \$549.83 |
| 32554 | | \$243.94 |
| 32555 | | \$332.49 |
| 32556 | | \$767.88 |
| 32557 | | \$688.43 |
| 32560 | | \$272.99 |
| 32561 | | \$93.45 |
| 32562 | | \$83.65 |
| 32601 | | \$289.79 |
| 32604 | | \$449.39 |
| 32606 | | \$432.94 |
| 32607 | | \$289.44 |
| 32608 | | \$355.59 |
| 32609 | | \$243.24 |
| 32650 | | \$634.53 |
| 32651 | | \$1,035.27 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 32652 | | \$1,566.56 |
| 32653 | | \$1,003.77 |
| 32654 | | \$1,103.87 |
| 32655 | | \$905.42 |
| 32656 | | \$761.58 |
| 32658 | | \$677.93 |
| 32659 | | \$695.43 |
| 32661 | | \$756.68 |
| 32662 | | \$845.93 |
| 32663 | | \$1,319.11 |
| 32664 | | \$802.88 |
| 32665 | | \$1,161.27 |
| 32666 | | \$824.23 |
| 32667 | | \$146.30 |
| 32668 | | \$146.65 |
| 32669 | | \$1,265.91 |
| 32670 | | \$1,510.56 |
| 32671 | | \$1,668.05 |
| 32672 | | \$1,434.96 |
| 32673 | | \$1,146.92 |
| 32674 | | \$201.24 |
| 32701 | | \$201.94 |
| 32800 | | \$898.77 |
| 32810 | | \$853.98 |
| 32815 | | \$2,642.42 |
| 32820 | | \$1,259.96 |
| 32851 | | \$3,073.61 |
| 32852 | | \$3,362.00 |
| 32853 | | \$4,287.38 |
| 32854 | | \$4,543.57 |
| 32900 | | \$1,351.31 |
| 32905 | | \$1,259.26 |
| 32906 | | \$1,551.51 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 32940 | | \$1,164.42 |
| 32960 | | \$127.75 |
| 32994 | | \$5,657.94 |
| 32997 | | \$336.69 |
| 32998 | | \$3,575.50 |
| 33016 | | \$222.59 |
| 33017 | | \$231.69 |
| 33018 | | \$264.24 |
| 33019 | | \$214.54 |
| 33020 | | \$781.18 |
| 33025 | | \$727.63 |
| 33030 | | \$1,881.90 |
| 33031 | | \$2,327.08 |
| 33050 | | \$952.32 |
| 33120 | | \$1,965.89 |
| 33130 | | \$1,288.66 |
| 33140 | | \$1,465.06 |
| 33141 | | \$123.20 |
| 33202 | | \$729.38 |
| 33203 | | \$762.98 |
| 33206 | | \$437.84 |
| 33207 | | \$458.84 |
| 33208 | | \$497.69 |
| 33210 | | \$153.65 |
| 33211 | | \$160.30 |
| 33212 | | \$310.09 |
| 33213 | | \$322.69 |
| 33214 | | \$460.94 |
| 33215 | | \$296.79 |
| 33216 | | \$358.74 |
| 33217 | | \$354.89 |
| 33218 | | \$374.84 |
| 33220 | | \$360.84 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33221 | | \$348.24 |
| 33222 | | \$330.74 |
| 33223 | | \$395.14 |
| 33224 | | \$489.29 |
| 33225 | | \$443.44 |
| 33226 | | \$467.59 |
| 33227 | | \$325.84 |
| 33228 | | \$340.89 |
| 33229 | | \$360.84 |
| 33230 | | \$368.19 |
| 33231 | | \$384.99 |
| 33233 | | \$226.09 |
| 33234 | | \$466.89 |
| 33235 | | \$613.18 |
| 33236 | | \$744.08 |
| 33237 | | \$797.28 |
| 33238 | | \$899.82 |
| 33240 | | \$349.99 |
| 33241 | | \$208.24 |
| 33243 | | \$1,296.36 |
| 33244 | | \$831.23 |
| 33249 | | \$878.12 |
| 33250 | | \$1,371.96 |
| 33251 | | \$1,532.96 |
| 33254 | | \$1,279.91 |
| 33255 | | \$1,532.26 |
| 33256 | | \$1,826.95 |
| 33257 | | \$551.93 |
| 33258 | | \$615.28 |
| 33259 | | \$801.13 |
| 33261 | | \$1,517.56 |
| 33262 | | \$359.44 |
| 33263 | | \$373.79 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33264 | | \$389.89 |
| 33265 | | \$1,284.46 |
| 33266 | | \$1,736.30 |
| 33267 | | \$992.22 |
| 33268 | | \$123.20 |
| 33269 | | \$786.08 |
| 33270 | | \$540.73 |
| 33271 | | \$431.54 |
| 33272 | | \$332.84 |
| 33273 | | \$380.79 |
| 33274 | | \$463.39 |
| 33275 | | \$502.24 |
| 33285 | | \$5,209.25 |
| 33286 | | \$134.75 |
| 33289 | | \$314.29 |
| 33300 | | \$2,296.63 |
| 33305 | | \$3,830.99 |
| 33310 | | \$1,103.87 |
| 33315 | | \$1,798.25 |
| 33320 | | \$997.47 |
| 33321 | | \$1,121.02 |
| 33322 | | \$1,310.36 |
| 33330 | | \$1,342.56 |
| 33335 | | \$1,757.30 |
| 33340 | | \$745.48 |
| 33361 | | \$1,136.07 |
| 33362 | | \$1,237.21 |
| 33363 | | \$1,282.71 |
| 33364 | | \$1,280.96 |
| 33365 | | \$1,338.01 |
| 33366 | | \$1,474.51 |
| 33367 | | \$587.98 |
| 33368 | | \$692.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 33369 | | \$914.87 |
| 33370 | | \$126.70 |
| 33390 | | \$1,811.55 |
| 33391 | | \$2,152.44 |
| 33404 | | \$1,646.00 |
| 33405 | | \$2,133.54 |
| 33406 | | \$2,706.82 |
| 33410 | | \$2,386.23 |
| 33411 | | \$3,146.41 |
| 33412 | | \$2,951.82 |
| 33413 | | \$3,024.96 |
| 33414 | | \$2,016.29 |
| 33415 | | \$1,906.05 |
| 33416 | | \$1,901.85 |
| 33417 | | \$1,572.51 |
| 33418 | | \$1,695.35 |
| 33419 | | \$398.99 |
| 33420 | | \$1,367.06 |
| 33422 | | \$1,567.26 |
| 33425 | | \$2,565.08 |
| 33426 | | \$2,237.84 |
| 33427 | | \$2,293.48 |
| 33430 | | \$2,632.62 |
| 33440 | | \$3,162.86 |
| 33460 | | \$2,252.89 |
| 33463 | | \$2,903.17 |
| 33464 | | \$2,292.43 |
| 33465 | | \$2,585.38 |
| 33468 | | \$2,299.43 |
| 33470 | | \$1,169.32 |
| 33471 | | \$1,250.51 |
| 33474 | | \$2,048.49 |
| 33475 | | \$2,186.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33476 | | \$1,437.41 |
| 33477 | | \$1,272.56 |
| 33478 | | \$1,484.66 |
| 33496 | | \$1,567.96 |
| 33500 | | \$1,470.31 |
| 33501 | | \$1,054.17 |
| 33502 | | \$1,207.82 |
| 33503 | | \$1,256.11 |
| 33504 | | \$1,384.91 |
| 33505 | | \$1,932.29 |
| 33506 | | \$1,925.64 |
| 33507 | | \$1,617.30 |
| 33508 | | \$15.05 |
| 33509 | | \$162.05 |
| 33510 | | \$1,818.90 |
| 33511 | | \$1,996.34 |
| 33512 | | \$2,275.63 |
| 33513 | | \$2,334.78 |
| 33514 | | \$2,460.43 |
| 33516 | | \$2,538.13 |
| 33517 | | \$175.00 |
| 33518 | | \$384.29 |
| 33519 | | \$508.54 |
| 33521 | | \$610.03 |
| 33522 | | \$684.58 |
| 33523 | | \$775.58 |
| 33530 | | \$490.69 |
| 33533 | | \$1,760.45 |
| 33534 | | \$2,065.99 |
| 33535 | | \$2,300.13 |
| 33536 | | \$2,475.48 |
| 33542 | | \$2,469.53 |
| 33545 | | \$2,878.67 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33548 | | \$2,786.27 |
| 33572 | | \$215.24 |
| 33600 | | \$1,620.45 |
| 33602 | | \$1,572.86 |
| 33606 | | \$1,675.40 |
| 33608 | | \$1,696.40 |
| 33610 | | \$1,672.95 |
| 33611 | | \$1,831.15 |
| 33612 | | \$1,880.15 |
| 33615 | | \$1,879.10 |
| 33617 | | \$2,034.49 |
| 33619 | | \$2,583.63 |
| 33620 | | \$1,549.06 |
| 33621 | | \$878.12 |
| 33622 | | \$3,213.61 |
| 33641 | | \$1,541.01 |
| 33645 | | \$1,627.45 |
| 33647 | | \$1,706.55 |
| 33660 | | \$1,650.20 |
| 33665 | | \$1,796.50 |
| 33670 | | \$1,849.35 |
| 33675 | | \$1,851.10 |
| 33676 | | \$1,899.40 |
| 33677 | | \$1,972.19 |
| 33681 | | \$1,738.40 |
| 33684 | | \$1,773.40 |
| 33688 | | \$1,767.10 |
| 33690 | | \$1,136.77 |
| 33692 | | \$1,835.00 |
| 33694 | | \$1,831.15 |
| 33697 | | \$1,928.44 |
| 33702 | | \$1,459.11 |
| 33710 | | \$1,925.29 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 33720 | | \$1,460.16 |
| 33722 | | \$1,531.91 |
| 33724 | | \$1,446.86 |
| 33726 | | \$1,908.15 |
| 33730 | | \$1,886.80 |
| 33732 | | \$1,554.66 |
| 33735 | | \$1,226.36 |
| 33736 | | \$1,329.26 |
| 33737 | | \$1,227.06 |
| 33741 | | \$711.18 |
| 33745 | | \$1,013.22 |
| 33746 | | \$402.49 |
| 33750 | | \$1,192.42 |
| 33755 | | \$1,245.61 |
| 33762 | | \$1,210.62 |
| 33764 | | \$1,245.61 |
| 33766 | | \$1,257.86 |
| 33767 | | \$1,341.86 |
| 33768 | | \$388.49 |
| 33770 | | \$1,984.79 |
| 33771 | | \$2,040.79 |
| 33774 | | \$1,696.75 |
| 33775 | | \$1,746.10 |
| 33776 | | \$1,846.55 |
| 33777 | | \$1,780.40 |
| 33778 | | \$2,208.09 |
| 33779 | | \$2,179.39 |
| 33780 | | \$2,219.64 |
| 33781 | | \$2,166.44 |
| 33782 | | \$3,023.21 |
| 33783 | | \$3,266.11 |
| 33786 | | \$2,138.44 |
| 33788 | | \$1,445.46 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33800 | | \$931.32 |
| 33802 | | \$1,027.92 |
| 33803 | | \$1,087.42 |
| 33813 | | \$1,173.17 |
| 33814 | | \$1,438.81 |
| 33820 | | \$914.52 |
| 33822 | | \$963.87 |
| 33824 | | \$1,116.82 |
| 33840 | | \$1,172.12 |
| 33845 | | \$1,261.36 |
| 33851 | | \$1,202.92 |
| 33852 | | \$1,321.56 |
| 33853 | | \$1,727.20 |
| 33858 | | \$3,180.71 |
| 33859 | | \$2,287.53 |
| 33863 | | \$2,950.07 |
| 33864 | | \$3,013.06 |
| 33866 | | \$862.38 |
| 33871 | | \$3,053.31 |
| 33875 | | \$2,557.03 |
| 33877 | | \$3,360.25 |
| 33880 | | \$1,667.70 |
| 33881 | | \$1,428.66 |
| 33883 | | \$1,039.47 |
| 33884 | | \$361.89 |
| 33886 | | \$888.27 |
| 33889 | | \$730.08 |
| 33891 | | \$883.02 |
| 33894 | | \$924.32 |
| 33895 | | \$735.68 |
| 33897 | | \$547.38 |
| 33910 | | \$2,462.53 |
| 33915 | | \$1,297.06 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33916 | | \$3,945.79 |
| 33917 | | \$1,376.86 |
| 33920 | | \$1,703.40 |
| 33922 | | \$1,312.11 |
| 33924 | | \$266.69 |
| 33925 | | \$1,612.40 |
| 33926 | | \$2,264.79 |
| 33927 | | \$2,380.28 |
| 33935 | | \$4,625.47 |
| 33945 | | \$4,555.12 |
| 33946 | | \$291.89 |
| 33947 | | \$323.39 |
| 33948 | | \$228.89 |
| 33949 | | \$221.54 |
| 33951 | | \$395.49 |
| 33952 | | \$401.44 |
| 33953 | | \$442.04 |
| 33954 | | \$445.54 |
| 33955 | | \$773.83 |
| 33956 | | \$780.13 |
| 33957 | | \$172.55 |
| 33958 | | \$172.55 |
| 33959 | | \$219.09 |
| 33962 | | \$219.09 |
| 33963 | | \$436.79 |
| 33964 | | \$460.59 |
| 33965 | | \$172.55 |
| 33966 | | \$222.59 |
| 33967 | | \$243.59 |
| 33968 | | \$31.85 |
| 33969 | | \$255.14 |
| 33970 | | \$330.39 |
| 33971 | | \$664.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 33973 | | \$469.69 |
| 33974 | | \$843.13 |
| 33975 | | \$1,216.22 |
| 33976 | | \$1,480.81 |
| 33977 | | \$1,048.22 |
| 33978 | | \$1,245.96 |
| 33979 | | \$1,815.75 |
| 33980 | | \$1,663.15 |
| 33981 | | \$775.58 |
| 33982 | | \$1,822.75 |
| 33983 | | \$2,157.69 |
| 33984 | | \$265.29 |
| 33985 | | \$479.84 |
| 33986 | | \$488.94 |
| 33987 | | \$194.94 |
| 33988 | | \$726.23 |
| 33989 | | \$460.59 |
| 33990 | | \$339.84 |
| 33991 | | \$444.14 |
| 33992 | | \$176.74 |
| 33993 | | \$156.45 |
| 33995 | | \$342.99 |
| 33997 | | \$152.60 |
| 34001 | | \$844.53 |
| 34051 | | \$940.07 |
| 34101 | | \$557.18 |
| 34111 | | \$560.68 |
| 34151 | | \$1,295.66 |
| 34201 | | \$950.22 |
| 34203 | | \$880.92 |
| 34401 | | \$1,385.61 |
| 34421 | | \$689.13 |
| 34451 | | \$1,322.61 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 34471 | | \$995.72 |
| 34490 | | \$610.03 |
| 34501 | | \$826.68 |
| 34502 | | \$1,460.86 |
| 34510 | | \$942.87 |
| 34520 | | \$913.12 |
| 34530 | | \$870.43 |
| 34701 | | \$1,156.37 |
| 34702 | | \$1,719.50 |
| 34703 | | \$1,277.81 |
| 34704 | | \$2,126.54 |
| 34705 | | \$1,421.31 |
| 34706 | | \$2,134.24 |
| 34707 | | \$1,086.37 |
| 34708 | | \$1,717.05 |
| 34709 | | \$299.24 |
| 34710 | | \$744.78 |
| 34711 | | \$275.44 |
| 34712 | | \$617.38 |
| 34713 | | \$114.80 |
| 34714 | | \$250.94 |
| 34715 | | \$277.89 |
| 34716 | | \$346.14 |
| 34717 | | \$407.39 |
| 34718 | | \$1,141.67 |
| 34808 | | \$182.69 |
| 34812 | | \$190.74 |
| 34813 | | \$218.74 |
| 34820 | | \$320.59 |
| 34830 | | \$1,622.55 |
| 34831 | | \$1,773.75 |
| 34832 | | \$1,743.30 |
| 34833 | | \$360.14 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 34834 | | \$119.35 |
| 35001 | | \$1,052.07 |
| 35002 | | \$1,049.97 |
| 35005 | | \$920.12 |
| 35011 | | \$937.97 |
| 35013 | | \$1,177.02 |
| 35021 | | \$1,188.92 |
| 35022 | | \$1,359.36 |
| 35045 | | \$910.32 |
| 35081 | | \$1,604.00 |
| 35082 | | \$2,016.99 |
| 35091 | | \$1,657.55 |
| 35092 | | \$2,391.48 |
| 35102 | | \$1,739.45 |
| 35103 | | \$2,060.39 |
| 35111 | | \$1,223.92 |
| 35112 | | \$1,504.61 |
| 35121 | | \$1,455.26 |
| 35122 | | \$1,739.45 |
| 35131 | | \$1,275.71 |
| 35132 | | \$1,504.61 |
| 35141 | | \$1,020.57 |
| 35142 | | \$1,230.56 |
| 35151 | | \$1,143.77 |
| 35152 | | \$1,287.61 |
| 35180 | | \$834.38 |
| 35182 | | \$1,688.00 |
| 35184 | | \$890.72 |
| 35188 | | \$1,189.97 |
| 35189 | | \$1,390.51 |
| 35190 | | \$715.73 |
| 35201 | | \$887.22 |
| 35206 | | \$737.08 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 35207 | | \$736.73 |
| 35211 | | \$1,314.91 |
| 35216 | | \$1,969.04 |
| 35221 | | \$1,381.06 |
| 35226 | | \$777.33 |
| 35231 | | \$1,201.87 |
| 35236 | | \$945.32 |
| 35241 | | \$1,353.76 |
| 35246 | | \$1,472.41 |
| 35251 | | \$1,619.75 |
| 35256 | | \$958.62 |
| 35261 | | \$904.37 |
| 35266 | | \$810.58 |
| 35271 | | \$1,303.71 |
| 35276 | | \$1,374.76 |
| 35281 | | \$1,504.96 |
| 35286 | | \$871.48 |
| 35301 | | \$1,052.07 |
| 35302 | | \$1,040.87 |
| 35303 | | \$1,148.67 |
| 35304 | | \$1,178.07 |
| 35305 | | \$1,142.72 |
| 35306 | | \$408.44 |
| 35311 | | \$1,463.66 |
| 35321 | | \$831.58 |
| 35331 | | \$1,345.71 |
| 35341 | | \$1,270.81 |
| 35351 | | \$1,192.77 |
| 35355 | | \$955.12 |
| 35361 | | \$1,401.71 |
| 35363 | | \$1,494.81 |
| 35371 | | \$759.48 |
| 35372 | | \$906.12 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 35390 | | \$147.00 |
| 35400 | | \$136.85 |
| 35500 | | \$293.64 |
| 35501 | | \$1,343.61 |
| 35506 | | \$1,172.47 |
| 35508 | | \$1,223.22 |
| 35509 | | \$1,300.91 |
| 35510 | | \$1,132.22 |
| 35511 | | \$1,032.47 |
| 35512 | | \$1,110.52 |
| 35515 | | \$1,223.22 |
| 35516 | | \$1,123.47 |
| 35518 | | \$1,052.07 |
| 35521 | | \$1,131.52 |
| 35522 | | \$1,132.92 |
| 35523 | | \$1,185.42 |
| 35525 | | \$1,053.47 |
| 35526 | | \$1,627.80 |
| 35531 | | \$1,793.35 |
| 35533 | | \$1,387.71 |
| 35535 | | \$1,751.00 |
| 35536 | | \$1,555.71 |
| 35537 | | \$1,917.60 |
| 35538 | | \$2,147.89 |
| 35539 | | \$2,015.24 |
| 35540 | | \$2,246.24 |
| 35556 | | \$1,298.81 |
| 35558 | | \$1,139.57 |
| 35560 | | \$1,569.36 |
| 35563 | | \$1,219.72 |
| 35565 | | \$1,217.97 |
| 35566 | | \$1,544.51 |
| 35570 | | \$1,357.26 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 35571 | | \$1,228.11 |
| 35572 | | \$319.89 |
| 35583 | | \$1,336.26 |
| 35585 | | \$1,550.11 |
| 35587 | | \$1,255.76 |
| 35600 | | \$239.39 |
| 35601 | | \$1,293.91 |
| 35606 | | \$1,087.42 |
| 35612 | | \$964.22 |
| 35616 | | \$1,014.97 |
| 35621 | | \$1,016.02 |
| 35623 | | \$1,211.32 |
| 35626 | | \$1,495.86 |
| 35631 | | \$1,716.00 |
| 35632 | | \$1,662.80 |
| 35633 | | \$1,830.10 |
| 35634 | | \$1,627.10 |
| 35636 | | \$1,468.21 |
| 35637 | | \$1,527.36 |
| 35638 | | \$1,615.55 |
| 35642 | | \$912.07 |
| 35645 | | \$874.98 |
| 35646 | | \$1,587.20 |
| 35647 | | \$1,437.76 |
| 35650 | | \$942.17 |
| 35654 | | \$1,266.96 |
| 35656 | | \$1,002.02 |
| 35661 | | \$1,009.02 |
| 35663 | | \$1,122.77 |
| 35665 | | \$1,089.17 |
| 35666 | | \$1,198.02 |
| 35671 | | \$1,055.22 |
| 35681 | | \$74.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 35682 | | \$325.14 |
| 35683 | | \$374.84 |
| 35685 | | \$182.69 |
| 35686 | | \$147.35 |
| 35691 | | \$873.58 |
| 35693 | | \$773.13 |
| 35694 | | \$911.72 |
| 35695 | | \$946.72 |
| 35697 | | \$136.15 |
| 35700 | | \$140.35 |
| 35701 | | \$424.19 |
| 35702 | | \$390.94 |
| 35703 | | \$393.74 |
| 35800 | | \$694.38 |
| 35820 | | \$1,888.20 |
| 35840 | | \$1,141.67 |
| 35860 | | \$782.23 |
| 35870 | | \$1,150.42 |
| 35875 | | \$555.43 |
| 35876 | | \$880.92 |
| 35879 | | \$856.78 |
| 35881 | | \$948.82 |
| 35883 | | \$1,114.72 |
| 35884 | | \$1,141.67 |
| 35901 | | \$442.39 |
| 35903 | | \$533.73 |
| 35905 | | \$1,651.25 |
| 35907 | | \$1,759.75 |
| 36002 | | \$150.15 |
| 36005 | | \$297.14 |
| 36010 | | \$576.43 |
| 36011 | | \$904.72 |
| 36012 | | \$918.72 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 36013 | | \$857.83 |
| 36014 | | \$876.37 |
| 36015 | | \$945.67 |
| 36100 | | \$606.53 |
| 36140 | | \$534.43 |
| 36160 | | \$594.63 |
| 36200 | | \$633.13 |
| 36215 | | \$1,135.37 |
| 36216 | | \$1,177.72 |
| 36217 | | \$1,959.94 |
| 36218 | | \$224.69 |
| 36221 | | \$1,096.52 |
| 36222 | | \$1,307.56 |
| 36223 | | \$1,719.50 |
| 36224 | | \$2,190.24 |
| 36225 | | \$1,628.50 |
| 36226 | | \$2,092.94 |
| 36227 | | \$243.94 |
| 36228 | | \$1,369.16 |
| 36245 | | \$1,389.46 |
| 36246 | | \$894.92 |
| 36247 | | \$1,573.56 |
| 36248 | | \$132.30 |
| 36251 | | \$1,439.51 |
| 36252 | | \$1,542.06 |
| 36253 | | \$2,267.94 |
| 36254 | | \$2,211.24 |
| 36260 | | \$629.28 |
| 36261 | | \$396.89 |
| 36262 | | \$303.44 |
| 36400 | | \$27.30 |
| 36405 | | \$23.45 |
| 36406 | | \$17.15 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 36410 | | \$17.50 |
| 36415 | | \$3.15 |
| 36416 | | \$7.00 |
| 36420 | | \$44.45 |
| 36425 | | \$39.20 |
| 36430 | | \$37.45 |
| 36440 | | \$50.05 |
| 36450 | | \$169.40 |
| 36455 | | \$117.95 |
| 36456 | | \$96.95 |
| 36460 | | \$333.54 |
| 36465 | | \$1,541.01 |
| 36466 | | \$1,718.45 |
| 36470 | | \$114.80 |
| 36471 | | \$201.94 |
| 36473 | | \$1,432.16 |
| 36474 | | \$289.44 |
| 36475 | | \$1,299.51 |
| 36476 | | \$302.74 |
| 36478 | | \$1,090.57 |
| 36479 | | \$319.54 |
| 36481 | | \$1,961.69 |
| 36482 | | \$1,932.99 |
| 36483 | | \$142.10 |
| 36500 | | \$173.60 |
| 36510 | | \$84.70 |
| 36511 | | \$109.20 |
| 36512 | | \$107.10 |
| 36513 | | \$106.05 |
| 36514 | | \$660.78 |
| 36516 | | \$2,042.54 |
| 36522 | | \$1,770.60 |
| 36555 | | \$199.14 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 36556 | | \$225.39 |
| 36557 | | \$1,225.31 |
| 36558 | | \$881.62 |
| 36560 | | \$1,371.26 |
| 36561 | | \$1,097.92 |
| 36563 | | \$1,238.26 |
| 36565 | | \$893.52 |
| 36566 | | \$4,801.86 |
| 36568 | | \$88.90 |
| 36569 | | \$91.00 |
| 36570 | | \$1,604.35 |
| 36571 | | \$1,400.66 |
| 36572 | | \$463.39 |
| 36573 | | \$421.74 |
| 36575 | | \$166.25 |
| 36576 | | \$358.04 |
| 36578 | | \$472.49 |
| 36580 | | \$215.59 |
| 36581 | | \$857.13 |
| 36582 | | \$1,000.27 |
| 36583 | | \$1,304.76 |
| 36584 | | \$366.44 |
| 36585 | | \$1,190.67 |
| 36589 | | \$166.25 |
| 36590 | | \$223.29 |
| 36591 | | \$26.60 |
| 36592 | | \$30.10 |
| 36593 | | \$33.25 |
| 36595 | | \$652.73 |
| 36596 | | \$121.10 |
| 36597 | | \$124.60 |
| 36598 | | \$127.05 |
| 36600 | | \$29.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 36620 | | \$43.40 |
| 36625 | | \$101.15 |
| 36640 | | \$115.15 |
| 36660 | | \$67.90 |
| 36680 | | \$56.00 |
| 36800 | | \$118.65 |
| 36810 | | \$208.94 |
| 36815 | | \$124.95 |
| 36818 | | \$646.43 |
| 36819 | | \$683.53 |
| 36820 | | \$675.48 |
| 36821 | | \$620.53 |
| 36823 | | \$1,337.31 |
| 36825 | | \$745.48 |
| 36830 | | \$624.03 |
| 36831 | | \$575.73 |
| 36832 | | \$708.03 |
| 36833 | | \$757.73 |
| 36835 | | \$462.69 |
| 36838 | | \$1,060.82 |
| 36860 | | \$242.54 |
| 36861 | | \$130.55 |
| 36901 | | \$749.33 |
| 36902 | | \$1,350.26 |
| 36903 | | \$5,148.35 |
| 36904 | | \$1,983.04 |
| 36905 | | \$2,538.13 |
| 36906 | | \$6,447.17 |
| 36907 | | \$683.53 |
| 36908 | | \$1,891.00 |
| 36909 | | \$2,149.29 |
| 37140 | | \$2,203.89 |
| 37145 | | \$2,044.99 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 37160 | | \$2,100.29 |
| 37180 | | \$2,018.39 |
| 37181 | | \$2,203.89 |
| 37182 | | \$795.18 |
| 37183 | | \$6,598.36 |
| 37184 | | \$1,952.24 |
| 37185 | | \$555.08 |
| 37186 | | \$1,354.46 |
| 37187 | | \$1,957.14 |
| 37188 | | \$1,681.00 |
| 37191 | | \$2,404.08 |
| 37192 | | \$1,380.36 |
| 37193 | | \$1,647.40 |
| 37197 | | \$1,697.45 |
| 37200 | | \$210.34 |
| 37211 | | \$365.39 |
| 37212 | | \$320.94 |
| 37213 | | \$221.19 |
| 37214 | | \$116.55 |
| 37215 | | \$933.07 |
| 37216 | | \$968.07 |
| 37217 | | \$1,000.97 |
| 37218 | | \$772.08 |
| 37220 | | \$2,899.32 |
| 37221 | | \$3,762.04 |
| 37222 | | \$707.68 |
| 37223 | | \$1,704.45 |
| 37224 | | \$3,431.30 |
| 37225 | | \$10,939.99 |
| 37226 | | \$9,954.07 |
| 37227 | | \$14,026.55 |
| 37228 | | \$4,922.61 |
| 37229 | | \$10,998.79 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 37230 | | \$10,459.10 |
| 37231 | | \$14,074.85 |
| 37232 | | \$976.12 |
| 37233 | | \$1,197.32 |
| 37234 | | \$4,120.78 |
| 37235 | | \$4,375.57 |
| 37236 | | \$3,291.66 |
| 37237 | | \$1,678.55 |
| 37238 | | \$3,965.74 |
| 37239 | | \$1,984.09 |
| 37241 | | \$5,149.05 |
| 37242 | | \$8,066.22 |
| 37243 | | \$9,942.87 |
| 37244 | | \$7,441.84 |
| 37246 | | \$2,060.04 |
| 37247 | | \$634.88 |
| 37248 | | \$1,528.06 |
| 37249 | | \$507.84 |
| 37252 | | \$1,147.97 |
| 37253 | | \$182.34 |
| 37500 | | \$587.28 |
| 37565 | | \$701.38 |
| 37600 | | \$715.73 |
| 37605 | | \$682.13 |
| 37606 | | \$684.23 |
| 37607 | | \$354.19 |
| 37609 | | \$317.44 |
| 37615 | | \$512.04 |
| 37616 | | \$1,042.62 |
| 37617 | | \$1,255.76 |
| 37618 | | \$373.79 |
| 37619 | | \$1,639.00 |
| 37650 | | \$426.64 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 37660 | | \$1,251.56 |
| 37700 | | \$233.44 |
| 37718 | | \$400.39 |
| 37722 | | \$442.74 |
| 37735 | | \$540.03 |
| 37760 | | \$590.78 |
| 37761 | | \$506.44 |
| 37765 | | \$436.09 |
| 37766 | | \$506.09 |
| 37780 | | \$220.49 |
| 37785 | | \$354.19 |
| 37788 | | \$1,234.06 |
| 37790 | | \$477.04 |
| 38100 | | \$1,099.67 |
| 38101 | | \$1,110.17 |
| 38102 | | \$247.79 |
| 38115 | | \$1,218.67 |
| 38120 | | \$1,010.77 |
| 38200 | | \$129.15 |
| 38205 | | \$84.70 |
| 38206 | | \$84.35 |
| 38207 | | \$44.10 |
| 38208 | | \$28.00 |
| 38209 | | \$11.90 |
| 38210 | | \$78.40 |
| 38211 | | \$71.05 |
| 38212 | | \$46.90 |
| 38213 | | \$11.90 |
| 38214 | | \$40.25 |
| 38215 | | \$46.90 |
| 38220 | | \$169.40 |
| 38221 | | \$164.15 |
| 38222 | | \$179.89 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 38230 | | \$195.64 |
| 38232 | | \$192.49 |
| 38240 | | \$237.99 |
| 38241 | | \$176.39 |
| 38242 | | \$127.05 |
| 38243 | | \$122.85 |
| 38300 | | \$347.19 |
| 38305 | | \$476.34 |
| 38308 | | \$445.54 |
| 38380 | | \$556.48 |
| 38381 | | \$761.23 |
| 38382 | | \$654.48 |
| 38500 | | \$334.59 |
| 38505 | | \$124.25 |
| 38510 | | \$521.84 |
| 38520 | | \$450.79 |
| 38525 | | \$424.19 |
| 38530 | | \$548.08 |
| 38531 | | \$429.79 |
| 38542 | | \$504.34 |
| 38550 | | \$503.64 |
| 38555 | | \$983.12 |
| 38562 | | \$687.73 |
| 38564 | | \$680.73 |
| 38570 | | \$500.14 |
| 38571 | | \$647.83 |
| 38572 | | \$885.47 |
| 38573 | | \$1,135.02 |
| 38700 | | \$782.93 |
| 38720 | | \$1,296.01 |
| 38724 | | \$1,406.61 |
| 38740 | | \$672.68 |
| 38745 | | \$844.18 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 38746 | | \$200.89 |
| 38747 | | \$251.64 |
| 38760 | | \$807.78 |
| 38765 | | \$1,255.76 |
| 38770 | | \$783.98 |
| 38780 | | \$1,005.87 |
| 38790 | | \$79.10 |
| 38792 | | \$84.35 |
| 38794 | | \$290.84 |
| 38900 | | \$129.85 |
| 39000 | | \$477.39 |
| 39010 | | \$747.93 |
| 39200 | | \$823.18 |
| 39220 | | \$1,075.17 |
| 39401 | | \$289.79 |
| 39402 | | \$379.04 |
| 39501 | | \$818.63 |
| 39503 | | \$5,459.84 |
| 39540 | | \$824.23 |
| 39541 | | \$894.22 |
| 39545 | | \$851.53 |
| 39560 | | \$767.88 |
| 39561 | | \$1,190.32 |
| 40490 | | \$126.70 |
| 40510 | | \$495.24 |
| 40520 | | \$506.44 |
| 40525 | | \$543.53 |
| 40527 | | \$610.38 |
| 40530 | | \$557.18 |
| 40650 | | \$483.34 |
| 40652 | | \$522.89 |
| 40654 | | \$585.88 |
| 40700 | | \$985.22 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 40701 | | \$1,163.02 |
| 40702 | | \$976.82 |
| 40720 | | \$1,002.72 |
| 40761 | | \$1,054.17 |
| 40800 | | \$215.59 |
| 40801 | | \$301.69 |
| 40804 | | \$199.49 |
| 40805 | | \$295.39 |
| 40806 | | \$105.00 |
| 40808 | | \$172.20 |
| 40810 | | \$222.59 |
| 40812 | | \$295.39 |
| 40814 | | \$386.04 |
| 40816 | | \$407.39 |
| 40818 | | \$385.69 |
| 40819 | | \$280.34 |
| 40820 | | \$275.44 |
| 40830 | | \$287.69 |
| 40831 | | \$362.94 |
| 40840 | | \$853.28 |
| 40842 | | \$929.57 |
| 40843 | | \$1,198.72 |
| 40844 | | \$1,496.91 |
| 40845 | | \$1,475.91 |
| 41000 | | \$160.65 |
| 41005 | | \$225.39 |
| 41006 | | \$344.04 |
| 41007 | | \$338.09 |
| 41008 | | \$400.74 |
| 41009 | | \$430.14 |
| 41010 | | \$225.39 |
| 41015 | | \$410.19 |
| 41016 | | \$480.19 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 41017 | | \$476.69 |
| 41018 | | \$530.58 |
| 41019 | | \$479.49 |
| 41100 | | \$189.69 |
| 41105 | | \$190.04 |
| 41108 | | \$169.75 |
| 41110 | | \$234.84 |
| 41112 | | \$345.79 |
| 41113 | | \$373.44 |
| 41114 | | \$605.83 |
| 41115 | | \$269.14 |
| 41116 | | \$344.74 |
| 41120 | | \$1,081.12 |
| 41130 | | \$1,321.91 |
| 41135 | | \$2,152.44 |
| 41140 | | \$2,173.79 |
| 41145 | | \$2,740.07 |
| 41150 | | \$2,183.24 |
| 41153 | | \$2,369.08 |
| 41155 | | \$2,972.12 |
| 41250 | | \$291.19 |
| 41251 | | \$318.14 |
| 41252 | | \$332.14 |
| 41510 | | \$464.44 |
| 41512 | | \$676.18 |
| 41520 | | \$372.04 |
| 41530 | | \$1,013.22 |
| 41800 | | \$312.89 |
| 41805 | | \$332.84 |
| 41806 | | \$434.69 |
| 41822 | | \$362.24 |
| 41823 | | \$532.33 |
| 41825 | | \$228.19 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 41826 | | \$323.74 |
| 41827 | | \$451.84 |
| 41828 | | \$357.34 |
| 41830 | | \$480.19 |
| 41872 | | \$473.19 |
| 41874 | | \$400.04 |
| 42000 | | \$162.05 |
| 42100 | | \$149.45 |
| 42104 | | \$221.19 |
| 42106 | | \$268.44 |
| 42107 | | \$475.29 |
| 42120 | | \$1,013.22 |
| 42140 | | \$311.14 |
| 42145 | | \$682.13 |
| 42160 | | \$240.09 |
| 42180 | | \$257.24 |
| 42182 | | \$330.04 |
| 42200 | | \$921.52 |
| 42205 | | \$955.82 |
| 42210 | | \$1,067.47 |
| 42215 | | \$701.73 |
| 42220 | | \$578.53 |
| 42225 | | \$995.02 |
| 42226 | | \$900.17 |
| 42227 | | \$839.63 |
| 42235 | | \$740.23 |
| 42260 | | \$848.03 |
| 42280 | | \$183.39 |
| 42281 | | \$233.44 |
| 42300 | | \$218.39 |
| 42305 | | \$417.19 |
| 42310 | | \$177.09 |
| 42320 | | \$263.54 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 42330 | | \$235.54 |
| 42335 | | \$432.24 |
| 42340 | | \$527.43 |
| 42400 | | \$103.95 |
| 42405 | | \$302.74 |
| 42408 | | \$556.83 |
| 42409 | | \$394.09 |
| 42410 | | \$611.78 |
| 42415 | | \$1,027.57 |
| 42420 | | \$1,152.52 |
| 42425 | | \$815.83 |
| 42426 | | \$1,307.56 |
| 42440 | | \$404.94 |
| 42450 | | \$473.89 |
| 42500 | | \$452.19 |
| 42505 | | \$571.88 |
| 42507 | | \$498.04 |
| 42509 | | \$817.23 |
| 42510 | | \$608.63 |
| 42550 | | \$163.10 |
| 42600 | | \$540.03 |
| 42650 | | \$77.70 |
| 42660 | | \$117.95 |
| 42665 | | \$374.14 |
| 42700 | | \$195.29 |
| 42720 | | \$445.19 |
| 42725 | | \$783.63 |
| 42800 | | \$160.30 |
| 42804 | | \$212.44 |
| 42806 | | \$236.59 |
| 42808 | | \$231.34 |
| 42809 | | \$203.69 |
| 42810 | | \$395.84 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 42815 | | \$537.58 |
| 42820 | | \$283.49 |
| 42821 | | \$296.44 |
| 42825 | | \$261.09 |
| 42826 | | \$248.49 |
| 42830 | | \$206.49 |
| 42831 | | \$224.69 |
| 42835 | | \$192.14 |
| 42836 | | \$238.34 |
| 42842 | | \$1,013.92 |
| 42844 | | \$1,380.01 |
| 42845 | | \$2,203.19 |
| 42860 | | \$188.29 |
| 42870 | | \$600.58 |
| 42890 | | \$1,418.16 |
| 42892 | | \$1,852.50 |
| 42894 | | \$2,342.13 |
| 42900 | | \$324.44 |
| 42950 | | \$813.38 |
| 42953 | | \$982.77 |
| 42955 | | \$771.03 |
| 42960 | | \$159.95 |
| 42961 | | \$412.29 |
| 42962 | | \$508.19 |
| 42970 | | \$404.94 |
| 42971 | | \$446.24 |
| 42972 | | \$497.69 |
| 42975 | | \$111.30 |
| 43020 | | \$543.88 |
| 43030 | | \$508.19 |
| 43045 | | \$1,237.21 |
| 43100 | | \$618.43 |
| 43101 | | \$955.82 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 43107 | | \$2,814.62 |
| 43108 | | \$4,175.73 |
| 43112 | | \$3,283.96 |
| 43113 | | \$4,082.98 |
| 43116 | | \$4,667.12 |
| 43117 | | \$3,069.06 |
| 43118 | | \$3,407.50 |
| 43121 | | \$2,691.07 |
| 43122 | | \$2,415.63 |
| 43123 | | \$4,231.73 |
| 43124 | | \$3,582.15 |
| 43130 | | \$766.48 |
| 43135 | | \$1,388.41 |
| 43180 | | \$531.28 |
| 43191 | | \$150.50 |
| 43192 | | \$164.50 |
| 43193 | | \$163.80 |
| 43194 | | \$185.14 |
| 43195 | | \$178.14 |
| 43196 | | \$190.39 |
| 43197 | | \$199.14 |
| 43198 | | \$218.74 |
| 43200 | | \$270.19 |
| 43201 | | \$265.99 |
| 43202 | | \$376.24 |
| 43204 | | \$132.65 |
| 43205 | | \$138.25 |
| 43206 | | \$312.19 |
| 43210 | | \$415.79 |
| 43211 | | \$229.59 |
| 43212 | | \$182.34 |
| 43213 | | \$1,339.41 |
| 43214 | | \$187.94 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 43215 | | \$416.14 |
| 43216 | | \$434.69 |
| 43217 | | \$442.74 |
| 43220 | | \$1,052.42 |
| 43226 | | \$397.59 |
| 43227 | | \$662.18 |
| 43229 | | \$767.18 |
| 43231 | | \$156.45 |
| 43232 | | \$195.29 |
| 43233 | | \$222.24 |
| 43235 | | \$307.64 |
| 43236 | | \$417.54 |
| 43237 | | \$191.79 |
| 43238 | | \$227.49 |
| 43239 | | \$396.89 |
| 43240 | | \$383.59 |
| 43241 | | \$138.95 |
| 43242 | | \$257.24 |
| 43243 | | \$231.69 |
| 43244 | | \$240.09 |
| 43245 | | \$640.48 |
| 43246 | | \$194.24 |
| 43247 | | \$398.64 |
| 43248 | | \$428.04 |
| 43249 | | \$1,199.42 |
| 43250 | | \$475.99 |
| 43251 | | \$522.19 |
| 43252 | | \$348.94 |
| 43253 | | \$257.24 |
| 43254 | | \$264.24 |
| 43255 | | \$694.73 |
| 43257 | | \$226.44 |
| 43259 | | \$221.54 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 43260 | | \$315.69 |
| 43261 | | \$331.44 |
| 43262 | | \$349.64 |
| 43263 | | \$348.94 |
| 43264 | | \$356.64 |
| 43265 | | \$424.54 |
| 43266 | | \$212.09 |
| 43270 | | \$784.33 |
| 43273 | | \$117.25 |
| 43274 | | \$453.24 |
| 43275 | | \$368.54 |
| 43276 | | \$472.14 |
| 43277 | | \$370.64 |
| 43278 | | \$423.49 |
| 43279 | | \$1,224.62 |
| 43280 | | \$1,030.02 |
| 43281 | | \$1,465.76 |
| 43282 | | \$1,646.35 |
| 43283 | | \$148.75 |
| 43284 | | \$625.78 |
| 43285 | | \$643.98 |
| 43286 | | \$3,011.66 |
| 43287 | | \$3,363.75 |
| 43288 | | \$3,547.85 |
| 43300 | | \$608.28 |
| 43305 | | \$1,064.67 |
| 43310 | | \$1,400.66 |
| 43312 | | \$1,495.16 |
| 43313 | | \$2,579.43 |
| 43314 | | \$2,769.82 |
| 43320 | | \$1,333.81 |
| 43325 | | \$1,297.41 |
| 43327 | | \$783.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 43328 | | \$1,063.27 |
| 43330 | | \$1,276.76 |
| 43331 | | \$1,269.06 |
| 43332 | | \$1,097.57 |
| 43333 | | \$1,201.52 |
| 43334 | | \$1,181.22 |
| 43335 | | \$1,260.31 |
| 43336 | | \$1,370.56 |
| 43337 | | \$1,460.16 |
| 43338 | | \$108.15 |
| 43340 | | \$1,317.71 |
| 43341 | | \$1,326.11 |
| 43351 | | \$1,252.26 |
| 43352 | | \$1,014.27 |
| 43360 | | \$2,122.34 |
| 43361 | | \$2,563.68 |
| 43400 | | \$1,452.46 |
| 43405 | | \$1,382.11 |
| 43410 | | \$1,000.27 |
| 43415 | | \$2,422.63 |
| 43420 | | \$988.02 |
| 43425 | | \$1,365.31 |
| 43450 | | \$193.19 |
| 43453 | | \$930.27 |
| 43460 | | \$207.89 |
| 43497 | | \$780.48 |
| 43500 | | \$753.18 |
| 43501 | | \$1,288.66 |
| 43502 | | \$1,455.61 |
| 43510 | | \$910.32 |
| 43520 | | \$660.43 |
| 43605 | | \$803.58 |
| 43610 | | \$939.37 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 43611 | | \$1,170.02 |
| 43620 | | \$1,886.80 |
| 43621 | | \$2,160.14 |
| 43622 | | \$2,196.89 |
| 43631 | | \$1,385.26 |
| 43632 | | \$1,932.99 |
| 43633 | | \$1,829.40 |
| 43634 | | \$2,021.19 |
| 43635 | | \$106.05 |
| 43640 | | \$1,126.97 |
| 43641 | | \$1,151.82 |
| 43644 | | \$1,654.40 |
| 43645 | | \$1,753.45 |
| 43651 | | \$631.03 |
| 43652 | | \$734.63 |
| 43653 | | \$558.93 |
| 43752 | | \$39.55 |
| 43753 | | \$21.00 |
| 43754 | | \$223.29 |
| 43755 | | \$202.99 |
| 43756 | | \$290.84 |
| 43757 | | \$391.64 |
| 43761 | | \$121.10 |
| 43762 | | \$246.39 |
| 43763 | | \$368.89 |
| 43770 | | \$1,080.42 |
| 43771 | | \$1,225.66 |
| 43772 | | \$908.22 |
| 43773 | | \$1,225.66 |
| 43774 | | \$919.07 |
| 43775 | | \$1,050.67 |
| 43800 | | \$890.37 |
| 43810 | | \$971.92 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 43820 | | \$1,284.11 |
| 43825 | | \$1,252.61 |
| 43830 | | \$678.28 |
| 43831 | | \$590.78 |
| 43832 | | \$998.52 |
| 43840 | | \$1,298.81 |
| 43842 | | \$1,145.52 |
| 43843 | | \$1,227.41 |
| 43845 | | \$1,850.40 |
| 43846 | | \$1,577.05 |
| 43847 | | \$1,725.10 |
| 43848 | | \$1,843.05 |
| 43850 | | \$1,552.91 |
| 43855 | | \$1,611.00 |
| 43860 | | \$1,561.31 |
| 43865 | | \$1,629.20 |
| 43870 | | \$684.23 |
| 43880 | | \$1,517.56 |
| 43886 | | \$359.44 |
| 43887 | | \$321.99 |
| 43888 | | \$452.19 |
| 44005 | | \$1,043.67 |
| 44010 | | \$831.58 |
| 44015 | | \$133.70 |
| 44020 | | \$932.72 |
| 44021 | | \$932.72 |
| 44025 | | \$939.37 |
| 44050 | | \$895.27 |
| 44055 | | \$1,419.56 |
| 44100 | | \$104.65 |
| 44110 | | \$818.28 |
| 44111 | | \$941.82 |
| 44120 | | \$1,166.17 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 44121 | | \$228.54 |
| 44125 | | \$1,127.32 |
| 44126 | | \$2,348.78 |
| 44127 | | \$2,710.67 |
| 44128 | | \$229.59 |
| 44130 | | \$1,258.21 |
| 44139 | | \$114.45 |
| 44140 | | \$1,283.41 |
| 44141 | | \$1,746.10 |
| 44143 | | \$1,590.35 |
| 44144 | | \$1,689.75 |
| 44145 | | \$1,580.55 |
| 44146 | | \$2,024.34 |
| 44147 | | \$1,847.60 |
| 44150 | | \$1,790.55 |
| 44151 | | \$2,067.04 |
| 44155 | | \$1,995.29 |
| 44156 | | \$2,212.64 |
| 44157 | | \$2,096.79 |
| 44158 | | \$2,147.89 |
| 44160 | | \$1,187.87 |
| 44180 | | \$880.22 |
| 44186 | | \$625.78 |
| 44187 | | \$1,063.97 |
| 44188 | | \$1,177.37 |
| 44202 | | \$1,324.36 |
| 44203 | | \$227.14 |
| 44204 | | \$1,470.66 |
| 44205 | | \$1,279.91 |
| 44206 | | \$1,673.30 |
| 44207 | | \$1,737.35 |
| 44208 | | \$1,898.70 |
| 44210 | | \$1,707.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 44211 | | \$2,063.89 |
| 44212 | | \$1,967.64 |
| 44213 | | \$178.14 |
| 44227 | | \$1,589.65 |
| 44300 | | \$806.38 |
| 44310 | | \$997.82 |
| 44312 | | \$576.78 |
| 44314 | | \$969.47 |
| 44316 | | \$1,350.96 |
| 44320 | | \$1,151.82 |
| 44322 | | \$988.37 |
| 44340 | | \$604.78 |
| 44345 | | \$1,009.72 |
| 44346 | | \$1,136.07 |
| 44360 | | \$140.70 |
| 44361 | | \$155.75 |
| 44363 | | \$187.24 |
| 44364 | | \$200.19 |
| 44365 | | \$178.49 |
| 44366 | | \$234.84 |
| 44369 | | \$240.79 |
| 44370 | | \$260.74 |
| 44372 | | \$233.09 |
| 44373 | | \$187.24 |
| 44376 | | \$278.24 |
| 44377 | | \$292.24 |
| 44378 | | \$376.59 |
| 44379 | | \$400.39 |
| 44380 | | \$205.09 |
| 44381 | | \$1,081.82 |
| 44382 | | \$318.49 |
| 44384 | | \$150.50 |
| 44385 | | \$222.24 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 44386 | | \$330.39 |
| 44388 | | \$324.79 |
| 44389 | | \$430.84 |
| 44390 | | \$418.94 |
| 44391 | | \$706.98 |
| 44392 | | \$396.19 |
| 44394 | | \$453.59 |
| 44401 | | \$2,868.87 |
| 44402 | | \$255.84 |
| 44403 | | \$297.49 |
| 44404 | | \$433.99 |
| 44405 | | \$599.53 |
| 44406 | | \$224.69 |
| 44407 | | \$269.49 |
| 44408 | | \$226.79 |
| 44500 | | \$19.25 |
| 44602 | | \$1,341.16 |
| 44603 | | \$1,544.86 |
| 44604 | | \$1,010.07 |
| 44605 | | \$1,242.11 |
| 44615 | | \$1,025.47 |
| 44620 | | \$831.23 |
| 44625 | | \$972.27 |
| 44626 | | \$1,523.16 |
| 44640 | | \$1,334.86 |
| 44650 | | \$1,376.86 |
| 44660 | | \$1,287.61 |
| 44661 | | \$1,481.51 |
| 44680 | | \$1,028.62 |
| 44700 | | \$966.67 |
| 44701 | | \$159.95 |
| 44705 | | \$112.00 |
| 44720 | | \$258.29 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 44721 | | \$361.54 |
| 44800 | | \$744.08 |
| 44820 | | \$806.73 |
| 44850 | | \$717.83 |
| 44900 | | \$752.48 |
| 44950 | | \$615.98 |
| 44955 | | \$79.45 |
| 44960 | | \$839.28 |
| 44970 | | \$579.23 |
| 45000 | | \$416.49 |
| 45005 | | \$315.69 |
| 45020 | | \$558.23 |
| 45100 | | \$295.39 |
| 45108 | | \$361.89 |
| 45110 | | \$1,767.10 |
| 45111 | | \$1,047.17 |
| 45112 | | \$1,794.75 |
| 45113 | | \$1,824.50 |
| 45114 | | \$1,731.05 |
| 45116 | | \$1,503.91 |
| 45119 | | \$1,837.45 |
| 45120 | | \$1,527.71 |
| 45121 | | \$1,666.30 |
| 45123 | | \$1,079.72 |
| 45126 | | \$2,659.92 |
| 45130 | | \$1,048.92 |
| 45135 | | \$1,263.11 |
| 45136 | | \$1,749.60 |
| 45150 | | \$409.14 |
| 45160 | | \$983.47 |
| 45171 | | \$612.13 |
| 45172 | | \$811.63 |
| 45190 | | \$696.83 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 45300 | | \$134.75 |
| 45303 | | \$1,048.22 |
| 45305 | | \$185.49 |
| 45307 | | \$208.24 |
| 45308 | | \$209.29 |
| 45309 | | \$215.59 |
| 45315 | | \$232.39 |
| 45317 | | \$223.99 |
| 45320 | | \$228.19 |
| 45321 | | \$98.35 |
| 45327 | | \$110.95 |
| 45330 | | \$193.89 |
| 45331 | | \$304.49 |
| 45332 | | \$288.74 |
| 45333 | | \$348.59 |
| 45334 | | \$557.18 |
| 45335 | | \$304.84 |
| 45337 | | \$112.00 |
| 45338 | | \$312.54 |
| 45340 | | \$500.49 |
| 45341 | | \$121.45 |
| 45342 | | \$166.60 |
| 45346 | | \$2,792.57 |
| 45347 | | \$151.20 |
| 45349 | | \$194.24 |
| 45350 | | \$715.03 |
| 45378 | | \$349.99 |
| 45379 | | \$448.34 |
| 45380 | | \$454.64 |
| 45381 | | \$458.49 |
| 45382 | | \$733.23 |
| 45384 | | \$508.89 |
| 45385 | | \$469.34 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 45386 | | \$655.53 |
| 45388 | | \$2,959.87 |
| 45389 | | \$283.14 |
| 45390 | | \$325.49 |
| 45391 | | \$252.34 |
| 45392 | | \$297.84 |
| 45393 | | \$246.04 |
| 45395 | | \$1,899.40 |
| 45397 | | \$2,062.84 |
| 45398 | | \$871.13 |
| 45400 | | \$1,096.87 |
| 45402 | | \$1,458.06 |
| 45500 | | \$554.03 |
| 45505 | | \$591.83 |
| 45520 | | \$173.25 |
| 45540 | | \$1,022.32 |
| 45541 | | \$918.37 |
| 45550 | | \$1,415.36 |
| 45560 | | \$677.93 |
| 45562 | | \$1,094.07 |
| 45563 | | \$1,595.60 |
| 45800 | | \$1,220.42 |
| 45805 | | \$1,415.01 |
| 45820 | | \$1,223.22 |
| 45825 | | \$1,481.86 |
| 45900 | | \$205.79 |
| 45905 | | \$165.90 |
| 45910 | | \$188.29 |
| 45915 | | \$361.19 |
| 45990 | | \$101.85 |
| 46020 | | \$285.24 |
| 46030 | | \$155.40 |
| 46040 | | \$561.03 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 46045 | | \$433.99 |
| 46050 | | \$241.49 |
| 46060 | | \$479.14 |
| 46070 | | \$268.79 |
| 46080 | | \$288.39 |
| 46083 | | \$212.44 |
| 46200 | | \$486.84 |
| 46220 | | \$252.69 |
| 46221 | | \$294.34 |
| 46230 | | \$313.94 |
| 46250 | | \$491.74 |
| 46255 | | \$533.03 |
| 46257 | | \$422.44 |
| 46258 | | \$465.49 |
| 46260 | | \$473.54 |
| 46261 | | \$516.24 |
| 46262 | | \$552.63 |
| 46270 | | \$543.18 |
| 46275 | | \$571.88 |
| 46280 | | \$473.19 |
| 46285 | | \$569.78 |
| 46288 | | \$548.43 |
| 46320 | | \$215.24 |
| 46500 | | \$327.94 |
| 46505 | | \$315.69 |
| 46600 | | \$123.20 |
| 46601 | | \$152.25 |
| 46604 | | \$737.08 |
| 46606 | | \$295.39 |
| 46607 | | \$212.79 |
| 46608 | | \$308.69 |
| 46610 | | \$292.24 |
| 46611 | | \$233.44 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 46612 | | \$354.54 |
| 46614 | | \$172.20 |
| 46615 | | \$183.74 |
| 46700 | | \$647.48 |
| 46705 | | \$557.18 |
| 46706 | | \$172.55 |
| 46707 | | \$492.44 |
| 46710 | | \$1,072.37 |
| 46712 | | \$2,132.84 |
| 46715 | | \$541.08 |
| 46716 | | \$1,190.32 |
| 46730 | | \$1,905.70 |
| 46735 | | \$2,189.54 |
| 46740 | | \$2,077.19 |
| 46742 | | \$2,396.03 |
| 46744 | | \$3,371.10 |
| 46746 | | \$3,711.64 |
| 46748 | | \$4,020.69 |
| 46750 | | \$738.48 |
| 46751 | | \$650.28 |
| 46753 | | \$602.33 |
| 46754 | | \$345.44 |
| 46760 | | \$1,080.77 |
| 46761 | | \$898.42 |
| 46900 | | \$245.34 |
| 46910 | | \$273.69 |
| 46916 | | \$263.19 |
| 46917 | | \$451.84 |
| 46922 | | \$320.59 |
| 46924 | | \$576.43 |
| 46930 | | \$225.39 |
| 46940 | | \$267.39 |
| 46942 | | \$255.14 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 46945 | | \$340.19 |
| 46946 | | \$382.54 |
| 46947 | | \$376.59 |
| 46948 | | \$441.69 |
| 47000 | | \$322.69 |
| 47001 | | \$97.65 |
| 47010 | | \$1,165.82 |
| 47015 | | \$1,121.02 |
| 47100 | | \$820.03 |
| 47120 | | \$2,231.19 |
| 47122 | | \$3,254.91 |
| 47125 | | \$2,925.22 |
| 47130 | | \$3,143.96 |
| 47135 | | \$5,114.40 |
| 47140 | | \$3,393.15 |
| 47141 | | \$4,054.63 |
| 47142 | | \$4,464.82 |
| 47146 | | \$309.39 |
| 47147 | | \$360.14 |
| 47300 | | \$1,091.27 |
| 47350 | | \$1,312.81 |
| 47360 | | \$1,794.40 |
| 47361 | | \$2,880.42 |
| 47362 | | \$1,376.51 |
| 47370 | | \$1,195.22 |
| 47371 | | \$1,202.57 |
| 47380 | | \$1,381.76 |
| 47381 | | \$1,413.26 |
| 47382 | | \$4,334.63 |
| 47383 | | \$6,887.10 |
| 47400 | | \$2,055.49 |
| 47420 | | \$1,279.56 |
| 47425 | | \$1,312.46 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 47460 | | \$1,220.07 |
| 47480 | | \$851.88 |
| 47490 | | \$332.14 |
| 47531 | | \$441.69 |
| 47532 | | \$902.97 |
| 47533 | | \$1,298.81 |
| 47534 | | \$1,437.06 |
| 47535 | | \$1,004.47 |
| 47536 | | \$717.48 |
| 47537 | | \$511.69 |
| 47538 | | \$4,402.52 |
| 47539 | | \$4,822.51 |
| 47540 | | \$4,931.36 |
| 47541 | | \$1,268.01 |
| 47542 | | \$541.78 |
| 47543 | | \$448.34 |
| 47544 | | \$982.42 |
| 47550 | | \$156.10 |
| 47552 | | \$265.99 |
| 47553 | | \$267.04 |
| 47554 | | \$487.19 |
| 47555 | | \$318.14 |
| 47556 | | \$360.14 |
| 47562 | | \$633.48 |
| 47563 | | \$689.48 |
| 47564 | | \$1,071.32 |
| 47570 | | \$743.73 |
| 47600 | | \$1,024.77 |
| 47605 | | \$1,079.37 |
| 47610 | | \$1,198.72 |
| 47612 | | \$1,219.72 |
| 47620 | | \$1,316.31 |
| 47700 | | \$1,021.62 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 47701 | | \$1,664.90 |
| 47711 | | \$1,490.61 |
| 47712 | | \$1,907.45 |
| 47715 | | \$1,278.16 |
| 47720 | | \$1,112.97 |
| 47721 | | \$1,301.26 |
| 47740 | | \$1,262.06 |
| 47741 | | \$1,416.41 |
| 47760 | | \$2,149.99 |
| 47765 | | \$2,888.82 |
| 47780 | | \$2,357.18 |
| 47785 | | \$3,080.96 |
| 47800 | | \$1,499.01 |
| 47801 | | \$1,074.82 |
| 47802 | | \$1,464.71 |
| 47900 | | \$1,303.71 |
| 48000 | | \$1,795.80 |
| 48001 | | \$2,196.19 |
| 48020 | | \$1,131.52 |
| 48100 | | \$847.68 |
| 48102 | | \$550.88 |
| 48105 | | \$2,716.62 |
| 48120 | | \$1,058.72 |
| 48140 | | \$1,493.06 |
| 48145 | | \$1,559.91 |
| 48146 | | \$1,809.80 |
| 48148 | | \$1,198.72 |
| 48150 | | \$2,971.77 |
| 48152 | | \$2,760.72 |
| 48153 | | \$2,961.27 |
| 48154 | | \$2,772.62 |
| 48155 | | \$1,749.60 |
| 48400 | | \$100.80 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 48500 | | \$1,108.42 |
| 48510 | | \$1,058.37 |
| 48520 | | \$1,054.52 |
| 48540 | | \$1,250.86 |
| 48545 | | \$1,289.01 |
| 48547 | | \$1,710.05 |
| 48548 | | \$1,596.65 |
| 48552 | | \$222.24 |
| 48554 | | \$2,488.78 |
| 48556 | | \$1,230.56 |
| 49000 | | \$738.13 |
| 49002 | | \$998.52 |
| 49010 | | \$881.27 |
| 49013 | | \$417.19 |
| 49014 | | \$345.79 |
| 49020 | | \$1,527.01 |
| 49040 | | \$963.52 |
| 49060 | | \$1,052.77 |
| 49062 | | \$736.73 |
| 49082 | | \$222.94 |
| 49083 | | \$313.94 |
| 49084 | | \$102.55 |
| 49180 | | \$176.74 |
| 49185 | | \$1,336.26 |
| 49203 | | \$1,146.57 |
| 49204 | | \$1,459.46 |
| 49205 | | \$1,672.60 |
| 49215 | | \$2,131.79 |
| 49250 | | \$569.08 |
| 49255 | | \$763.68 |
| 49320 | | \$317.09 |
| 49321 | | \$333.19 |
| 49322 | | \$361.19 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 49323 | | \$611.08 |
| 49324 | | \$372.39 |
| 49325 | | \$396.89 |
| 49326 | | \$177.79 |
| 49327 | | \$123.20 |
| 49400 | | \$150.15 |
| 49402 | | \$819.68 |
| 49405 | | \$949.52 |
| 49406 | | \$949.87 |
| 49407 | | \$786.08 |
| 49411 | | \$510.29 |
| 49412 | | \$77.70 |
| 49418 | | \$1,170.37 |
| 49419 | | \$416.14 |
| 49421 | | \$215.24 |
| 49422 | | \$210.34 |
| 49423 | | \$649.23 |
| 49424 | | \$190.74 |
| 49425 | | \$685.98 |
| 49426 | | \$643.63 |
| 49427 | | \$37.45 |
| 49428 | | \$413.69 |
| 49429 | | \$438.89 |
| 49435 | | \$112.00 |
| 49436 | | \$181.64 |
| 49440 | | \$944.62 |
| 49441 | | \$1,069.92 |
| 49442 | | \$900.52 |
| 49446 | | \$911.37 |
| 49450 | | \$680.38 |
| 49451 | | \$731.48 |
| 49452 | | \$888.97 |
| 49460 | | \$761.23 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 49465 | | \$151.55 |
| 49491 | | \$766.48 |
| 49492 | | \$919.42 |
| 49495 | | \$394.44 |
| 49496 | | \$592.18 |
| 49500 | | \$402.14 |
| 49501 | | \$583.78 |
| 49505 | | \$503.64 |
| 49507 | | \$564.88 |
| 49520 | | \$607.93 |
| 49521 | | \$688.08 |
| 49525 | | \$552.28 |
| 49540 | | \$654.83 |
| 49550 | | \$555.43 |
| 49553 | | \$608.28 |
| 49555 | | \$580.28 |
| 49557 | | \$694.03 |
| 49560 | | \$708.03 |
| 49561 | | \$888.97 |
| 49565 | | \$737.78 |
| 49566 | | \$897.02 |
| 49568 | | \$251.99 |
| 49570 | | \$406.34 |
| 49572 | | \$500.14 |
| 49580 | | \$327.59 |
| 49582 | | \$468.29 |
| 49585 | | \$432.59 |
| 49587 | | \$461.29 |
| 49590 | | \$552.98 |
| 49600 | | \$705.93 |
| 49605 | | \$4,664.32 |
| 49606 | | \$1,083.22 |
| 49610 | | \$665.68 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 49611 | | \$588.33 |
| 49650 | | \$417.54 |
| 49651 | | \$543.18 |
| 49652 | | \$714.33 |
| 49653 | | \$892.82 |
| 49654 | | \$809.18 |
| 49655 | | \$990.82 |
| 49656 | | \$877.42 |
| 49657 | | \$1,260.31 |
| 49900 | | \$789.23 |
| 49904 | | \$1,343.96 |
| 49905 | | \$334.59 |
| 50010 | | \$716.78 |
| 50020 | | \$992.92 |
| 50040 | | \$903.67 |
| 50045 | | \$911.72 |
| 50060 | | \$1,112.62 |
| 50065 | | \$1,179.47 |
| 50070 | | \$1,156.72 |
| 50075 | | \$1,421.31 |
| 50080 | | \$849.43 |
| 50081 | | \$1,247.36 |
| 50100 | | \$1,035.27 |
| 50120 | | \$928.17 |
| 50125 | | \$960.37 |
| 50130 | | \$1,008.67 |
| 50135 | | \$1,095.12 |
| 50200 | | \$566.28 |
| 50205 | | \$722.03 |
| 50220 | | \$1,020.22 |
| 50225 | | \$1,166.52 |
| 50230 | | \$1,245.61 |
| 50234 | | \$1,268.71 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 50236 | | \$1,430.41 |
| 50240 | | \$1,293.21 |
| 50250 | | \$1,188.92 |
| 50280 | | \$940.07 |
| 50290 | | \$879.52 |
| 50320 | | \$1,453.16 |
| 50327 | | \$205.09 |
| 50328 | | \$179.19 |
| 50329 | | \$170.80 |
| 50340 | | \$918.02 |
| 50360 | | \$2,314.83 |
| 50365 | | \$2,756.52 |
| 50370 | | \$1,164.07 |
| 50380 | | \$1,946.64 |
| 50382 | | \$1,129.07 |
| 50384 | | \$944.27 |
| 50385 | | \$1,130.12 |
| 50386 | | \$804.28 |
| 50387 | | \$602.33 |
| 50389 | | \$435.39 |
| 50390 | | \$93.10 |
| 50391 | | \$124.95 |
| 50396 | | \$114.10 |
| 50400 | | \$1,128.02 |
| 50405 | | \$1,361.46 |
| 50430 | | \$645.03 |
| 50431 | | \$317.09 |
| 50432 | | \$963.87 |
| 50433 | | \$1,222.87 |
| 50434 | | \$980.32 |
| 50435 | | \$632.43 |
| 50436 | | \$147.35 |
| 50437 | | \$243.94 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 50500 | | \$1,188.22 |
| 50520 | | \$1,108.77 |
| 50525 | | \$1,404.51 |
| 50526 | | \$1,503.56 |
| 50540 | | \$1,119.62 |
| 50541 | | \$896.32 |
| 50542 | | \$1,139.57 |
| 50543 | | \$1,453.86 |
| 50544 | | \$1,211.67 |
| 50545 | | \$1,302.31 |
| 50546 | | \$1,172.82 |
| 50547 | | \$1,547.31 |
| 50548 | | \$1,310.36 |
| 50551 | | \$358.74 |
| 50553 | | \$383.59 |
| 50555 | | \$408.79 |
| 50557 | | \$415.79 |
| 50561 | | \$470.74 |
| 50562 | | \$562.43 |
| 50570 | | \$475.99 |
| 50572 | | \$514.84 |
| 50574 | | \$547.38 |
| 50575 | | \$691.58 |
| 50576 | | \$545.98 |
| 50580 | | \$588.68 |
| 50590 | | \$745.13 |
| 50592 | | \$3,285.01 |
| 50593 | | \$4,411.62 |
| 50600 | | \$916.62 |
| 50605 | | \$957.57 |
| 50606 | | \$604.43 |
| 50610 | | \$922.92 |
| 50620 | | \$883.37 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 50630 | | \$872.53 |
| 50650 | | \$1,012.17 |
| 50660 | | \$1,116.12 |
| 50684 | | \$128.10 |
| 50686 | | \$143.85 |
| 50688 | | \$75.95 |
| 50690 | | \$116.55 |
| 50693 | | \$1,094.77 |
| 50694 | | \$1,215.87 |
| 50695 | | \$1,466.11 |
| 50700 | | \$905.77 |
| 50705 | | \$2,022.94 |
| 50706 | | \$953.37 |
| 50715 | | \$1,165.47 |
| 50722 | | \$996.42 |
| 50725 | | \$1,076.22 |
| 50727 | | \$500.84 |
| 50728 | | \$713.28 |
| 50740 | | \$1,170.37 |
| 50750 | | \$1,125.92 |
| 50760 | | \$1,099.67 |
| 50770 | | \$1,125.92 |
| 50780 | | \$1,078.67 |
| 50782 | | \$1,049.62 |
| 50783 | | \$1,100.72 |
| 50785 | | \$1,181.92 |
| 50800 | | \$904.02 |
| 50810 | | \$1,343.96 |
| 50815 | | \$1,196.27 |
| 50820 | | \$1,280.61 |
| 50825 | | \$1,612.75 |
| 50830 | | \$1,756.60 |
| 50840 | | \$1,202.92 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 50845 | | \$1,225.66 |
| 50860 | | \$924.32 |
| 50900 | | \$825.28 |
| 50920 | | \$862.38 |
| 50930 | | \$1,075.52 |
| 50940 | | \$868.68 |
| 50945 | | \$948.12 |
| 50947 | | \$1,350.96 |
| 50948 | | \$1,244.56 |
| 50951 | | \$376.24 |
| 50953 | | \$397.59 |
| 50955 | | \$423.14 |
| 50957 | | \$427.34 |
| 50961 | | \$386.04 |
| 50970 | | \$359.09 |
| 50972 | | \$346.84 |
| 50974 | | \$457.79 |
| 50976 | | \$451.49 |
| 50980 | | \$345.09 |
| 51020 | | \$462.69 |
| 51030 | | \$465.84 |
| 51040 | | \$286.64 |
| 51045 | | \$489.64 |
| 51050 | | \$464.09 |
| 51060 | | \$572.23 |
| 51065 | | \$569.78 |
| 51080 | | \$402.49 |
| 51100 | | \$74.20 |
| 51101 | | \$156.80 |
| 51102 | | \$246.04 |
| 51500 | | \$625.43 |
| 51520 | | \$584.83 |
| 51525 | | \$841.03 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 51530 | | \$754.58 |
| 51535 | | \$764.03 |
| 51550 | | \$937.97 |
| 51555 | | \$1,230.56 |
| 51565 | | \$1,258.56 |
| 51570 | | \$1,433.21 |
| 51575 | | \$1,772.70 |
| 51580 | | \$1,849.35 |
| 51585 | | \$2,056.89 |
| 51590 | | \$1,881.90 |
| 51595 | | \$2,128.99 |
| 51596 | | \$2,293.48 |
| 51597 | | \$2,231.19 |
| 51600 | | \$224.69 |
| 51605 | | \$37.45 |
| 51610 | | \$129.50 |
| 51700 | | \$79.45 |
| 51701 | | \$45.85 |
| 51702 | | \$64.40 |
| 51703 | | \$149.45 |
| 51705 | | \$98.00 |
| 51710 | | \$136.85 |
| 51715 | | \$368.19 |
| 51720 | | \$89.25 |
| 51725 | | \$231.34 |
| 51725 | 26 | \$74.20 |
| 51725 | TC | \$157.15 |
| 51726 | | \$312.19 |
| 51726 | 26 | \$82.95 |
| 51726 | TC | \$229.24 |
| 51727 | | \$375.19 |
| 51727 | 26 | \$103.60 |
| 51727 | TC | \$271.59 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 51728 | | \$379.39 |
| 51728 | 26 | \$101.85 |
| 51728 | TC | \$277.54 |
| 51729 | | \$401.44 |
| 51729 | 26 | \$123.55 |
| 51729 | TC | \$277.89 |
| 51736 | | \$13.30 |
| 51736 | 26 | \$8.40 |
| 51736 | TC | \$4.90 |
| 51741 | | \$13.65 |
| 51741 | 26 | \$8.40 |
| 51741 | TC | \$5.25 |
| 51784 | | \$66.15 |
| 51784 | 26 | \$36.75 |
| 51784 | TC | \$29.40 |
| 51785 | | \$440.29 |
| 51785 | 26 | \$86.10 |
| 51785 | TC | \$354.19 |
| 51792 | | \$275.44 |
| 51792 | 26 | \$53.55 |
| 51792 | TC | \$221.89 |
| 51797 | | \$192.14 |
| 51797 | 26 | \$38.85 |
| 51797 | TC | \$153.30 |
| 51798 | | \$10.15 |
| 51800 | | \$1,017.77 |
| 51820 | | \$1,061.17 |
| 51840 | | \$680.38 |
| 51841 | | \$788.53 |
| 51845 | | \$571.88 |
| 51860 | | \$726.93 |
| 51865 | | \$876.72 |
| 51880 | | \$456.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 51900 | | \$807.08 |
| 51920 | | \$748.63 |
| 51925 | | \$1,053.12 |
| 51940 | | \$1,600.85 |
| 51960 | | \$1,352.01 |
| 51980 | | \$699.98 |
| 51990 | | \$730.08 |
| 51992 | | \$816.18 |
| 52000 | | \$238.34 |
| 52001 | | \$436.09 |
| 52005 | | \$313.24 |
| 52007 | | \$489.64 |
| 52010 | | \$408.44 |
| 52204 | | \$403.19 |
| 52214 | | \$795.88 |
| 52224 | | \$828.08 |
| 52234 | | \$238.34 |
| 52235 | | \$279.64 |
| 52240 | | \$379.74 |
| 52250 | | \$231.69 |
| 52260 | | \$204.04 |
| 52265 | | \$395.14 |
| 52270 | | \$432.59 |
| 52275 | | \$558.58 |
| 52276 | | \$256.19 |
| 52277 | | \$313.24 |
| 52281 | | \$338.79 |
| 52282 | | \$325.14 |
| 52283 | | \$350.34 |
| 52285 | | \$347.54 |
| 52287 | | \$391.64 |
| 52290 | | \$236.59 |
| 52300 | | \$271.59 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 52301 | | \$281.39 |
| 52305 | | \$269.84 |
| 52310 | | \$314.99 |
| 52315 | | \$479.49 |
| 52317 | | \$928.87 |
| 52318 | | \$458.84 |
| 52320 | | \$238.69 |
| 52325 | | \$310.44 |
| 52327 | | \$254.79 |
| 52330 | | \$621.23 |
| 52332 | | \$451.49 |
| 52334 | | \$177.79 |
| 52341 | | \$275.09 |
| 52342 | | \$299.24 |
| 52343 | | \$333.19 |
| 52344 | | \$357.34 |
| 52345 | | \$382.19 |
| 52346 | | \$432.59 |
| 52351 | | \$292.94 |
| 52352 | | \$342.99 |
| 52353 | | \$379.74 |
| 52354 | | \$404.24 |
| 52355 | | \$452.54 |
| 52356 | | \$402.84 |
| 52400 | | \$465.84 |
| 52402 | | \$258.29 |
| 52441 | | \$1,428.66 |
| 52442 | | \$1,021.62 |
| 52450 | | \$464.79 |
| 52500 | | \$482.64 |
| 52601 | | \$712.93 |
| 52630 | | \$397.24 |
| 52640 | | \$314.99 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 52647 | | \$1,680.65 |
| 52648 | | \$1,732.10 |
| 52649 | | \$809.53 |
| 52700 | | \$433.29 |
| 53000 | | \$146.30 |
| 53010 | | \$291.89 |
| 53020 | | \$94.15 |
| 53025 | | \$66.50 |
| 53040 | | \$386.04 |
| 53060 | | \$186.54 |
| 53080 | | \$413.69 |
| 53085 | | \$638.03 |
| 53200 | | \$155.05 |
| 53210 | | \$754.58 |
| 53215 | | \$906.47 |
| 53220 | | \$443.79 |
| 53230 | | \$597.08 |
| 53235 | | \$621.93 |
| 53240 | | \$417.54 |
| 53250 | | \$389.54 |
| 53260 | | \$204.74 |
| 53265 | | \$227.14 |
| 53270 | | \$209.29 |
| 53275 | | \$257.24 |
| 53400 | | \$783.63 |
| 53405 | | \$855.03 |
| 53410 | | \$958.62 |
| 53415 | | \$1,104.92 |
| 53420 | | \$823.88 |
| 53425 | | \$915.92 |
| 53430 | | \$949.52 |
| 53431 | | \$1,126.27 |
| 53440 | | \$738.13 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 53442 | | \$769.98 |
| 53444 | | \$776.98 |
| 53445 | | \$741.98 |
| 53446 | | \$631.03 |
| 53447 | | \$791.33 |
| 53448 | | \$1,247.71 |
| 53449 | | \$601.98 |
| 53450 | | \$402.49 |
| 53460 | | \$450.09 |
| 53500 | | \$732.53 |
| 53502 | | \$477.74 |
| 53505 | | \$477.39 |
| 53510 | | \$620.53 |
| 53515 | | \$779.08 |
| 53520 | | \$548.43 |
| 53600 | | \$87.85 |
| 53601 | | \$85.05 |
| 53605 | | \$62.30 |
| 53620 | | \$165.20 |
| 53621 | | \$157.50 |
| 53660 | | \$75.60 |
| 53661 | | \$74.55 |
| 53665 | | \$37.10 |
| 53850 | | \$1,605.75 |
| 53852 | | \$1,558.51 |
| 53854 | | \$1,880.15 |
| 53855 | | \$761.23 |
| 53860 | | \$2,478.98 |
| 54000 | | \$163.10 |
| 54001 | | \$198.09 |
| 54015 | | \$299.24 |
| 54050 | | \$141.40 |
| 54055 | | \$134.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 54056 | | \$144.20 |
| 54057 | | \$142.45 |
| 54060 | | \$195.64 |
| 54065 | | \$223.29 |
| 54100 | | \$206.14 |
| 54105 | | \$276.14 |
| 54110 | | \$614.23 |
| 54111 | | \$782.58 |
| 54112 | | \$916.62 |
| 54115 | | \$450.79 |
| 54120 | | \$619.13 |
| 54125 | | \$798.68 |
| 54130 | | \$1,166.17 |
| 54135 | | \$1,474.16 |
| 54150 | | \$152.25 |
| 54160 | | \$223.99 |
| 54161 | | \$193.54 |
| 54162 | | \$260.74 |
| 54163 | | \$214.89 |
| 54164 | | \$190.04 |
| 54200 | | \$114.80 |
| 54205 | | \$523.24 |
| 54220 | | \$219.09 |
| 54230 | | \$102.90 |
| 54231 | | \$140.35 |
| 54235 | | \$87.85 |
| 54240 | | \$103.25 |
| 54240 | 26 | \$63.70 |
| 54240 | TC | \$39.55 |
| 54250 | | \$120.40 |
| 54250 | 26 | \$107.10 |
| 54250 | TC | \$13.30 |
| 54300 | | \$633.48 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 54304 | | \$733.93 |
| 54308 | | \$702.43 |
| 54312 | | \$802.18 |
| 54316 | | \$973.67 |
| 54318 | | \$698.23 |
| 54322 | | \$765.78 |
| 54324 | | \$947.42 |
| 54326 | | \$923.27 |
| 54328 | | \$917.32 |
| 54332 | | \$989.07 |
| 54336 | | \$1,162.67 |
| 54340 | | \$559.98 |
| 54344 | | \$925.02 |
| 54348 | | \$989.42 |
| 54352 | | \$1,382.11 |
| 54360 | | \$706.98 |
| 54380 | | \$783.28 |
| 54385 | | \$911.37 |
| 54390 | | \$1,213.42 |
| 54400 | | \$522.19 |
| 54401 | | \$651.68 |
| 54405 | | \$792.38 |
| 54406 | | \$717.13 |
| 54408 | | \$775.23 |
| 54410 | | \$845.58 |
| 54411 | | \$1,010.42 |
| 54415 | | \$521.49 |
| 54416 | | \$702.08 |
| 54417 | | \$879.87 |
| 54420 | | \$690.18 |
| 54430 | | \$627.53 |
| 54435 | | \$408.09 |
| 54437 | | \$664.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 54438 | | \$1,306.16 |
| 54450 | | \$67.20 |
| 54500 | | \$72.10 |
| 54505 | | \$206.49 |
| 54512 | | \$529.18 |
| 54520 | | \$321.99 |
| 54522 | | \$578.18 |
| 54530 | | \$499.44 |
| 54535 | | \$729.73 |
| 54550 | | \$483.69 |
| 54560 | | \$674.78 |
| 54600 | | \$445.19 |
| 54620 | | \$293.29 |
| 54640 | | \$423.84 |
| 54650 | | \$698.93 |
| 54660 | | \$352.79 |
| 54670 | | \$402.14 |
| 54680 | | \$772.08 |
| 54690 | | \$642.93 |
| 54692 | | \$740.93 |
| 54700 | | \$209.29 |
| 54800 | | \$121.80 |
| 54830 | | \$366.79 |
| 54840 | | \$317.79 |
| 54860 | | \$412.64 |
| 54861 | | \$558.23 |
| 54865 | | \$354.19 |
| 54900 | | \$784.68 |
| 54901 | | \$1,035.97 |
| 55000 | | \$120.05 |
| 55040 | | \$333.19 |
| 55041 | | \$503.29 |
| 55060 | | \$374.49 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 55100 | | \$230.29 |
| 55110 | | \$381.49 |
| 55120 | | \$349.29 |
| 55150 | | \$484.04 |
| 55175 | | \$359.09 |
| 55180 | | \$677.58 |
| 55200 | | \$404.59 |
| 55250 | | \$356.99 |
| 55300 | | \$181.64 |
| 55400 | | \$491.04 |
| 55500 | | \$385.34 |
| 55520 | | \$442.39 |
| 55530 | | \$346.84 |
| 55535 | | \$423.49 |
| 55540 | | \$534.43 |
| 55550 | | \$422.09 |
| 55600 | | \$415.09 |
| 55605 | | \$514.84 |
| 55650 | | \$704.53 |
| 55680 | | \$341.94 |
| 55700 | | \$251.64 |
| 55705 | | \$260.39 |
| 55706 | | \$368.54 |
| 55720 | | \$444.84 |
| 55725 | | \$584.48 |
| 55801 | | \$1,070.97 |
| 55810 | | \$1,277.46 |
| 55812 | | \$1,569.01 |
| 55815 | | \$1,718.10 |
| 55821 | | \$855.03 |
| 55831 | | \$924.67 |
| 55840 | | \$1,142.72 |
| 55842 | | \$1,144.12 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 55845 | | \$1,328.56 |
| 55860 | | \$856.78 |
| 55862 | | \$1,070.62 |
| 55865 | | \$1,304.06 |
| 55866 | | \$1,406.61 |
| 55870 | | \$172.90 |
| 55873 | | \$6,502.81 |
| 55874 | | \$3,265.41 |
| 55875 | | \$760.53 |
| 55876 | | \$149.80 |
| 55880 | | \$958.27 |
| 55920 | | \$451.14 |
| 56405 | | \$141.40 |
| 56420 | | \$177.09 |
| 56440 | | \$177.44 |
| 56441 | | \$177.44 |
| 56442 | | \$45.85 |
| 56501 | | \$184.44 |
| 56515 | | \$269.14 |
| 56605 | | \$94.50 |
| 56606 | | \$38.15 |
| 56620 | | \$568.73 |
| 56625 | | \$651.33 |
| 56630 | | \$935.52 |
| 56631 | | \$1,153.22 |
| 56632 | | \$1,394.36 |
| 56633 | | \$1,198.72 |
| 56634 | | \$1,260.31 |
| 56637 | | \$1,459.81 |
| 56640 | | \$1,483.96 |
| 56700 | | \$198.79 |
| 56740 | | \$307.99 |
| 56800 | | \$246.39 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 56805 | | \$1,140.62 |
| 56810 | | \$264.94 |
| 56820 | | \$122.15 |
| 56821 | | \$163.80 |
| 57000 | | \$197.04 |
| 57010 | | \$448.34 |
| 57020 | | \$120.05 |
| 57022 | | \$177.44 |
| 57023 | | \$312.89 |
| 57061 | | \$160.30 |
| 57065 | | \$239.39 |
| 57100 | | \$100.80 |
| 57105 | | \$171.85 |
| 57106 | | \$524.29 |
| 57107 | | \$1,415.36 |
| 57109 | | \$1,682.75 |
| 57110 | | \$886.17 |
| 57111 | | \$1,682.75 |
| 57120 | | \$520.79 |
| 57130 | | \$223.29 |
| 57135 | | \$239.74 |
| 57150 | | \$58.45 |
| 57155 | | \$389.89 |
| 57156 | | \$225.04 |
| 57160 | | \$72.10 |
| 57170 | | \$75.25 |
| 57180 | | \$194.59 |
| 57200 | | \$324.44 |
| 57210 | | \$386.39 |
| 57220 | | \$339.49 |
| 57230 | | \$410.89 |
| 57240 | | \$600.23 |
| 57250 | | \$602.68 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 57260 | | \$762.28 |
| 57265 | | \$853.28 |
| 57267 | | \$244.64 |
| 57268 | | \$497.69 |
| 57270 | | \$795.18 |
| 57280 | | \$945.67 |
| 57282 | | \$680.03 |
| 57283 | | \$683.88 |
| 57284 | | \$815.83 |
| 57285 | | \$680.03 |
| 57287 | | \$726.23 |
| 57288 | | \$728.33 |
| 57289 | | \$777.33 |
| 57291 | | \$539.33 |
| 57292 | | \$811.98 |
| 57295 | | \$491.74 |
| 57296 | | \$931.67 |
| 57300 | | \$595.68 |
| 57305 | | \$954.07 |
| 57307 | | \$1,056.27 |
| 57308 | | \$650.98 |
| 57310 | | \$484.04 |
| 57311 | | \$545.98 |
| 57320 | | \$550.88 |
| 57330 | | \$752.83 |
| 57335 | | \$1,152.17 |
| 57400 | | \$128.10 |
| 57410 | | \$102.90 |
| 57415 | | \$171.50 |
| 57420 | | \$128.80 |
| 57421 | | \$173.60 |
| 57423 | | \$908.57 |
| 57425 | | \$952.67 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 57426 | | \$852.58 |
| 57452 | | \$123.90 |
| 57454 | | \$165.90 |
| 57455 | | \$158.55 |
| 57456 | | \$149.10 |
| 57460 | | \$322.69 |
| 57461 | | \$358.39 |
| 57465 | | \$55.65 |
| 57500 | | \$155.40 |
| 57505 | | \$147.70 |
| 57510 | | \$161.35 |
| 57511 | | \$191.79 |
| 57513 | | \$197.04 |
| 57520 | | \$347.54 |
| 57522 | | \$297.84 |
| 57530 | | \$365.39 |
| 57531 | | \$1,716.35 |
| 57540 | | \$775.93 |
| 57545 | | \$816.88 |
| 57550 | | \$423.14 |
| 57555 | | \$607.23 |
| 57556 | | \$576.08 |
| 57558 | | \$153.30 |
| 57700 | | \$348.59 |
| 57720 | | \$328.29 |
| 57800 | | \$75.95 |
| 58100 | | \$101.50 |
| 58110 | | \$49.70 |
| 58120 | | \$292.24 |
| 58140 | | \$911.37 |
| 58145 | | \$558.58 |
| 58146 | | \$1,130.47 |
| 58150 | | \$987.32 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 58152 | | \$1,211.67 |
| 58180 | | \$936.92 |
| 58200 | | \$1,317.01 |
| 58210 | | \$1,772.35 |
| 58240 | | \$2,849.97 |
| 58260 | | \$821.78 |
| 58262 | | \$907.52 |
| 58263 | | \$973.32 |
| 58267 | | \$1,046.82 |
| 58270 | | \$874.98 |
| 58275 | | \$970.52 |
| 58280 | | \$1,037.02 |
| 58285 | | \$1,381.06 |
| 58290 | | \$1,126.97 |
| 58291 | | \$1,217.97 |
| 58292 | | \$1,283.41 |
| 58294 | | \$1,191.72 |
| 58300 | | \$105.00 |
| 58301 | | \$107.80 |
| 58340 | | \$239.04 |
| 58346 | | \$484.74 |
| 58353 | | \$1,048.57 |
| 58356 | | \$1,896.95 |
| 58400 | | \$454.99 |
| 58410 | | \$799.73 |
| 58520 | | \$783.28 |
| 58540 | | \$898.42 |
| 58541 | | \$716.43 |
| 58542 | | \$814.08 |
| 58543 | | \$825.28 |
| 58544 | | \$888.97 |
| 58545 | | \$879.52 |
| 58546 | | \$1,089.17 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 58548 | | \$1,830.80 |
| 58550 | | \$863.08 |
| 58552 | | \$959.67 |
| 58553 | | \$1,095.82 |
| 58554 | | \$1,276.06 |
| 58555 | | \$364.34 |
| 58558 | | \$1,487.46 |
| 58559 | | \$276.49 |
| 58560 | | \$304.49 |
| 58561 | | \$347.54 |
| 58562 | | \$432.24 |
| 58563 | | \$2,251.14 |
| 58570 | | \$784.33 |
| 58571 | | \$884.07 |
| 58572 | | \$1,011.82 |
| 58573 | | \$1,186.12 |
| 58575 | | \$1,872.10 |
| 58600 | | \$364.34 |
| 58605 | | \$330.39 |
| 58611 | | \$73.85 |
| 58615 | | \$249.54 |
| 58660 | | \$661.13 |
| 58661 | | \$635.93 |
| 58662 | | \$695.08 |
| 58670 | | \$365.04 |
| 58671 | | \$365.04 |
| 58672 | | \$716.08 |
| 58673 | | \$777.33 |
| 58674 | | \$796.93 |
| 58700 | | \$776.28 |
| 58720 | | \$736.73 |
| 58740 | | \$877.07 |
| 58760 | | \$804.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 58770 | | \$844.88 |
| 58800 | | \$356.99 |
| 58805 | | \$419.99 |
| 58820 | | \$332.84 |
| 58822 | | \$701.03 |
| 58825 | | \$695.78 |
| 58900 | | \$428.39 |
| 58920 | | \$700.68 |
| 58925 | | \$746.18 |
| 58940 | | \$540.38 |
| 58943 | | \$1,144.12 |
| 58950 | | \$1,119.97 |
| 58951 | | \$1,402.06 |
| 58952 | | \$1,599.10 |
| 58953 | | \$1,946.64 |
| 58954 | | \$2,106.59 |
| 58956 | | \$1,323.66 |
| 58957 | | \$1,546.61 |
| 58958 | | \$1,620.80 |
| 58960 | | \$950.57 |
| 58970 | | \$235.19 |
| 58976 | | \$253.74 |
| 59000 | | \$115.50 |
| 59001 | | \$166.25 |
| 59012 | | \$187.59 |
| 59015 | | \$148.75 |
| 59020 | | \$68.60 |
| 59020 | 26 | \$34.30 |
| 59020 | TC | \$34.30 |
| 59025 | | \$47.60 |
| 59025 | 26 | \$28.00 |
| 59025 | TC | \$19.60 |
| 59030 | | \$104.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 59050 | | \$46.90 |
| 59051 | | \$38.85 |
| 59070 | | \$386.39 |
| 59072 | | \$485.44 |
| 59074 | | \$368.54 |
| 59076 | | \$485.44 |
| 59100 | | \$807.78 |
| 59120 | | \$770.68 |
| 59121 | | \$771.03 |
| 59130 | | \$894.22 |
| 59135 | | \$883.37 |
| 59136 | | \$848.73 |
| 59140 | | \$397.59 |
| 59150 | | \$747.58 |
| 59151 | | \$729.73 |
| 59160 | | \$258.29 |
| 59200 | | \$99.75 |
| 59300 | | \$221.19 |
| 59320 | | \$141.40 |
| 59325 | | \$224.69 |
| 59350 | | \$259.69 |
| 59400 | | \$2,274.24 |
| 59409 | | \$755.63 |
| 59410 | | \$999.57 |
| 59412 | | \$95.90 |
| 59414 | | \$84.70 |
| 59425 | | \$534.43 |
| 59426 | | \$978.92 |
| 59430 | | \$250.59 |
| 59510 | | \$2,494.38 |
| 59514 | | \$849.08 |
| 59515 | | \$1,222.87 |
| 59525 | | \$448.34 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 59610 | | \$2,358.93 |
| 59612 | | \$845.58 |
| 59614 | | \$1,069.92 |
| 59618 | | \$2,519.23 |
| 59620 | | \$874.98 |
| 59622 | | \$1,266.61 |
| 59812 | | \$345.44 |
| 59820 | | \$418.59 |
| 59821 | | \$412.29 |
| 59830 | | \$439.59 |
| 59840 | | \$237.29 |
| 59841 | | \$403.89 |
| 59850 | | \$369.59 |
| 59851 | | \$404.94 |
| 59852 | | \$558.23 |
| 59855 | | \$402.14 |
| 59856 | | \$468.99 |
| 59857 | | \$546.68 |
| 59866 | | \$221.89 |
| 59870 | | \$508.89 |
| 59871 | | \$124.25 |
| 60000 | | \$179.89 |
| 60100 | | \$110.60 |
| 60200 | | \$647.48 |
| 60210 | | \$683.88 |
| 60212 | | \$984.17 |
| 60220 | | \$683.88 |
| 60225 | | \$904.02 |
| 60240 | | \$884.07 |
| 60252 | | \$1,270.46 |
| 60254 | | \$1,603.65 |
| 60260 | | \$1,050.67 |
| 60270 | | \$1,311.76 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 60271 | | \$1,016.72 |
| 60280 | | \$442.04 |
| 60281 | | \$580.28 |
| 60300 | | \$113.40 |
| 60500 | | \$932.37 |
| 60502 | | \$1,245.96 |
| 60505 | | \$1,343.26 |
| 60512 | | \$230.29 |
| 60520 | | \$1,002.02 |
| 60521 | | \$1,062.57 |
| 60522 | | \$1,295.66 |
| 60540 | | \$1,035.27 |
| 60545 | | \$1,192.07 |
| 60600 | | \$1,286.21 |
| 60605 | | \$1,534.71 |
| 60650 | | \$1,142.72 |
| 61000 | | \$104.65 |
| 61001 | | \$99.05 |
| 61020 | | \$98.00 |
| 61026 | | \$101.85 |
| 61050 | | \$80.85 |
| 61055 | | \$115.85 |
| 61070 | | \$54.25 |
| 61105 | | \$438.54 |
| 61107 | | \$285.24 |
| 61108 | | \$850.13 |
| 61120 | | \$704.53 |
| 61140 | | \$1,186.82 |
| 61150 | | \$1,255.76 |
| 61151 | | \$927.82 |
| 61154 | | \$1,193.12 |
| 61156 | | \$1,155.32 |
| 61210 | | \$334.24 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 61215 | | \$484.39 |
| 61250 | | \$813.03 |
| 61253 | | \$927.82 |
| 61304 | | \$1,525.26 |
| 61305 | | \$1,858.80 |
| 61312 | | \$1,915.85 |
| 61313 | | \$1,840.25 |
| 61314 | | \$1,698.85 |
| 61315 | | \$1,914.80 |
| 61316 | | \$79.80 |
| 61320 | | \$1,757.65 |
| 61321 | | \$1,967.29 |
| 61322 | | \$2,201.79 |
| 61323 | | \$2,205.29 |
| 61330 | | \$1,664.55 |
| 61333 | | \$1,865.10 |
| 61340 | | \$1,339.76 |
| 61343 | | \$2,034.14 |
| 61345 | | \$1,891.35 |
| 61450 | | \$1,775.85 |
| 61458 | | \$1,866.50 |
| 61460 | | \$1,949.09 |
| 61500 | | \$1,237.21 |
| 61501 | | \$1,075.52 |
| 61510 | | \$2,041.14 |
| 61512 | | \$2,358.93 |
| 61514 | | \$1,774.45 |
| 61516 | | \$1,737.35 |
| 61517 | | \$79.45 |
| 61518 | | \$2,560.88 |
| 61519 | | \$2,716.62 |
| 61520 | | \$3,469.80 |
| 61521 | | \$2,917.52 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 61522 | | \$2,023.99 |
| 61524 | | \$1,929.14 |
| 61526 | | \$3,154.81 |
| 61530 | | \$2,828.97 |
| 61531 | | \$1,144.12 |
| 61533 | | \$1,417.81 |
| 61534 | | \$1,534.01 |
| 61535 | | \$941.12 |
| 61536 | | \$2,378.88 |
| 61537 | | \$2,267.59 |
| 61538 | | \$2,451.33 |
| 61539 | | \$2,181.49 |
| 61540 | | \$2,014.89 |
| 61541 | | \$1,989.34 |
| 61543 | | \$2,010.69 |
| 61544 | | \$1,757.30 |
| 61545 | | \$2,939.92 |
| 61546 | | \$2,133.19 |
| 61548 | | \$1,469.96 |
| 61550 | | \$1,119.27 |
| 61552 | | \$1,383.86 |
| 61556 | | \$1,585.80 |
| 61557 | | \$1,567.96 |
| 61558 | | \$1,746.10 |
| 61559 | | \$2,221.74 |
| 61563 | | \$1,835.70 |
| 61564 | | \$2,224.54 |
| 61566 | | \$2,073.69 |
| 61567 | | \$2,361.03 |
| 61570 | | \$1,735.25 |
| 61571 | | \$1,844.45 |
| 61575 | | \$2,312.03 |
| 61576 | | \$3,944.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 61580 | | \$2,441.18 |
| 61581 | | \$2,815.67 |
| 61582 | | \$2,910.17 |
| 61583 | | \$2,769.47 |
| 61584 | | \$2,738.32 |
| 61585 | | \$3,097.41 |
| 61586 | | \$2,439.08 |
| 61590 | | \$2,955.67 |
| 61591 | | \$2,974.92 |
| 61592 | | \$3,007.81 |
| 61595 | | \$2,315.88 |
| 61596 | | \$2,393.93 |
| 61597 | | \$2,781.02 |
| 61598 | | \$2,712.42 |
| 61600 | | \$2,091.54 |
| 61601 | | \$2,310.63 |
| 61605 | | \$2,138.09 |
| 61606 | | \$2,774.02 |
| 61607 | | \$2,862.92 |
| 61608 | | \$3,064.51 |
| 61611 | | \$425.24 |
| 61613 | | \$3,088.66 |
| 61615 | | \$2,678.82 |
| 61616 | | \$3,162.16 |
| 61618 | | \$1,216.92 |
| 61619 | | \$1,337.31 |
| 61623 | | \$531.98 |
| 61624 | | \$1,072.02 |
| 61626 | | \$841.03 |
| 61630 | | \$1,284.81 |
| 61635 | | \$1,369.86 |
| 61640 | | \$456.74 |
| 61641 | | \$160.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 61642 | | \$320.94 |
| 61645 | | \$786.08 |
| 61650 | | \$531.28 |
| 61651 | | \$227.49 |
| 61680 | | \$2,099.24 |
| 61682 | | \$3,815.59 |
| 61684 | | \$2,620.73 |
| 61686 | | \$4,122.53 |
| 61690 | | \$2,017.34 |
| 61692 | | \$3,352.90 |
| 61697 | | \$3,865.99 |
| 61698 | | \$4,244.33 |
| 61700 | | \$3,142.91 |
| 61702 | | \$3,694.14 |
| 61703 | | \$1,265.21 |
| 61705 | | \$2,400.58 |
| 61708 | | \$2,349.13 |
| 61710 | | \$1,982.34 |
| 61711 | | \$2,382.38 |
| 61720 | | \$1,183.67 |
| 61735 | | \$1,482.21 |
| 61736 | | \$892.12 |
| 61737 | | \$1,060.12 |
| 61750 | | \$1,308.61 |
| 61751 | | \$1,292.51 |
| 61760 | | \$1,469.96 |
| 61770 | | \$1,503.56 |
| 61781 | | \$214.89 |
| 61782 | | \$167.30 |
| 61783 | | \$213.84 |
| 61790 | | \$828.08 |
| 61791 | | \$1,051.37 |
| 61796 | | \$948.12 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 61797 | | \$200.19 |
| 61798 | | \$1,279.91 |
| 61799 | | \$275.44 |
| 61800 | | \$140.35 |
| 61850 | | \$921.17 |
| 61860 | | \$1,450.36 |
| 61863 | | \$1,400.66 |
| 61864 | | \$257.59 |
| 61867 | | \$2,107.99 |
| 61868 | | \$453.59 |
| 61880 | | \$550.18 |
| 61885 | | \$499.44 |
| 61886 | | \$826.33 |
| 61888 | | \$373.79 |
| 62000 | | \$966.67 |
| 62005 | | \$1,184.02 |
| 62010 | | \$1,429.36 |
| 62100 | | \$1,471.01 |
| 62115 | | \$1,570.06 |
| 62117 | | \$1,818.90 |
| 62120 | | \$2,011.04 |
| 62121 | | \$1,511.26 |
| 62140 | | \$960.72 |
| 62141 | | \$1,073.07 |
| 62142 | | \$834.73 |
| 62143 | | \$978.92 |
| 62145 | | \$1,312.11 |
| 62146 | | \$1,164.42 |
| 62147 | | \$1,331.01 |
| 62148 | | \$114.80 |
| 62160 | | \$172.55 |
| 62161 | | \$1,410.11 |
| 62162 | | \$1,752.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 62164 | | \$1,942.79 |
| 62165 | | \$1,437.41 |
| 62180 | | \$1,484.66 |
| 62190 | | \$871.13 |
| 62192 | | \$921.17 |
| 62194 | | \$467.59 |
| 62200 | | \$1,279.91 |
| 62201 | | \$1,135.37 |
| 62220 | | \$919.07 |
| 62223 | | \$979.62 |
| 62225 | | \$505.74 |
| 62230 | | \$790.63 |
| 62252 | | \$79.10 |
| 62252 | 26 | \$42.35 |
| 62252 | TC | \$36.75 |
| 62256 | | \$575.38 |
| 62258 | | \$1,045.07 |
| 62263 | | \$650.63 |
| 62264 | | \$462.69 |
| 62267 | | \$274.04 |
| 62268 | | \$253.39 |
| 62269 | | \$258.29 |
| 62270 | | \$132.65 |
| 62272 | | \$176.39 |
| 62273 | | \$172.20 |
| 62280 | | \$376.94 |
| 62281 | | \$248.14 |
| 62282 | | \$340.89 |
| 62284 | | \$202.64 |
| 62287 | | \$571.88 |
| 62290 | | \$376.94 |
| 62291 | | \$353.14 |
| 62292 | | \$577.48 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 62294 | | \$887.22 |
| 62302 | | \$268.79 |
| 62303 | | \$273.34 |
| 62304 | | \$265.64 |
| 62305 | | \$289.09 |
| 62320 | | \$167.30 |
| 62321 | | \$274.74 |
| 62322 | | \$145.95 |
| 62323 | | \$271.24 |
| 62324 | | \$142.45 |
| 62325 | | \$262.49 |
| 62326 | | \$145.25 |
| 62327 | | \$271.59 |
| 62328 | | \$263.89 |
| 62329 | | \$330.39 |
| 62350 | | \$387.79 |
| 62351 | | \$855.03 |
| 62355 | | \$265.64 |
| 62360 | | \$310.79 |
| 62361 | | \$409.49 |
| 62362 | | \$373.09 |
| 62365 | | \$287.34 |
| 62367 | | \$31.15 |
| 62368 | | \$44.10 |
| 62369 | | \$98.00 |
| 62370 | | \$99.40 |
| 63001 | | \$1,157.77 |
| 63003 | | \$1,160.57 |
| 63005 | | \$1,128.72 |
| 63011 | | \$1,051.72 |
| 63012 | | \$1,128.72 |
| 63015 | | \$1,387.71 |
| 63016 | | \$1,430.41 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 63017 | | \$1,187.17 |
| 63020 | | \$1,101.42 |
| 63030 | | \$929.57 |
| 63035 | | \$178.84 |
| 63040 | | \$1,316.66 |
| 63042 | | \$1,234.76 |
| 63045 | | \$1,214.12 |
| 63046 | | \$1,164.07 |
| 63047 | | \$1,051.72 |
| 63048 | | \$197.04 |
| 63050 | | \$1,419.56 |
| 63051 | | \$1,612.40 |
| 63052 | | \$241.14 |
| 63053 | | \$180.59 |
| 63055 | | \$1,523.16 |
| 63056 | | \$1,408.36 |
| 63057 | | \$298.54 |
| 63064 | | \$1,669.80 |
| 63066 | | \$187.24 |
| 63075 | | \$1,285.86 |
| 63076 | | \$228.54 |
| 63077 | | \$1,421.66 |
| 63078 | | \$188.64 |
| 63081 | | \$1,657.90 |
| 63082 | | \$247.44 |
| 63085 | | \$1,815.05 |
| 63086 | | \$177.44 |
| 63087 | | \$2,264.79 |
| 63088 | | \$241.14 |
| 63090 | | \$1,865.45 |
| 63091 | | \$167.65 |
| 63101 | | \$2,177.99 |
| 63102 | | \$2,144.39 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 63103 | | \$272.99 |
| 63170 | | \$1,481.51 |
| 63172 | | \$1,313.51 |
| 63173 | | \$1,602.25 |
| 63185 | | \$1,090.92 |
| 63190 | | \$1,206.42 |
| 63191 | | \$1,287.26 |
| 63194 | | \$1,486.76 |
| 63195 | | \$1,422.01 |
| 63196 | | \$1,651.95 |
| 63197 | | \$1,588.95 |
| 63198 | | \$1,934.39 |
| 63199 | | \$2,025.04 |
| 63200 | | \$1,425.86 |
| 63250 | | \$2,731.32 |
| 63251 | | \$2,793.27 |
| 63252 | | \$2,792.92 |
| 63265 | | \$1,560.26 |
| 63266 | | \$1,610.30 |
| 63267 | | \$1,295.31 |
| 63268 | | \$1,335.56 |
| 63270 | | \$1,923.90 |
| 63271 | | \$1,923.90 |
| 63272 | | \$1,754.15 |
| 63273 | | \$1,732.80 |
| 63275 | | \$1,683.45 |
| 63276 | | \$1,672.25 |
| 63277 | | \$1,467.86 |
| 63278 | | \$1,482.91 |
| 63280 | | \$1,967.64 |
| 63281 | | \$1,947.69 |
| 63282 | | \$1,839.90 |
| 63283 | | \$1,766.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 63285 | | \$2,414.93 |
| 63286 | | \$2,387.28 |
| 63287 | | \$2,531.48 |
| 63290 | | \$2,574.18 |
| 63295 | | \$300.64 |
| 63300 | | \$1,712.85 |
| 63301 | | \$2,042.89 |
| 63302 | | \$2,018.04 |
| 63303 | | \$2,139.49 |
| 63304 | | \$2,173.79 |
| 63305 | | \$2,310.98 |
| 63306 | | \$2,271.09 |
| 63307 | | \$2,223.49 |
| 63308 | | \$296.44 |
| 63600 | | \$1,016.72 |
| 63610 | | \$531.28 |
| 63620 | | \$1,045.07 |
| 63621 | | \$229.24 |
| 63650 | | \$2,311.33 |
| 63655 | | \$794.83 |
| 63661 | | \$689.48 |
| 63662 | | \$804.98 |
| 63663 | | \$911.72 |
| 63664 | | \$835.43 |
| 63685 | | \$352.44 |
| 63688 | | \$361.54 |
| 63700 | | \$1,225.66 |
| 63702 | | \$1,336.96 |
| 63704 | | \$1,554.31 |
| 63706 | | \$1,721.95 |
| 63707 | | \$889.67 |
| 63709 | | \$1,057.32 |
| 63710 | | \$1,035.62 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 63740 | | \$924.32 |
| 63741 | | \$640.13 |
| 63744 | | \$649.58 |
| 63746 | | \$576.08 |
| 64400 | | \$113.05 |
| 64405 | | \$72.45 |
| 64408 | | \$78.05 |
| 64415 | | \$115.15 |
| 64416 | | \$63.35 |
| 64417 | | \$142.80 |
| 64418 | | \$88.90 |
| 64420 | | \$100.80 |
| 64421 | | \$33.60 |
| 64425 | | \$116.20 |
| 64430 | | \$97.65 |
| 64435 | | \$79.80 |
| 64445 | | \$130.20 |
| 64446 | | \$58.10 |
| 64447 | | \$90.65 |
| 64448 | | \$59.85 |
| 64449 | | \$61.25 |
| 64450 | | \$78.40 |
| 64451 | | \$227.14 |
| 64454 | | \$226.44 |
| 64455 | | \$48.65 |
| 64461 | | \$135.10 |
| 64462 | | \$74.55 |
| 64463 | | \$229.24 |
| 64479 | | \$271.59 |
| 64480 | | \$137.20 |
| 64483 | | \$253.04 |
| 64484 | | \$113.05 |
| 64486 | | \$115.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 64487 | | \$213.84 |
| 64488 | | \$142.45 |
| 64489 | | \$342.29 |
| 64490 | | \$196.34 |
| 64491 | | \$98.70 |
| 64492 | | \$99.05 |
| 64493 | | \$180.59 |
| 64494 | | \$92.05 |
| 64495 | | \$92.05 |
| 64505 | | \$134.40 |
| 64510 | | \$149.80 |
| 64517 | | \$197.04 |
| 64520 | | \$236.24 |
| 64530 | | \$237.29 |
| 64553 | | \$2,490.18 |
| 64555 | | \$2,265.84 |
| 64561 | | \$785.38 |
| 64566 | | \$129.15 |
| 64568 | | \$592.88 |
| 64569 | | \$721.33 |
| 64570 | | \$692.28 |
| 64575 | | \$324.79 |
| 64580 | | \$303.79 |
| 64581 | | \$643.98 |
| 64582 | | \$841.03 |
| 64583 | | \$792.73 |
| 64584 | | \$668.48 |
| 64585 | | \$256.89 |
| 64590 | | \$274.39 |
| 64595 | | \$246.04 |
| 64600 | | \$471.09 |
| 64605 | | \$649.93 |
| 64610 | | \$783.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 64611 | | \$123.20 |
| 64612 | | \$133.70 |
| 64615 | | \$146.30 |
| 64616 | | \$130.55 |
| 64617 | | \$162.75 |
| 64620 | | \$210.34 |
| 64624 | | \$421.04 |
| 64625 | | \$512.74 |
| 64628 | | \$442.74 |
| 64629 | | \$204.74 |
| 64630 | | \$253.04 |
| 64632 | | \$88.90 |
| 64633 | | \$431.54 |
| 64634 | | \$195.64 |
| 64635 | | \$427.69 |
| 64636 | | \$178.49 |
| 64640 | | \$258.99 |
| 64642 | | \$146.65 |
| 64643 | | \$91.35 |
| 64644 | | \$173.60 |
| 64645 | | \$117.60 |
| 64646 | | \$153.30 |
| 64647 | | \$173.95 |
| 64650 | | \$89.25 |
| 64653 | | \$105.00 |
| 64680 | | \$359.79 |
| 64681 | | \$488.94 |
| 64702 | | \$504.34 |
| 64704 | | \$321.64 |
| 64708 | | \$501.19 |
| 64712 | | \$581.33 |
| 64713 | | \$761.58 |
| 64714 | | \$737.43 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 64716 | | \$507.14 |
| 64718 | | \$591.13 |
| 64719 | | \$401.09 |
| 64721 | | \$437.49 |
| 64722 | | \$347.19 |
| 64726 | | \$266.34 |
| 64727 | | \$173.25 |
| 64732 | | \$430.14 |
| 64734 | | \$485.44 |
| 64736 | | \$332.49 |
| 64738 | | \$450.09 |
| 64740 | | \$469.34 |
| 64742 | | \$489.64 |
| 64744 | | \$477.74 |
| 64746 | | \$416.14 |
| 64755 | | \$881.97 |
| 64760 | | \$501.19 |
| 64763 | | \$495.94 |
| 64766 | | \$611.78 |
| 64771 | | \$594.63 |
| 64772 | | \$550.53 |
| 64774 | | \$400.39 |
| 64776 | | \$387.09 |
| 64778 | | \$174.30 |
| 64782 | | \$452.19 |
| 64783 | | \$207.54 |
| 64784 | | \$713.98 |
| 64786 | | \$962.82 |
| 64787 | | \$232.39 |
| 64788 | | \$395.14 |
| 64790 | | \$807.78 |
| 64792 | | \$1,027.92 |
| 64795 | | \$181.29 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 64802 | | \$794.48 |
| 64804 | | \$1,112.27 |
| 64809 | | \$1,017.07 |
| 64818 | | \$759.13 |
| 64820 | | \$715.03 |
| 64821 | | \$683.88 |
| 64822 | | \$683.88 |
| 64823 | | \$774.18 |
| 64831 | | \$680.38 |
| 64832 | | \$322.34 |
| 64834 | | \$726.93 |
| 64835 | | \$796.58 |
| 64836 | | \$796.58 |
| 64837 | | \$349.99 |
| 64840 | | \$936.92 |
| 64856 | | \$982.07 |
| 64857 | | \$1,027.92 |
| 64858 | | \$1,141.67 |
| 64859 | | \$237.99 |
| 64861 | | \$1,415.36 |
| 64862 | | \$1,332.76 |
| 64864 | | \$841.03 |
| 64865 | | \$1,075.87 |
| 64866 | | \$1,243.86 |
| 64868 | | \$985.22 |
| 64872 | | \$111.65 |
| 64874 | | \$166.95 |
| 64876 | | \$188.64 |
| 64885 | | \$1,078.32 |
| 64886 | | \$1,250.16 |
| 64890 | | \$1,049.27 |
| 64891 | | \$1,115.07 |
| 64892 | | \$1,020.92 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 64893 | | \$1,088.12 |
| 64895 | | \$1,285.86 |
| 64896 | | \$1,385.61 |
| 64897 | | \$1,229.16 |
| 64898 | | \$1,330.66 |
| 64901 | | \$571.18 |
| 64902 | | \$661.13 |
| 64905 | | \$990.82 |
| 64907 | | \$1,261.71 |
| 64910 | | \$770.68 |
| 64911 | | \$1,003.42 |
| 64912 | | \$863.08 |
| 64913 | | \$172.20 |
| 65091 | | \$734.98 |
| 65093 | | \$729.03 |
| 65101 | | \$842.08 |
| 65103 | | \$869.38 |
| 65105 | | \$946.72 |
| 65110 | | \$1,308.61 |
| 65112 | | \$1,500.41 |
| 65114 | | \$1,565.51 |
| 65125 | | \$474.24 |
| 65130 | | \$841.38 |
| 65135 | | \$851.53 |
| 65140 | | \$915.57 |
| 65150 | | \$689.48 |
| 65155 | | \$951.97 |
| 65175 | | \$767.88 |
| 65205 | | \$29.40 |
| 65210 | | \$39.20 |
| 65220 | | \$60.20 |
| 65222 | | \$68.25 |
| 65235 | | \$723.43 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 65260 | | \$974.72 |
| 65265 | | \$1,094.42 |
| 65270 | | \$293.99 |
| 65272 | | \$539.68 |
| 65273 | | \$376.94 |
| 65275 | | \$594.98 |
| 65280 | | \$664.63 |
| 65285 | | \$1,096.17 |
| 65286 | | \$718.53 |
| 65290 | | \$486.49 |
| 65400 | | \$695.78 |
| 65410 | | \$144.90 |
| 65420 | | \$551.93 |
| 65426 | | \$685.28 |
| 65430 | | \$115.15 |
| 65435 | | \$82.60 |
| 65436 | | \$385.34 |
| 65450 | | \$327.59 |
| 65600 | | \$432.94 |
| 65710 | | \$1,131.17 |
| 65730 | | \$1,242.46 |
| 65750 | | \$1,249.46 |
| 65755 | | \$1,243.51 |
| 65756 | | \$1,161.97 |
| 65770 | | \$1,383.86 |
| 65772 | | \$458.84 |
| 65775 | | \$567.33 |
| 65778 | | \$1,497.61 |
| 65779 | | \$1,283.76 |
| 65780 | | \$664.98 |
| 65781 | | \$1,314.56 |
| 65782 | | \$1,135.37 |
| 65785 | | \$2,445.73 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 65800 | | \$119.35 |
| 65810 | | \$460.24 |
| 65815 | | \$658.68 |
| 65820 | | \$814.08 |
| 65850 | | \$836.48 |
| 65855 | | \$246.74 |
| 65860 | | \$309.39 |
| 65865 | | \$475.29 |
| 65870 | | \$590.78 |
| 65875 | | \$630.68 |
| 65880 | | \$662.88 |
| 65900 | | \$985.57 |
| 65920 | | \$786.78 |
| 65930 | | \$636.63 |
| 66020 | | \$200.89 |
| 66030 | | \$180.94 |
| 66130 | | \$715.73 |
| 66150 | | \$873.23 |
| 66155 | | \$872.88 |
| 66160 | | \$981.02 |
| 66170 | | \$1,084.62 |
| 66172 | | \$1,184.72 |
| 66174 | | \$931.32 |
| 66175 | | \$977.17 |
| 66179 | | \$1,070.62 |
| 66180 | | \$1,128.72 |
| 66183 | | \$1,021.97 |
| 66184 | | \$784.68 |
| 66185 | | \$842.78 |
| 66225 | | \$923.97 |
| 66250 | | \$771.38 |
| 66500 | | \$390.24 |
| 66505 | | \$424.54 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 66600 | | \$895.97 |
| 66605 | | \$1,082.17 |
| 66625 | | \$425.94 |
| 66630 | | \$562.08 |
| 66635 | | \$567.33 |
| 66680 | | \$518.34 |
| 66682 | | \$704.18 |
| 66700 | | \$452.89 |
| 66710 | | \$444.14 |
| 66711 | | \$503.64 |
| 66720 | | \$466.54 |
| 66740 | | \$439.94 |
| 66761 | | \$302.74 |
| 66762 | | \$478.79 |
| 66770 | | \$529.88 |
| 66820 | | \$463.04 |
| 66821 | | \$335.64 |
| 66825 | | \$823.88 |
| 66830 | | \$703.83 |
| 66840 | | \$687.03 |
| 66850 | | \$780.83 |
| 66852 | | \$830.53 |
| 66920 | | \$741.63 |
| 66930 | | \$848.03 |
| 66940 | | \$775.93 |
| 66982 | | \$738.48 |
| 66984 | | \$539.33 |
| 66985 | | \$761.23 |
| 66986 | | \$894.92 |
| 66989 | | \$847.68 |
| 66990 | | \$87.85 |
| 66991 | | \$677.58 |
| 67005 | | \$468.99 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 67010 | | \$536.18 |
| 67015 | | \$598.83 |
| 67025 | | \$746.18 |
| 67027 | | \$839.28 |
| 67028 | | \$113.40 |
| 67030 | | \$552.28 |
| 67031 | | \$391.64 |
| 67036 | | \$887.92 |
| 67039 | | \$949.52 |
| 67040 | | \$1,024.77 |
| 67041 | | \$1,130.47 |
| 67042 | | \$1,130.47 |
| 67043 | | \$1,192.07 |
| 67101 | | \$334.59 |
| 67105 | | \$296.79 |
| 67107 | | \$1,110.87 |
| 67108 | | \$1,176.32 |
| 67110 | | \$891.07 |
| 67113 | | \$1,315.26 |
| 67115 | | \$494.54 |
| 67120 | | \$675.13 |
| 67121 | | \$894.57 |
| 67141 | | \$523.94 |
| 67145 | | \$526.03 |
| 67208 | | \$598.13 |
| 67210 | | \$514.49 |
| 67218 | | \$1,376.51 |
| 67220 | | \$531.28 |
| 67221 | | \$276.84 |
| 67225 | | \$29.05 |
| 67227 | | \$294.34 |
| 67228 | | \$339.14 |
| 67229 | | \$1,146.22 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 67250 | | \$890.72 |
| 67255 | | \$682.13 |
| 67311 | | \$592.18 |
| 67312 | | \$715.73 |
| 67314 | | \$678.63 |
| 67316 | | \$801.13 |
| 67318 | | \$709.43 |
| 67320 | | \$311.14 |
| 67331 | | \$295.74 |
| 67332 | | \$320.59 |
| 67334 | | \$291.19 |
| 67335 | | \$143.15 |
| 67340 | | \$346.49 |
| 67343 | | \$659.03 |
| 67345 | | \$240.09 |
| 67346 | | \$187.24 |
| 67400 | | \$1,026.87 |
| 67405 | | \$888.62 |
| 67412 | | \$978.57 |
| 67413 | | \$951.27 |
| 67414 | | \$1,436.36 |
| 67415 | | \$101.50 |
| 67420 | | \$1,717.75 |
| 67430 | | \$1,373.01 |
| 67440 | | \$1,332.06 |
| 67445 | | \$1,509.86 |
| 67450 | | \$1,380.01 |
| 67500 | | \$74.55 |
| 67505 | | \$86.80 |
| 67515 | | \$51.10 |
| 67550 | | \$1,070.97 |
| 67560 | | \$1,094.42 |
| 67570 | | \$1,303.01 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 67700 | | \$300.99 |
| 67710 | | \$256.19 |
| 67715 | | \$276.49 |
| 67800 | | \$129.15 |
| 67801 | | \$163.10 |
| 67805 | | \$202.99 |
| 67808 | | \$363.64 |
| 67810 | | \$191.44 |
| 67820 | | \$21.00 |
| 67825 | | \$135.80 |
| 67830 | | \$284.19 |
| 67835 | | \$436.44 |
| 67840 | | \$293.29 |
| 67850 | | \$225.39 |
| 67875 | | \$189.69 |
| 67880 | | \$475.64 |
| 67882 | | \$578.88 |
| 67900 | | \$657.28 |
| 67901 | | \$808.13 |
| 67902 | | \$718.53 |
| 67903 | | \$611.43 |
| 67904 | | \$750.73 |
| 67906 | | \$499.44 |
| 67908 | | \$538.28 |
| 67909 | | \$557.53 |
| 67911 | | \$553.33 |
| 67912 | | \$942.17 |
| 67914 | | \$503.64 |
| 67915 | | \$327.24 |
| 67916 | | \$626.83 |
| 67917 | | \$636.98 |
| 67921 | | \$494.89 |
| 67922 | | \$316.39 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 67923 | | \$627.18 |
| 67924 | | \$666.03 |
| 67930 | | \$380.44 |
| 67935 | | \$607.23 |
| 67938 | | \$285.24 |
| 67950 | | \$592.88 |
| 67961 | | \$596.38 |
| 67966 | | \$784.68 |
| 67971 | | \$710.83 |
| 67973 | | \$913.47 |
| 67974 | | \$912.07 |
| 67975 | | \$673.03 |
| 68020 | | \$121.45 |
| 68040 | | \$62.30 |
| 68100 | | \$186.19 |
| 68110 | | \$243.24 |
| 68115 | | \$344.39 |
| 68130 | | \$564.53 |
| 68135 | | \$157.50 |
| 68200 | | \$41.65 |
| 68320 | | \$758.78 |
| 68325 | | \$648.53 |
| 68326 | | \$636.63 |
| 68328 | | \$697.18 |
| 68330 | | \$635.93 |
| 68335 | | \$639.08 |
| 68340 | | \$612.83 |
| 68360 | | \$554.38 |
| 68362 | | \$647.48 |
| 68371 | | \$409.49 |
| 68400 | | \$311.49 |
| 68420 | | \$346.84 |
| 68440 | | \$103.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 68500 | | \$1,041.92 |
| 68505 | | \$1,037.37 |
| 68510 | | \$469.34 |
| 68520 | | \$725.18 |
| 68525 | | \$254.79 |
| 68530 | | \$449.74 |
| 68540 | | \$970.17 |
| 68550 | | \$1,203.97 |
| 68700 | | \$596.38 |
| 68705 | | \$266.69 |
| 68720 | | \$796.93 |
| 68745 | | \$801.48 |
| 68750 | | \$841.73 |
| 68760 | | \$224.69 |
| 68761 | | \$151.20 |
| 68770 | | \$620.53 |
| 68801 | | \$96.25 |
| 68810 | | \$163.45 |
| 68811 | | \$133.35 |
| 68815 | | \$398.99 |
| 68816 | | \$891.07 |
| 68840 | | \$133.35 |
| 68841 | | \$35.35 |
| 68850 | | \$61.25 |
| 69000 | | \$190.74 |
| 69005 | | \$220.84 |
| 69020 | | \$240.79 |
| 69100 | | \$100.10 |
| 69105 | | \$149.45 |
| 69110 | | \$481.59 |
| 69120 | | \$400.39 |
| 69140 | | \$916.97 |
| 69145 | | \$421.39 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 69150 | | \$1,022.67 |
| 69155 | | \$1,623.60 |
| 69200 | | \$81.55 |
| 69205 | | \$94.50 |
| 69209 | | \$15.05 |
| 69210 | | \$46.90 |
| 69220 | | \$78.75 |
| 69222 | | \$220.14 |
| 69300 | | \$638.73 |
| 69310 | | \$1,134.32 |
| 69320 | | \$1,573.21 |
| 69420 | | \$193.54 |
| 69421 | | \$148.40 |
| 69424 | | \$133.00 |
| 69433 | | \$203.34 |
| 69436 | | \$156.10 |
| 69440 | | \$701.73 |
| 69450 | | \$557.53 |
| 69501 | | \$718.88 |
| 69502 | | \$955.12 |
| 69505 | | \$1,241.06 |
| 69511 | | \$1,269.06 |
| 69530 | | \$1,680.65 |
| 69535 | | \$2,644.87 |
| 69540 | | \$214.89 |
| 69550 | | \$1,074.82 |
| 69552 | | \$1,589.30 |
| 69554 | | \$2,504.53 |
| 69601 | | \$1,029.32 |
| 69602 | | \$1,096.52 |
| 69603 | | \$1,294.96 |
| 69604 | | \$1,118.92 |
| 69610 | | \$379.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 69620 | | \$744.08 |
| 69631 | | \$902.97 |
| 69632 | | \$1,094.07 |
| 69633 | | \$1,061.17 |
| 69635 | | \$1,274.66 |
| 69636 | | \$1,420.96 |
| 69637 | | \$1,445.11 |
| 69641 | | \$1,051.37 |
| 69642 | | \$1,347.81 |
| 69643 | | \$1,234.41 |
| 69644 | | \$1,514.76 |
| 69645 | | \$1,492.01 |
| 69646 | | \$1,575.30 |
| 69650 | | \$810.58 |
| 69660 | | \$928.87 |
| 69661 | | \$1,209.92 |
| 69662 | | \$1,157.42 |
| 69666 | | \$815.48 |
| 69667 | | \$816.18 |
| 69670 | | \$951.62 |
| 69676 | | \$844.53 |
| 69700 | | \$675.13 |
| 69705 | | \$3,113.51 |
| 69706 | | \$3,204.16 |
| 69711 | | \$850.83 |
| 69714 | | \$1,054.17 |
| 69715 | | \$1,295.31 |
| 69716 | | \$613.53 |
| 69717 | | \$1,105.27 |
| 69718 | | \$1,308.26 |
| 69719 | | \$613.53 |
| 69720 | | \$1,192.07 |
| 69725 | | \$1,852.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 69726 | | \$418.59 |
| 69727 | | \$478.09 |
| 69740 | | \$1,157.07 |
| 69745 | | \$1,235.81 |
| 69801 | | \$223.99 |
| 69805 | | \$1,027.22 |
| 69806 | | \$927.82 |
| 69905 | | \$926.77 |
| 69910 | | \$995.02 |
| 69915 | | \$1,495.16 |
| 69930 | | \$1,210.62 |
| 69950 | | \$1,722.30 |
| 69955 | | \$1,946.64 |
| 69960 | | \$1,864.75 |
| 69970 | | \$2,103.09 |
| 69990 | | \$198.44 |
| 70010 | | \$58.10 |
| 70015 | | \$172.90 |
| 70015 | 26 | \$57.75 |
| 70015 | TC | \$115.15 |
| 70030 | | \$32.55 |
| 70030 | 26 | \$9.10 |
| 70030 | TC | \$23.45 |
| 70100 | | \$38.85 |
| 70100 | 26 | \$9.10 |
| 70100 | TC | \$29.75 |
| 70110 | | \$44.10 |
| 70110 | 26 | \$12.25 |
| 70110 | TC | \$31.85 |
| 70120 | | \$38.50 |
| 70120 | 26 | \$9.10 |
| 70120 | TC | \$29.40 |
| 70130 | | \$63.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 70130 | 26 | \$16.80 |
| 70130 | TC | \$46.90 |
| 70134 | | \$60.55 |
| 70134 | 26 | \$17.50 |
| 70134 | TC | \$43.05 |
| 70140 | | \$32.55 |
| 70140 | 26 | \$10.15 |
| 70140 | TC | \$22.40 |
| 70150 | | \$47.95 |
| 70150 | 26 | \$12.95 |
| 70150 | TC | \$35.00 |
| 70160 | | \$38.50 |
| 70160 | 26 | \$8.75 |
| 70160 | TC | \$29.75 |
| 70170 | 26 | \$14.35 |
| 70190 | | \$39.20 |
| 70190 | 26 | \$11.20 |
| 70190 | TC | \$28.00 |
| 70200 | | \$49.00 |
| 70200 | 26 | \$14.00 |
| 70200 | TC | \$35.00 |
| 70210 | | \$32.55 |
| 70210 | 26 | \$8.75 |
| 70210 | TC | \$23.80 |
| 70220 | | \$38.15 |
| 70220 | 26 | \$10.85 |
| 70220 | TC | \$27.30 |
| 70240 | | \$33.60 |
| 70240 | 26 | \$9.45 |
| 70240 | TC | \$24.15 |
| 70250 | | \$36.05 |
| 70250 | 26 | \$9.10 |
| 70250 | TC | \$26.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 70260 | | \$45.50 |
| 70260 | 26 | \$14.00 |
| 70260 | TC | \$31.50 |
| 70300 | | \$12.95 |
| 70300 | 26 | \$5.25 |
| 70300 | TC | \$7.70 |
| 70310 | | \$39.20 |
| 70310 | 26 | \$7.70 |
| 70310 | TC | \$31.50 |
| 70320 | | \$57.40 |
| 70320 | 26 | \$11.55 |
| 70320 | TC | \$45.85 |
| 70328 | | \$35.00 |
| 70328 | 26 | \$9.10 |
| 70328 | TC | \$25.90 |
| 70330 | | \$54.25 |
| 70330 | 26 | \$11.90 |
| 70330 | TC | \$42.35 |
| 70332 | | \$87.15 |
| 70332 | 26 | \$26.60 |
| 70332 | TC | \$60.55 |
| 70336 | | \$301.69 |
| 70336 | 26 | \$71.05 |
| 70336 | TC | \$230.64 |
| 70350 | | \$16.45 |
| 70350 | 26 | \$8.75 |
| 70350 | TC | \$7.70 |
| 70355 | | \$18.55 |
| 70355 | 26 | \$10.50 |
| 70355 | TC | \$8.05 |
| 70360 | | \$31.85 |
| 70360 | 26 | \$9.10 |
| 70360 | TC | \$22.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 70370 | | \$95.55 |
| 70370 | 26 | \$14.70 |
| 70370 | TC | \$80.85 |
| 70371 | | \$111.30 |
| 70371 | 26 | \$41.30 |
| 70371 | TC | \$70.00 |
| 70380 | | \$38.15 |
| 70380 | 26 | \$8.40 |
| 70380 | TC | \$29.75 |
| 70390 | | \$122.15 |
| 70390 | 26 | \$18.55 |
| 70390 | TC | \$103.60 |
| 70450 | | \$115.50 |
| 70450 | 26 | \$41.30 |
| 70450 | TC | \$74.20 |
| 70460 | | \$162.75 |
| 70460 | 26 | \$54.95 |
| 70460 | TC | \$107.80 |
| 70470 | | \$191.44 |
| 70470 | 26 | \$61.60 |
| 70470 | TC | \$129.85 |
| 70480 | | \$170.80 |
| 70480 | 26 | \$61.95 |
| 70480 | TC | \$108.85 |
| 70481 | | \$200.19 |
| 70481 | 26 | \$54.95 |
| 70481 | TC | \$145.25 |
| 70482 | | \$235.19 |
| 70482 | 26 | \$60.90 |
| 70482 | TC | \$174.30 |
| 70486 | | \$140.00 |
| 70486 | 26 | \$41.30 |
| 70486 | TC | \$98.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 70487 | | \$167.30 |
| 70487 | 26 | \$54.60 |
| 70487 | TC | \$112.70 |
| 70488 | | \$205.09 |
| 70488 | 26 | \$61.60 |
| 70488 | TC | \$143.50 |
| 70490 | | \$164.15 |
| 70490 | 26 | \$61.95 |
| 70490 | TC | \$102.20 |
| 70491 | | \$203.69 |
| 70491 | 26 | \$66.85 |
| 70491 | TC | \$136.85 |
| 70492 | | \$246.04 |
| 70492 | 26 | \$78.40 |
| 70492 | TC | \$167.65 |
| 70496 | | \$263.19 |
| 70496 | 26 | \$84.35 |
| 70496 | TC | \$178.84 |
| 70498 | | \$263.19 |
| 70498 | 26 | \$84.35 |
| 70498 | TC | \$178.84 |
| 70540 | | \$258.99 |
| 70540 | 26 | \$64.75 |
| 70540 | TC | \$194.24 |
| 70542 | | \$308.34 |
| 70542 | 26 | \$78.75 |
| 70542 | TC | \$229.59 |
| 70543 | | \$387.79 |
| 70543 | 26 | \$103.60 |
| 70543 | TC | \$284.19 |
| 70544 | | \$242.89 |
| 70544 | 26 | \$57.75 |
| 70544 | TC | \$185.14 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 70545 | | \$255.84 |
| 70545 | 26 | \$57.75 |
| 70545 | TC | \$198.09 |
| 70546 | | \$371.34 |
| 70546 | 26 | \$71.05 |
| 70546 | TC | \$300.29 |
| 70547 | | \$243.94 |
| 70547 | 26 | \$58.10 |
| 70547 | TC | \$185.84 |
| 70548 | | \$274.74 |
| 70548 | 26 | \$72.10 |
| 70548 | TC | \$202.64 |
| 70549 | | \$389.54 |
| 70549 | 26 | \$87.15 |
| 70549 | TC | \$302.39 |
| 70551 | | \$219.44 |
| 70551 | 26 | \$71.05 |
| 70551 | TC | \$148.40 |
| 70552 | | \$305.89 |
| 70552 | 26 | \$86.10 |
| 70552 | TC | \$219.79 |
| 70553 | | \$361.19 |
| 70553 | 26 | \$110.95 |
| 70553 | TC | \$250.24 |
| 70554 | | \$430.49 |
| 70554 | 26 | \$102.20 |
| 70554 | TC | \$328.29 |
| 70555 | 26 | \$121.80 |
| 70557 | 26 | \$152.95 |
| 70558 | 26 | \$170.45 |
| 70559 | 26 | \$158.55 |
| 71045 | | \$25.90 |
| 71045 | 26 | \$9.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 71045 | TC | \$16.80 |
| 71046 | | \$33.95 |
| 71046 | 26 | \$10.85 |
| 71046 | TC | \$23.10 |
| 71047 | | \$43.05 |
| 71047 | 26 | \$13.65 |
| 71047 | TC | \$29.40 |
| 71048 | | \$46.20 |
| 71048 | 26 | \$15.75 |
| 71048 | TC | \$30.45 |
| 71100 | | \$37.10 |
| 71100 | 26 | \$11.20 |
| 71100 | TC | \$25.90 |
| 71101 | | \$42.70 |
| 71101 | 26 | \$13.30 |
| 71101 | TC | \$29.40 |
| 71110 | | \$44.45 |
| 71110 | 26 | \$14.35 |
| 71110 | TC | \$30.10 |
| 71111 | | \$53.20 |
| 71111 | 26 | \$15.75 |
| 71111 | TC | \$37.45 |
| 71120 | | \$33.95 |
| 71120 | 26 | \$9.80 |
| 71120 | TC | \$24.15 |
| 71130 | | \$42.00 |
| 71130 | 26 | \$10.85 |
| 71130 | TC | \$31.15 |
| 71250 | | \$145.25 |
| 71250 | 26 | \$52.50 |
| 71250 | TC | \$92.75 |
| 71260 | | \$184.09 |
| 71260 | 26 | \$56.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 71260 | TC | \$127.40 |
| 71270 | | \$218.39 |
| 71270 | 26 | \$60.55 |
| 71270 | TC | \$157.85 |
| 71271 | | \$150.15 |
| 71271 | 26 | \$52.50 |
| 71271 | TC | \$97.65 |
| 71275 | | \$266.69 |
| 71275 | 26 | \$87.85 |
| 71275 | TC | \$178.84 |
| 71550 | | \$300.99 |
| 71550 | 26 | \$70.35 |
| 71550 | TC | \$230.64 |
| 71551 | | \$435.04 |
| 71551 | 26 | \$83.65 |
| 71551 | TC | \$351.39 |
| 71552 | | \$477.74 |
| 71552 | 26 | \$108.85 |
| 71552 | TC | \$368.89 |
| 71555 | | \$382.89 |
| 71555 | 26 | \$86.80 |
| 71555 | TC | \$296.09 |
| 72020 | | \$24.85 |
| 72020 | 26 | \$8.05 |
| 72020 | TC | \$16.80 |
| 72040 | | \$39.90 |
| 72040 | 26 | \$11.20 |
| 72040 | TC | \$28.70 |
| 72050 | | \$53.55 |
| 72050 | 26 | \$13.65 |
| 72050 | TC | \$39.90 |
| 72052 | | \$63.00 |
| 72052 | 26 | \$14.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 72052 | TC | \$48.30 |
| 72070 | | \$32.90 |
| 72070 | 26 | \$10.15 |
| 72070 | TC | \$22.75 |
| 72072 | | \$39.55 |
| 72072 | 26 | \$11.20 |
| 72072 | TC | \$28.35 |
| 72074 | | \$45.15 |
| 72074 | 26 | \$12.25 |
| 72074 | TC | \$32.90 |
| 72080 | | \$35.00 |
| 72080 | 26 | \$10.50 |
| 72080 | TC | \$24.50 |
| 72081 | | \$42.70 |
| 72081 | 26 | \$12.95 |
| 72081 | TC | \$29.75 |
| 72082 | | \$71.05 |
| 72082 | 26 | \$15.40 |
| 72082 | TC | \$55.65 |
| 72083 | | \$80.50 |
| 72083 | 26 | \$17.85 |
| 72083 | TC | \$62.65 |
| 72084 | | \$99.05 |
| 72084 | 26 | \$20.30 |
| 72084 | TC | \$78.75 |
| 72100 | | \$40.25 |
| 72100 | 26 | \$11.20 |
| 72100 | TC | \$29.05 |
| 72110 | | \$51.45 |
| 72110 | 26 | \$12.95 |
| 72110 | TC | \$38.50 |
| 72114 | | \$63.00 |
| 72114 | 26 | \$15.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 72114 | TC | \$47.95 |
| 72120 | | \$41.30 |
| 72120 | 26 | \$11.20 |
| 72120 | TC | \$30.10 |
| 72125 | | \$142.45 |
| 72125 | 26 | \$48.65 |
| 72125 | TC | \$93.80 |
| 72126 | | \$185.84 |
| 72126 | 26 | \$59.15 |
| 72126 | TC | \$126.70 |
| 72127 | | \$218.39 |
| 72127 | 26 | \$61.25 |
| 72127 | TC | \$157.15 |
| 72128 | | \$142.10 |
| 72128 | 26 | \$48.65 |
| 72128 | TC | \$93.45 |
| 72129 | | \$186.89 |
| 72129 | 26 | \$59.15 |
| 72129 | TC | \$127.75 |
| 72130 | | \$219.44 |
| 72130 | 26 | \$61.25 |
| 72130 | TC | \$158.20 |
| 72131 | | \$141.75 |
| 72131 | 26 | \$48.65 |
| 72131 | TC | \$93.10 |
| 72132 | | \$185.84 |
| 72132 | 26 | \$59.15 |
| 72132 | TC | \$126.70 |
| 72133 | | \$218.39 |
| 72133 | 26 | \$61.25 |
| 72133 | TC | \$157.15 |
| 72141 | | \$214.89 |
| 72141 | 26 | \$71.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 72141 | TC | \$143.15 |
| 72142 | | \$313.24 |
| 72142 | 26 | \$86.45 |
| 72142 | TC | \$226.79 |
| 72146 | | \$214.89 |
| 72146 | 26 | \$71.75 |
| 72146 | TC | \$143.15 |
| 72147 | | \$311.14 |
| 72147 | 26 | \$86.45 |
| 72147 | TC | \$224.69 |
| 72148 | | \$215.24 |
| 72148 | 26 | \$71.75 |
| 72148 | TC | \$143.50 |
| 72149 | | \$308.34 |
| 72149 | 26 | \$86.45 |
| 72149 | TC | \$221.89 |
| 72156 | | \$364.69 |
| 72156 | 26 | \$110.95 |
| 72156 | TC | \$253.74 |
| 72157 | | \$365.39 |
| 72157 | 26 | \$110.95 |
| 72157 | TC | \$254.44 |
| 72158 | | \$363.99 |
| 72158 | 26 | \$110.95 |
| 72158 | TC | \$253.04 |
| 72159 | | \$395.49 |
| 72159 | 26 | \$87.15 |
| 72159 | TC | \$308.34 |
| 72170 | | \$28.00 |
| 72170 | 26 | \$8.75 |
| 72170 | TC | \$19.25 |
| 72190 | | \$42.35 |
| 72190 | 26 | \$12.60 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 72190 | TC | \$29.75 |
| 72191 | | \$265.64 |
| 72191 | 26 | \$86.80 |
| 72191 | TC | \$178.84 |
| 72192 | | \$145.60 |
| 72192 | 26 | \$52.85 |
| 72192 | TC | \$92.75 |
| 72193 | | \$235.19 |
| 72193 | 26 | \$56.35 |
| 72193 | TC | \$178.84 |
| 72194 | | \$237.64 |
| 72194 | 26 | \$58.80 |
| 72194 | TC | \$178.84 |
| 72195 | | \$262.84 |
| 72195 | 26 | \$70.35 |
| 72195 | TC | \$192.49 |
| 72196 | | \$308.69 |
| 72196 | 26 | \$84.00 |
| 72196 | TC | \$224.69 |
| 72197 | | \$387.79 |
| 72197 | 26 | \$106.05 |
| 72197 | TC | \$281.74 |
| 72198 | | \$384.99 |
| 72198 | 26 | \$86.10 |
| 72198 | TC | \$298.89 |
| 72200 | | \$33.25 |
| 72200 | 26 | \$8.40 |
| 72200 | TC | \$24.85 |
| 72202 | | \$39.55 |
| 72202 | 26 | \$11.20 |
| 72202 | TC | \$28.35 |
| 72220 | | \$32.55 |
| 72220 | 26 | \$8.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 72220 | TC | \$23.80 |
| 72240 | | \$117.95 |
| 72240 | 26 | \$44.80 |
| 72240 | TC | \$73.15 |
| 72255 | | \$118.65 |
| 72255 | 26 | \$46.20 |
| 72255 | TC | \$72.45 |
| 72265 | | \$109.90 |
| 72265 | 26 | \$39.90 |
| 72265 | TC | \$70.00 |
| 72270 | | \$150.50 |
| 72270 | 26 | \$65.80 |
| 72270 | TC | \$84.70 |
| 72275 | | \$142.45 |
| 72275 | 26 | \$38.15 |
| 72275 | TC | \$104.30 |
| 72285 | | \$127.75 |
| 72285 | 26 | \$57.40 |
| 72285 | TC | \$70.35 |
| 72295 | | \$114.10 |
| 72295 | 26 | \$41.30 |
| 72295 | TC | \$72.80 |
| 73000 | | \$32.55 |
| 73000 | 26 | \$8.40 |
| 73000 | TC | \$24.15 |
| 73010 | | \$23.80 |
| 73010 | 26 | \$9.10 |
| 73010 | TC | \$14.70 |
| 73020 | | \$21.70 |
| 73020 | 26 | \$7.70 |
| 73020 | TC | \$14.00 |
| 73030 | | \$34.65 |
| 73030 | 26 | \$9.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 73030 | TC | \$25.20 |
| 73040 | | \$133.35 |
| 73040 | 26 | \$27.30 |
| 73040 | TC | \$106.05 |
| 73050 | | \$28.70 |
| 73050 | 26 | \$9.45 |
| 73050 | TC | \$19.25 |
| 73060 | | \$32.55 |
| 73060 | 26 | \$8.40 |
| 73060 | TC | \$24.15 |
| 73070 | | \$29.40 |
| 73070 | 26 | \$8.40 |
| 73070 | TC | \$21.00 |
| 73080 | | \$32.55 |
| 73080 | 26 | \$8.75 |
| 73080 | TC | \$23.80 |
| 73085 | | \$119.35 |
| 73085 | 26 | \$28.00 |
| 73085 | TC | \$91.35 |
| 73090 | | \$29.40 |
| 73090 | 26 | \$8.05 |
| 73090 | TC | \$21.35 |
| 73092 | | \$31.85 |
| 73092 | 26 | \$8.05 |
| 73092 | TC | \$23.80 |
| 73100 | | \$34.30 |
| 73100 | 26 | \$8.40 |
| 73100 | TC | \$25.90 |
| 73110 | | \$40.95 |
| 73110 | 26 | \$8.75 |
| 73110 | TC | \$32.20 |
| 73115 | | \$139.30 |
| 73115 | 26 | \$27.65 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 73115 | TC | \$111.65 |
| 73120 | | \$31.50 |
| 73120 | 26 | \$8.40 |
| 73120 | TC | \$23.10 |
| 73130 | | \$36.75 |
| 73130 | 26 | \$8.75 |
| 73130 | TC | \$28.00 |
| 73140 | | \$37.80 |
| 73140 | 26 | \$7.00 |
| 73140 | TC | \$30.80 |
| 73200 | | \$157.50 |
| 73200 | 26 | \$48.65 |
| 73200 | TC | \$108.85 |
| 73201 | | \$225.39 |
| 73201 | 26 | \$56.35 |
| 73201 | TC | \$169.05 |
| 73202 | | \$237.64 |
| 73202 | 26 | \$58.80 |
| 73202 | TC | \$178.84 |
| 73206 | | \$265.29 |
| 73206 | 26 | \$86.45 |
| 73206 | TC | \$178.84 |
| 73218 | | \$296.09 |
| 73218 | 26 | \$65.45 |
| 73218 | TC | \$230.64 |
| 73219 | | \$385.69 |
| 73219 | 26 | \$78.75 |
| 73219 | TC | \$306.94 |
| 73220 | | \$472.49 |
| 73220 | 26 | \$103.95 |
| 73220 | TC | \$368.54 |
| 73221 | | \$227.84 |
| 73221 | 26 | \$65.80 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 73221 | TC | \$162.05 |
| 73222 | | \$365.04 |
| 73222 | 26 | \$79.10 |
| 73222 | TC | \$285.94 |
| 73223 | | \$450.44 |
| 73223 | 26 | \$104.30 |
| 73223 | TC | \$346.14 |
| 73225 | | \$392.34 |
| 73225 | 26 | \$84.00 |
| 73225 | TC | \$308.34 |
| 73501 | | \$32.55 |
| 73501 | 26 | \$9.45 |
| 73501 | TC | \$23.10 |
| 73502 | | \$47.25 |
| 73502 | 26 | \$11.20 |
| 73502 | TC | \$36.05 |
| 73503 | | \$59.50 |
| 73503 | 26 | \$13.65 |
| 73503 | TC | \$45.85 |
| 73521 | | \$41.65 |
| 73521 | 26 | \$11.20 |
| 73521 | TC | \$30.45 |
| 73522 | | \$54.25 |
| 73522 | 26 | \$14.70 |
| 73522 | TC | \$39.55 |
| 73523 | | \$62.30 |
| 73523 | 26 | \$15.40 |
| 73523 | TC | \$46.90 |
| 73525 | | \$136.85 |
| 73525 | 26 | \$28.70 |
| 73525 | TC | \$108.15 |
| 73551 | | \$29.75 |
| 73551 | 26 | \$8.40 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 73551 | TC | \$21.35 |
| 73552 | | \$35.70 |
| 73552 | 26 | \$9.10 |
| 73552 | TC | \$26.60 |
| 73560 | | \$34.65 |
| 73560 | 26 | \$8.40 |
| 73560 | TC | \$26.25 |
| 73562 | | \$40.95 |
| 73562 | 26 | \$9.45 |
| 73562 | TC | \$31.50 |
| 73564 | | \$46.55 |
| 73564 | 26 | \$11.20 |
| 73564 | TC | \$35.35 |
| 73565 | | \$41.30 |
| 73565 | 26 | \$8.75 |
| 73565 | TC | \$32.55 |
| 73580 | | \$148.75 |
| 73580 | 26 | \$28.00 |
| 73580 | TC | \$120.75 |
| 73590 | | \$31.85 |
| 73590 | 26 | \$8.05 |
| 73590 | TC | \$23.80 |
| 73592 | | \$31.85 |
| 73592 | 26 | \$8.05 |
| 73592 | TC | \$23.80 |
| 73600 | | \$32.90 |
| 73600 | 26 | \$8.40 |
| 73600 | TC | \$24.50 |
| 73610 | | \$37.10 |
| 73610 | 26 | \$8.75 |
| 73610 | TC | \$28.35 |
| 73615 | | \$139.65 |
| 73615 | 26 | \$28.35 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 73615 | TC | \$111.30 |
| 73620 | | \$28.70 |
| 73620 | 26 | \$7.70 |
| 73620 | TC | \$21.00 |
| 73630 | | \$34.65 |
| 73630 | 26 | \$8.40 |
| 73630 | TC | \$26.25 |
| 73650 | | \$29.05 |
| 73650 | 26 | \$8.05 |
| 73650 | TC | \$21.00 |
| 73660 | | \$29.40 |
| 73660 | 26 | \$6.65 |
| 73660 | TC | \$22.75 |
| 73700 | | \$141.75 |
| 73700 | 26 | \$48.65 |
| 73700 | TC | \$93.10 |
| 73701 | | \$183.74 |
| 73701 | 26 | \$56.35 |
| 73701 | TC | \$127.40 |
| 73702 | | \$214.54 |
| 73702 | 26 | \$58.80 |
| 73702 | TC | \$155.75 |
| 73706 | | \$269.49 |
| 73706 | 26 | \$90.65 |
| 73706 | TC | \$178.84 |
| 73718 | | \$255.84 |
| 73718 | 26 | \$65.10 |
| 73718 | TC | \$190.74 |
| 73719 | | \$301.34 |
| 73719 | 26 | \$78.75 |
| 73719 | TC | \$222.59 |
| 73720 | | \$387.79 |
| 73720 | 26 | \$103.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 73720 | TC | \$283.84 |
| 73721 | | \$227.14 |
| 73721 | 26 | \$65.45 |
| 73721 | TC | \$161.70 |
| 73722 | | \$365.74 |
| 73722 | 26 | \$79.10 |
| 73722 | TC | \$286.64 |
| 73723 | | \$449.04 |
| 73723 | 26 | \$103.95 |
| 73723 | TC | \$345.09 |
| 73725 | | \$383.94 |
| 73725 | 26 | \$86.80 |
| 73725 | TC | \$297.14 |
| 74018 | | \$30.10 |
| 74018 | 26 | \$9.10 |
| 74018 | TC | \$21.00 |
| 74019 | | \$37.45 |
| 74019 | 26 | \$11.55 |
| 74019 | TC | \$25.90 |
| 74021 | | \$43.40 |
| 74021 | 26 | \$13.30 |
| 74021 | TC | \$30.10 |
| 74022 | | \$50.40 |
| 74022 | 26 | \$15.75 |
| 74022 | TC | \$34.65 |
| 74150 | | \$149.45 |
| 74150 | 26 | \$57.75 |
| 74150 | TC | \$91.70 |
| 74160 | | \$240.44 |
| 74160 | 26 | \$61.60 |
| 74160 | TC | \$178.84 |
| 74170 | | \$246.04 |
| 74170 | 26 | \$67.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 74170 | TC | \$178.84 |
| 74174 | | \$416.49 |
| 74174 | 26 | \$105.00 |
| 74174 | TC | \$311.49 |
| 74175 | | \$266.34 |
| 74175 | 26 | \$87.50 |
| 74175 | TC | \$178.84 |
| 74176 | | \$199.14 |
| 74176 | 26 | \$84.35 |
| 74176 | TC | \$114.80 |
| 74177 | | \$338.09 |
| 74177 | 26 | \$88.20 |
| 74177 | TC | \$249.89 |
| 74178 | | \$379.39 |
| 74178 | 26 | \$96.95 |
| 74178 | TC | \$282.44 |
| 74181 | | \$222.24 |
| 74181 | 26 | \$70.35 |
| 74181 | TC | \$151.90 |
| 74182 | | \$348.94 |
| 74182 | 26 | \$83.65 |
| 74182 | TC | \$265.29 |
| 74183 | | \$388.49 |
| 74183 | 26 | \$106.05 |
| 74183 | TC | \$282.44 |
| 74185 | | \$385.69 |
| 74185 | 26 | \$86.45 |
| 74185 | TC | \$299.24 |
| 74190 | 26 | \$22.40 |
| 74210 | | \$100.80 |
| 74210 | 26 | \$28.70 |
| 74210 | TC | \$72.10 |
| 74220 | | \$102.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 74220 | 26 | \$29.40 |
| 74220 | TC | \$73.15 |
| 74221 | | \$115.15 |
| 74221 | 26 | \$33.95 |
| 74221 | TC | \$81.20 |
| 74230 | | \$135.80 |
| 74230 | 26 | \$25.90 |
| 74230 | TC | \$109.90 |
| 74235 | 26 | \$57.40 |
| 74240 | | \$127.40 |
| 74240 | 26 | \$38.85 |
| 74240 | TC | \$88.55 |
| 74246 | | \$146.30 |
| 74246 | 26 | \$43.40 |
| 74246 | TC | \$102.90 |
| 74248 | | \$86.45 |
| 74248 | 26 | \$33.95 |
| 74248 | TC | \$52.50 |
| 74250 | | \$127.75 |
| 74250 | 26 | \$39.20 |
| 74250 | TC | \$88.55 |
| 74251 | | \$235.54 |
| 74251 | 26 | \$56.70 |
| 74251 | TC | \$178.84 |
| 74261 | | \$225.74 |
| 74261 | 26 | \$116.20 |
| 74261 | TC | \$109.55 |
| 74262 | | \$299.94 |
| 74262 | 26 | \$120.75 |
| 74262 | TC | \$179.19 |
| 74263 | | \$774.53 |
| 74263 | 26 | \$112.00 |
| 74263 | TC | \$662.53 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 74270 | | \$162.05 |
| 74270 | 26 | \$50.40 |
| 74270 | TC | \$111.65 |
| 74280 | | \$234.49 |
| 74280 | 26 | \$60.90 |
| 74280 | TC | \$173.60 |
| 74283 | | \$268.44 |
| 74283 | 26 | \$101.50 |
| 74283 | TC | \$166.95 |
| 74290 | | \$89.60 |
| 74290 | 26 | \$15.75 |
| 74290 | TC | \$73.85 |
| 74300 | 26 | \$14.00 |
| 74301 | 26 | \$10.15 |
| 74328 | 26 | \$28.35 |
| 74329 | 26 | \$28.35 |
| 74330 | 26 | \$36.40 |
| 74340 | 26 | \$26.25 |
| 74355 | 26 | \$37.10 |
| 74360 | 26 | \$26.95 |
| 74363 | 26 | \$42.35 |
| 74400 | | \$138.60 |
| 74400 | 26 | \$23.45 |
| 74400 | TC | \$115.15 |
| 74410 | | \$143.15 |
| 74410 | 26 | \$23.45 |
| 74410 | TC | \$119.70 |
| 74415 | | \$162.75 |
| 74415 | 26 | \$23.45 |
| 74415 | TC | \$139.30 |
| 74420 | | \$77.70 |
| 74420 | 26 | \$24.85 |
| 74420 | TC | \$52.85 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 74425 | | \$141.75 |
| 74425 | 26 | \$24.50 |
| 74425 | TC | \$117.25 |
| 74430 | | \$41.30 |
| 74430 | 26 | \$15.40 |
| 74430 | TC | \$25.90 |
| 74440 | | \$100.80 |
| 74440 | 26 | \$18.20 |
| 74440 | TC | \$82.60 |
| 74445 | 26 | \$54.60 |
| 74450 | 26 | \$15.75 |
| 74455 | | \$107.80 |
| 74455 | 26 | \$15.75 |
| 74455 | TC | \$92.05 |
| 74470 | 26 | \$25.55 |
| 74485 | | \$121.45 |
| 74485 | 26 | \$39.20 |
| 74485 | TC | \$82.25 |
| 74710 | | \$40.25 |
| 74710 | 26 | \$16.45 |
| 74710 | TC | \$23.80 |
| 74712 | | \$375.89 |
| 74712 | 26 | \$145.25 |
| 74712 | TC | \$230.64 |
| 74713 | | \$225.74 |
| 74713 | 26 | \$89.60 |
| 74713 | TC | \$136.15 |
| 74740 | | \$99.40 |
| 74740 | 26 | \$18.55 |
| 74740 | TC | \$80.85 |
| 74742 | 26 | \$29.75 |
| 74775 | 26 | \$30.45 |
| 75557 | | \$319.19 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 75557 | 26 | \$112.70 |
| 75557 | TC | \$206.49 |
| 75559 | | \$442.74 |
| 75559 | 26 | \$137.55 |
| 75559 | TC | \$305.19 |
| 75561 | | \$421.74 |
| 75561 | 26 | \$124.95 |
| 75561 | TC | \$296.79 |
| 75563 | | \$496.99 |
| 75563 | 26 | \$143.50 |
| 75563 | TC | \$353.49 |
| 75565 | | \$53.20 |
| 75565 | 26 | \$11.90 |
| 75565 | TC | \$41.30 |
| 75571 | | \$107.10 |
| 75571 | 26 | \$28.35 |
| 75571 | TC | \$78.75 |
| 75572 | | \$262.49 |
| 75572 | 26 | \$83.65 |
| 75572 | TC | \$178.84 |
| 75573 | | \$301.34 |
| 75573 | 26 | \$122.50 |
| 75573 | TC | \$178.84 |
| 75574 | | \$293.99 |
| 75574 | 26 | \$115.15 |
| 75574 | TC | \$178.84 |
| 75600 | | \$205.44 |
| 75600 | 26 | \$23.10 |
| 75600 | TC | \$182.34 |
| 75605 | | \$127.40 |
| 75605 | 26 | \$53.20 |
| 75605 | TC | \$74.20 |
| 75625 | | \$133.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 75625 | 26 | \$66.15 |
| 75625 | TC | \$67.55 |
| 75630 | | \$164.85 |
| 75630 | 26 | \$93.10 |
| 75630 | TC | \$71.75 |
| 75635 | | \$293.64 |
| 75635 | 26 | \$114.45 |
| 75635 | TC | \$179.19 |
| 75705 | | \$247.79 |
| 75705 | 26 | \$110.25 |
| 75705 | TC | \$137.55 |
| 75710 | | \$157.85 |
| 75710 | 26 | \$81.20 |
| 75710 | TC | \$76.65 |
| 75716 | | \$170.10 |
| 75716 | 26 | \$91.35 |
| 75716 | TC | \$78.75 |
| 75726 | | \$178.84 |
| 75726 | 26 | \$93.80 |
| 75726 | TC | \$85.05 |
| 75731 | | \$159.60 |
| 75731 | 26 | \$54.95 |
| 75731 | TC | \$104.65 |
| 75733 | | \$175.34 |
| 75733 | 26 | \$61.95 |
| 75733 | TC | \$113.40 |
| 75736 | | \$147.35 |
| 75736 | 26 | \$52.15 |
| 75736 | TC | \$95.20 |
| 75741 | | \$138.60 |
| 75741 | 26 | \$60.55 |
| 75741 | TC | \$78.05 |
| 75743 | | \$156.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 75743 | 26 | \$77.00 |
| 75743 | TC | \$79.10 |
| 75746 | | \$141.05 |
| 75746 | 26 | \$52.85 |
| 75746 | TC | \$88.20 |
| 75756 | | \$162.75 |
| 75756 | 26 | \$53.55 |
| 75756 | TC | \$109.20 |
| 75774 | | \$104.30 |
| 75774 | 26 | \$46.20 |
| 75774 | TC | \$58.10 |
| 75801 | 26 | \$42.35 |
| 75803 | 26 | \$56.35 |
| 75805 | 26 | \$39.20 |
| 75807 | 26 | \$53.20 |
| 75809 | | \$90.30 |
| 75809 | 26 | \$23.45 |
| 75809 | TC | \$66.85 |
| 75810 | 26 | \$47.25 |
| 75820 | | \$118.65 |
| 75820 | 26 | \$50.05 |
| 75820 | TC | \$68.60 |
| 75822 | | \$141.75 |
| 75822 | 26 | \$68.95 |
| 75822 | TC | \$72.80 |
| 75825 | | \$121.10 |
| 75825 | 26 | \$52.50 |
| 75825 | TC | \$68.60 |
| 75827 | | \$126.70 |
| 75827 | 26 | \$52.85 |
| 75827 | TC | \$73.85 |
| 75831 | | \$126.35 |
| 75831 | 26 | \$51.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 75831 | TC | \$74.90 |
| 75833 | | \$151.55 |
| 75833 | 26 | \$67.90 |
| 75833 | TC | \$83.65 |
| 75840 | | \$137.55 |
| 75840 | 26 | \$55.30 |
| 75840 | TC | \$82.25 |
| 75842 | | \$166.60 |
| 75842 | 26 | \$71.75 |
| 75842 | TC | \$94.85 |
| 75860 | | \$134.75 |
| 75860 | 26 | \$53.90 |
| 75860 | TC | \$80.85 |
| 75870 | | \$172.90 |
| 75870 | 26 | \$58.45 |
| 75870 | TC | \$114.45 |
| 75872 | | \$137.55 |
| 75872 | 26 | \$55.30 |
| 75872 | TC | \$82.25 |
| 75880 | | \$115.85 |
| 75880 | 26 | \$33.95 |
| 75880 | TC | \$81.90 |
| 75885 | | \$144.20 |
| 75885 | 26 | \$65.10 |
| 75885 | TC | \$79.10 |
| 75887 | | \$145.60 |
| 75887 | 26 | \$65.80 |
| 75887 | TC | \$79.80 |
| 75889 | | \$131.25 |
| 75889 | 26 | \$51.80 |
| 75889 | TC | \$79.45 |
| 75891 | | \$132.65 |
| 75891 | 26 | \$52.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 75891 | TC | \$80.15 |
| 75893 | | \$112.35 |
| 75893 | 26 | \$25.55 |
| 75893 | TC | \$86.80 |
| 75894 | 26 | \$67.20 |
| 75898 | 26 | \$84.70 |
| 75901 | | \$242.89 |
| 75901 | 26 | \$23.10 |
| 75901 | TC | \$219.79 |
| 75902 | | \$93.45 |
| 75902 | 26 | \$18.55 |
| 75902 | TC | \$74.90 |
| 75956 | 26 | \$317.79 |
| 75957 | 26 | \$271.59 |
| 75958 | 26 | \$180.59 |
| 75959 | 26 | \$157.85 |
| 75970 | 26 | \$37.80 |
| 75984 | | \$105.70 |
| 75984 | 26 | \$38.15 |
| 75984 | TC | \$67.55 |
| 75989 | | \$120.40 |
| 75989 | 26 | \$56.00 |
| 75989 | TC | \$64.40 |
| 76000 | | \$42.70 |
| 76000 | 26 | \$15.05 |
| 76000 | TC | \$27.65 |
| 76010 | | \$30.10 |
| 76010 | 26 | \$9.10 |
| 76010 | TC | \$21.00 |
| 76080 | | \$60.90 |
| 76080 | 26 | \$25.20 |
| 76080 | TC | \$35.70 |
| 76098 | | \$42.35 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 76098 | 26 | \$15.40 |
| 76098 | TC | \$26.95 |
| 76100 | | \$95.20 |
| 76100 | 26 | \$29.05 |
| 76100 | TC | \$66.15 |
| 76101 | | \$102.90 |
| 76101 | 26 | \$25.20 |
| 76101 | TC | \$77.70 |
| 76102 | | \$138.25 |
| 76102 | 26 | \$29.40 |
| 76102 | TC | \$108.85 |
| 76120 | | \$117.60 |
| 76120 | 26 | \$19.25 |
| 76120 | TC | \$98.35 |
| 76125 | 26 | \$12.95 |
| 76145 | | \$839.98 |
| 76376 | | \$22.75 |
| 76376 | 26 | \$9.80 |
| 76376 | TC | \$12.95 |
| 76377 | | \$71.75 |
| 76377 | 26 | \$38.50 |
| 76377 | TC | \$33.25 |
| 76380 | | \$127.40 |
| 76380 | 26 | \$46.55 |
| 76380 | TC | \$80.85 |
| 76390 | | \$429.44 |
| 76390 | 26 | \$68.60 |
| 76390 | TC | \$360.84 |
| 76391 | | \$233.09 |
| 76391 | 26 | \$53.20 |
| 76391 | TC | \$179.89 |
| 76506 | | \$119.35 |
| 76506 | 26 | \$31.15 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76506 | TC | \$88.20 |
| 76510 | | \$74.20 |
| 76510 | 26 | \$39.90 |
| 76510 | TC | \$34.30 |
| 76511 | | \$58.45 |
| 76511 | 26 | \$36.05 |
| 76511 | TC | \$22.40 |
| 76512 | | \$49.70 |
| 76512 | 26 | \$31.15 |
| 76512 | TC | \$18.55 |
| 76513 | | \$79.80 |
| 76513 | 26 | \$32.55 |
| 76513 | TC | \$47.25 |
| 76514 | | \$11.55 |
| 76514 | 26 | \$8.05 |
| 76514 | TC | \$3.50 |
| 76516 | | \$47.25 |
| 76516 | 26 | \$22.75 |
| 76516 | TC | \$24.50 |
| 76519 | | \$68.25 |
| 76519 | 26 | \$30.80 |
| 76519 | TC | \$37.45 |
| 76529 | | \$88.55 |
| 76529 | 26 | \$32.55 |
| 76529 | TC | \$56.00 |
| 76536 | | \$118.65 |
| 76536 | 26 | \$27.65 |
| 76536 | TC | \$91.00 |
| 76604 | | \$67.55 |
| 76604 | 26 | \$28.00 |
| 76604 | TC | \$39.55 |
| 76641 | | \$108.15 |
| 76641 | 26 | \$35.35 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76641 | TC | \$72.80 |
| 76642 | | \$88.90 |
| 76642 | 26 | \$33.25 |
| 76642 | TC | \$55.65 |
| 76700 | | \$123.90 |
| 76700 | 26 | \$39.20 |
| 76700 | TC | \$84.70 |
| 76705 | | \$92.40 |
| 76705 | 26 | \$28.70 |
| 76705 | TC | \$63.70 |
| 76706 | | \$111.65 |
| 76706 | 26 | \$26.95 |
| 76706 | TC | \$84.70 |
| 76770 | | \$114.45 |
| 76770 | 26 | \$35.70 |
| 76770 | TC | \$78.75 |
| 76775 | | \$59.15 |
| 76775 | 26 | \$28.35 |
| 76775 | TC | \$30.80 |
| 76776 | | \$158.55 |
| 76776 | 26 | \$36.75 |
| 76776 | TC | \$121.80 |
| 76800 | | \$143.50 |
| 76800 | 26 | \$56.00 |
| 76800 | TC | \$87.50 |
| 76801 | | \$123.55 |
| 76801 | 26 | \$48.30 |
| 76801 | TC | \$75.25 |
| 76802 | | \$63.35 |
| 76802 | 26 | \$40.60 |
| 76802 | TC | \$22.75 |
| 76805 | | \$142.45 |
| 76805 | 26 | \$48.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76805 | TC | \$94.15 |
| 76810 | | \$92.40 |
| 76810 | 26 | \$47.95 |
| 76810 | TC | \$44.45 |
| 76811 | | \$178.84 |
| 76811 | 26 | \$92.75 |
| 76811 | TC | \$86.10 |
| 76812 | | \$202.29 |
| 76812 | 26 | \$86.80 |
| 76812 | TC | \$115.50 |
| 76813 | | \$123.90 |
| 76813 | 26 | \$57.75 |
| 76813 | TC | \$66.15 |
| 76814 | | \$79.10 |
| 76814 | 26 | \$48.65 |
| 76814 | TC | \$30.45 |
| 76815 | | \$85.40 |
| 76815 | 26 | \$31.85 |
| 76815 | TC | \$53.55 |
| 76816 | | \$115.50 |
| 76816 | 26 | \$41.65 |
| 76816 | TC | \$73.85 |
| 76817 | | \$97.65 |
| 76817 | 26 | \$36.75 |
| 76817 | TC | \$60.90 |
| 76818 | | \$118.65 |
| 76818 | 26 | \$51.45 |
| 76818 | TC | \$67.20 |
| 76819 | | \$87.50 |
| 76819 | 26 | \$37.80 |
| 76819 | TC | \$49.70 |
| 76820 | | \$46.90 |
| 76820 | 26 | \$24.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76820 | TC | \$22.40 |
| 76821 | | \$93.10 |
| 76821 | 26 | \$34.30 |
| 76821 | TC | \$58.80 |
| 76825 | | \$280.69 |
| 76825 | 26 | \$80.85 |
| 76825 | TC | \$199.84 |
| 76826 | | \$168.35 |
| 76826 | 26 | \$40.25 |
| 76826 | TC | \$128.10 |
| 76827 | | \$74.55 |
| 76827 | 26 | \$28.00 |
| 76827 | TC | \$46.55 |
| 76828 | | \$52.15 |
| 76828 | 26 | \$27.30 |
| 76828 | TC | \$24.85 |
| 76830 | | \$126.35 |
| 76830 | 26 | \$33.60 |
| 76830 | TC | \$92.75 |
| 76831 | | \$123.20 |
| 76831 | 26 | \$35.35 |
| 76831 | TC | \$87.85 |
| 76856 | | \$111.65 |
| 76856 | 26 | \$33.60 |
| 76856 | TC | \$78.05 |
| 76857 | | \$48.30 |
| 76857 | 26 | \$23.80 |
| 76857 | TC | \$24.50 |
| 76870 | | \$106.75 |
| 76870 | 26 | \$31.15 |
| 76870 | TC | \$75.60 |
| 76872 | | \$142.10 |
| 76872 | 26 | \$32.90 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76872 | TC | \$109.20 |
| 76873 | | \$180.24 |
| 76873 | 26 | \$77.00 |
| 76873 | TC | \$103.25 |
| 76881 | | \$67.20 |
| 76881 | 26 | \$30.80 |
| 76881 | TC | \$36.40 |
| 76882 | | \$57.05 |
| 76882 | 26 | \$23.45 |
| 76882 | TC | \$33.60 |
| 76885 | | \$116.90 |
| 76885 | 26 | \$36.05 |
| 76885 | TC | \$80.85 |
| 76886 | | \$106.75 |
| 76886 | 26 | \$30.45 |
| 76886 | TC | \$76.30 |
| 76932 | 26 | \$33.95 |
| 76936 | | \$272.29 |
| 76936 | 26 | \$92.75 |
| 76936 | TC | \$179.54 |
| 76937 | | \$38.85 |
| 76937 | 26 | \$13.65 |
| 76937 | TC | \$25.20 |
| 76940 | 26 | \$98.00 |
| 76941 | 26 | \$65.45 |
| 76942 | | \$58.10 |
| 76942 | 26 | \$30.80 |
| 76942 | TC | \$27.30 |
| 76945 | 26 | \$32.90 |
| 76946 | | \$32.90 |
| 76946 | 26 | \$18.90 |
| 76946 | TC | \$14.00 |
| 76948 | | \$81.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 76948 | 26 | \$32.90 |
| 76948 | TC | \$48.65 |
| 76965 | | \$93.45 |
| 76965 | 26 | \$67.20 |
| 76965 | TC | \$26.25 |
| 76975 | 26 | \$41.30 |
| 76977 | | \$7.00 |
| 76977 | 26 | \$2.80 |
| 76977 | TC | \$4.20 |
| 76978 | | \$322.69 |
| 76978 | 26 | \$78.40 |
| 76978 | TC | \$244.29 |
| 76979 | | \$220.49 |
| 76979 | 26 | \$41.30 |
| 76979 | TC | \$179.19 |
| 76981 | | \$108.85 |
| 76981 | 26 | \$28.70 |
| 76981 | TC | \$80.15 |
| 76982 | | \$101.15 |
| 76982 | 26 | \$29.05 |
| 76982 | TC | \$72.10 |
| 76983 | | \$63.70 |
| 76983 | 26 | \$24.85 |
| 76983 | TC | \$38.85 |
| 76998 | 26 | \$59.15 |
| 77001 | | \$104.30 |
| 77001 | 26 | \$18.20 |
| 77001 | TC | \$86.10 |
| 77002 | | \$118.30 |
| 77002 | 26 | \$27.30 |
| 77002 | TC | \$91.00 |
| 77003 | | \$106.40 |
| 77003 | 26 | \$29.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77003 | TC | \$77.35 |
| 77011 | | \$239.39 |
| 77011 | 26 | \$61.60 |
| 77011 | TC | \$177.79 |
| 77012 | | \$149.45 |
| 77012 | 26 | \$71.05 |
| 77012 | TC | \$78.40 |
| 77013 | 26 | \$183.74 |
| 77014 | | \$125.65 |
| 77014 | 26 | \$44.80 |
| 77014 | TC | \$80.85 |
| 77021 | | \$471.44 |
| 77021 | 26 | \$70.70 |
| 77021 | TC | \$400.74 |
| 77022 | 26 | \$208.24 |
| 77046 | | \$242.19 |
| 77046 | 26 | \$69.65 |
| 77046 | TC | \$172.55 |
| 77047 | | \$248.84 |
| 77047 | 26 | \$77.00 |
| 77047 | TC | \$171.85 |
| 77048 | | \$386.04 |
| 77048 | 26 | \$101.50 |
| 77048 | TC | \$284.54 |
| 77049 | | \$394.44 |
| 77049 | 26 | \$111.30 |
| 77049 | TC | \$283.14 |
| 77053 | | \$56.00 |
| 77053 | 26 | \$17.50 |
| 77053 | TC | \$38.50 |
| 77054 | | \$72.80 |
| 77054 | 26 | \$21.70 |
| 77054 | TC | \$51.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77063 | | \$54.95 |
| 77063 | 26 | \$29.40 |
| 77063 | TC | \$25.55 |
| 77065 | | \$130.55 |
| 77065 | 26 | \$39.20 |
| 77065 | TC | \$91.35 |
| 77066 | | \$165.55 |
| 77066 | 26 | \$48.65 |
| 77066 | TC | \$116.90 |
| 77067 | | \$133.70 |
| 77067 | 26 | \$37.10 |
| 77067 | TC | \$96.60 |
| 77071 | | \$54.95 |
| 77072 | | \$26.25 |
| 77072 | 26 | \$9.45 |
| 77072 | TC | \$16.80 |
| 77073 | | \$45.50 |
| 77073 | 26 | \$13.30 |
| 77073 | TC | \$32.20 |
| 77074 | | \$65.80 |
| 77074 | 26 | \$21.35 |
| 77074 | TC | \$44.45 |
| 77075 | | \$100.10 |
| 77075 | 26 | \$26.95 |
| 77075 | TC | \$73.15 |
| 77076 | | \$107.80 |
| 77076 | 26 | \$33.95 |
| 77076 | TC | \$73.85 |
| 77077 | | \$47.25 |
| 77077 | 26 | \$16.80 |
| 77077 | TC | \$30.45 |
| 77078 | | \$93.10 |
| 77078 | 26 | \$12.25 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77078 | TC | \$80.85 |
| 77080 | | \$38.50 |
| 77080 | 26 | \$9.80 |
| 77080 | TC | \$28.70 |
| 77081 | | \$31.85 |
| 77081 | 26 | \$10.15 |
| 77081 | TC | \$21.70 |
| 77084 | | \$307.64 |
| 77084 | 26 | \$77.00 |
| 77084 | TC | \$230.64 |
| 77085 | | \$53.20 |
| 77085 | 26 | \$15.05 |
| 77085 | TC | \$38.15 |
| 77086 | | \$33.95 |
| 77086 | 26 | \$8.40 |
| 77086 | TC | \$25.55 |
| 77089 | | \$41.30 |
| 77092 | | \$10.15 |
| 77261 | | \$70.35 |
| 77262 | | \$106.75 |
| 77263 | | \$165.90 |
| 77280 | | \$289.44 |
| 77280 | 26 | \$37.80 |
| 77280 | TC | \$251.64 |
| 77285 | | \$480.19 |
| 77285 | 26 | \$57.05 |
| 77285 | TC | \$423.14 |
| 77290 | | \$501.54 |
| 77290 | 26 | \$81.55 |
| 77290 | TC | \$419.99 |
| 77293 | | \$453.94 |
| 77293 | 26 | \$105.00 |
| 77293 | TC | \$348.94 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77295 | | \$488.59 |
| 77295 | 26 | \$224.34 |
| 77295 | TC | \$264.24 |
| 77300 | | \$66.85 |
| 77300 | 26 | \$32.55 |
| 77300 | TC | \$34.30 |
| 77301 | | \$1,929.84 |
| 77301 | 26 | \$417.89 |
| 77301 | TC | \$1,511.96 |
| 77306 | | \$149.45 |
| 77306 | 26 | \$73.15 |
| 77306 | TC | \$76.30 |
| 77307 | | \$290.14 |
| 77307 | 26 | \$151.90 |
| 77307 | TC | \$138.25 |
| 77316 | | \$235.54 |
| 77316 | 26 | \$73.15 |
| 77316 | TC | \$162.40 |
| 77317 | | \$309.39 |
| 77317 | 26 | \$95.90 |
| 77317 | TC | \$213.49 |
| 77318 | | \$440.29 |
| 77318 | 26 | \$151.55 |
| 77318 | TC | \$288.74 |
| 77321 | | \$95.20 |
| 77321 | 26 | \$50.05 |
| 77321 | TC | \$45.15 |
| 77331 | | \$65.10 |
| 77331 | 26 | \$45.85 |
| 77331 | TC | \$19.25 |
| 77332 | | \$42.00 |
| 77332 | 26 | \$23.80 |
| 77332 | TC | \$18.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77333 | | \$135.10 |
| 77333 | 26 | \$39.55 |
| 77333 | TC | \$95.55 |
| 77334 | | \$127.40 |
| 77334 | 26 | \$60.20 |
| 77334 | TC | \$67.20 |
| 77336 | | \$81.90 |
| 77338 | | \$477.74 |
| 77338 | 26 | \$223.99 |
| 77338 | TC | \$253.74 |
| 77370 | | \$128.80 |
| 77372 | | \$1,073.77 |
| 77373 | | \$1,171.42 |
| 77401 | | \$43.75 |
| 77417 | | \$11.55 |
| 77427 | | \$187.59 |
| 77431 | | \$105.35 |
| 77432 | | \$418.59 |
| 77435 | | \$631.73 |
| 77469 | | \$313.59 |
| 77470 | | \$133.00 |
| 77470 | 26 | \$106.75 |
| 77470 | TC | \$26.25 |
| 77600 | | \$499.44 |
| 77600 | 26 | \$70.00 |
| 77600 | TC | \$429.44 |
| 77605 | | \$1,037.37 |
| 77605 | 26 | \$97.30 |
| 77605 | TC | \$940.07 |
| 77610 | | \$726.58 |
| 77610 | 26 | \$68.60 |
| 77610 | TC | \$657.98 |
| 77615 | | \$1,132.92 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77615 | 26 | \$96.25 |
| 77615 | TC | \$1,036.67 |
| 77620 | | \$661.48 |
| 77620 | 26 | \$79.80 |
| 77620 | TC | \$581.68 |
| 77750 | | \$388.84 |
| 77750 | 26 | \$261.09 |
| 77750 | TC | \$127.75 |
| 77761 | | \$413.69 |
| 77761 | 26 | \$201.94 |
| 77761 | TC | \$211.74 |
| 77762 | | \$543.88 |
| 77762 | 26 | \$301.69 |
| 77762 | TC | \$242.19 |
| 77763 | | \$764.38 |
| 77763 | 26 | \$453.94 |
| 77763 | TC | \$310.44 |
| 77767 | | \$250.94 |
| 77767 | 26 | \$54.95 |
| 77767 | TC | \$195.99 |
| 77768 | | \$371.34 |
| 77768 | 26 | \$73.50 |
| 77768 | TC | \$297.84 |
| 77770 | | \$352.44 |
| 77770 | 26 | \$102.20 |
| 77770 | TC | \$250.24 |
| 77771 | | \$613.53 |
| 77771 | 26 | \$198.79 |
| 77771 | TC | \$414.74 |
| 77772 | | \$917.32 |
| 77772 | 26 | \$280.34 |
| 77772 | TC | \$636.98 |
| 77778 | | \$893.87 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 77778 | 26 | \$458.49 |
| 77778 | TC | \$435.39 |
| 77789 | | \$132.65 |
| 77789 | 26 | \$60.20 |
| 77789 | TC | \$72.45 |
| 77790 | | \$15.40 |
| 78012 | | \$82.95 |
| 78012 | 26 | \$8.75 |
| 78012 | TC | \$74.20 |
| 78013 | | \$200.19 |
| 78013 | 26 | \$17.50 |
| 78013 | TC | \$182.69 |
| 78014 | | \$244.99 |
| 78014 | 26 | \$23.80 |
| 78014 | TC | \$221.19 |
| 78015 | | \$231.69 |
| 78015 | 26 | \$31.85 |
| 78015 | TC | \$199.84 |
| 78016 | | \$290.49 |
| 78016 | 26 | \$33.95 |
| 78016 | TC | \$256.54 |
| 78018 | | \$321.29 |
| 78018 | 26 | \$40.25 |
| 78018 | TC | \$281.04 |
| 78020 | | \$83.65 |
| 78020 | 26 | \$27.30 |
| 78020 | TC | \$56.35 |
| 78070 | | \$302.04 |
| 78070 | 26 | \$37.80 |
| 78070 | TC | \$264.24 |
| 78071 | | \$360.49 |
| 78071 | 26 | \$56.70 |
| 78071 | TC | \$303.79 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78072 | | \$454.29 |
| 78072 | 26 | \$74.20 |
| 78072 | TC | \$380.09 |
| 78075 | | \$459.19 |
| 78075 | 26 | \$36.05 |
| 78075 | TC | \$423.14 |
| 78102 | | \$176.04 |
| 78102 | 26 | \$25.55 |
| 78102 | TC | \$150.50 |
| 78103 | | \$220.14 |
| 78103 | 26 | \$33.95 |
| 78103 | TC | \$186.19 |
| 78104 | | \$254.44 |
| 78104 | 26 | \$37.45 |
| 78104 | TC | \$216.99 |
| 78110 | | \$71.05 |
| 78110 | 26 | \$7.70 |
| 78110 | TC | \$63.35 |
| 78111 | | \$75.60 |
| 78111 | 26 | \$9.10 |
| 78111 | TC | \$66.50 |
| 78120 | | \$72.80 |
| 78120 | 26 | \$9.45 |
| 78120 | TC | \$63.35 |
| 78121 | | \$79.80 |
| 78121 | 26 | \$13.30 |
| 78121 | TC | \$66.50 |
| 78122 | | \$99.05 |
| 78122 | 26 | \$20.30 |
| 78122 | TC | \$78.75 |
| 78130 | | \$128.45 |
| 78130 | 26 | \$25.55 |
| 78130 | TC | \$102.90 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78140 | | \$114.10 |
| 78140 | 26 | \$25.20 |
| 78140 | TC | \$88.90 |
| 78185 | | \$175.69 |
| 78185 | 26 | \$16.45 |
| 78185 | TC | \$159.25 |
| 78191 | | \$128.45 |
| 78191 | 26 | \$25.55 |
| 78191 | TC | \$102.90 |
| 78195 | | \$362.59 |
| 78195 | 26 | \$56.35 |
| 78195 | TC | \$306.24 |
| 78201 | | \$195.29 |
| 78201 | 26 | \$20.65 |
| 78201 | TC | \$174.65 |
| 78202 | | \$214.54 |
| 78202 | 26 | \$23.80 |
| 78202 | TC | \$190.74 |
| 78215 | | \$200.54 |
| 78215 | 26 | \$23.45 |
| 78215 | TC | \$177.09 |
| 78216 | | \$131.95 |
| 78216 | 26 | \$26.60 |
| 78216 | TC | \$105.35 |
| 78226 | | \$335.29 |
| 78226 | 26 | \$35.35 |
| 78226 | TC | \$299.94 |
| 78227 | | \$451.84 |
| 78227 | 26 | \$43.05 |
| 78227 | TC | \$408.79 |
| 78230 | | \$179.19 |
| 78230 | 26 | \$21.70 |
| 78230 | TC | \$157.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 78231 | | \$108.15 |
| 78231 | 26 | \$21.35 |
| 78231 | TC | \$86.80 |
| 78232 | | \$106.05 |
| 78232 | 26 | \$19.25 |
| 78232 | TC | \$86.80 |
| 78258 | | \$218.74 |
| 78258 | 26 | \$33.95 |
| 78258 | TC | \$184.79 |
| 78261 | | \$209.99 |
| 78261 | 26 | \$28.35 |
| 78261 | TC | \$181.64 |
| 78262 | | \$247.79 |
| 78262 | 26 | \$32.55 |
| 78262 | TC | \$215.24 |
| 78264 | | \$340.19 |
| 78264 | 26 | \$37.80 |
| 78264 | TC | \$302.39 |
| 78265 | | \$401.79 |
| 78265 | 26 | \$46.55 |
| 78265 | TC | \$355.24 |
| 78266 | | \$445.89 |
| 78266 | 26 | \$48.30 |
| 78266 | TC | \$397.59 |
| 78267 | | \$11.06 |
| 78268 | | \$94.41 |
| 78278 | | \$356.64 |
| 78278 | 26 | \$47.25 |
| 78278 | TC | \$309.39 |
| 78282 | 26 | \$15.75 |
| 78290 | | \$338.44 |
| 78290 | 26 | \$32.55 |
| 78290 | TC | \$305.89 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78291 | | \$256.19 |
| 78291 | 26 | \$40.60 |
| 78291 | TC | \$215.59 |
| 78300 | | \$234.84 |
| 78300 | 26 | \$29.75 |
| 78300 | TC | \$205.09 |
| 78305 | | \$284.54 |
| 78305 | 26 | \$39.20 |
| 78305 | TC | \$245.34 |
| 78306 | | \$306.24 |
| 78306 | 26 | \$40.60 |
| 78306 | TC | \$265.64 |
| 78315 | | \$354.54 |
| 78315 | 26 | \$48.65 |
| 78315 | TC | \$305.89 |
| 78350 | | \$32.55 |
| 78350 | 26 | \$11.20 |
| 78350 | TC | \$21.35 |
| 78351 | | \$15.05 |
| 78414 | 26 | \$21.70 |
| 78428 | | \$190.04 |
| 78428 | 26 | \$36.75 |
| 78428 | TC | \$153.30 |
| 78429 | 26 | \$81.20 |
| 78430 | 26 | \$77.00 |
| 78431 | 26 | \$89.60 |
| 78432 | 26 | \$95.55 |
| 78433 | 26 | \$103.95 |
| 78434 | 26 | \$30.10 |
| 78445 | | \$209.29 |
| 78445 | 26 | \$24.15 |
| 78445 | TC | \$185.14 |
| 78451 | | \$348.24 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 78451 | 26 | \$65.45 |
| 78451 | TC | \$282.79 |
| 78452 | | \$485.79 |
| 78452 | 26 | \$77.00 |
| 78452 | TC | \$408.79 |
| 78453 | | \$306.24 |
| 78453 | 26 | \$47.60 |
| 78453 | TC | \$258.64 |
| 78454 | | \$443.44 |
| 78454 | 26 | \$64.05 |
| 78454 | TC | \$379.39 |
| 78456 | | \$320.94 |
| 78456 | 26 | \$47.95 |
| 78456 | TC | \$272.99 |
| 78457 | | \$182.69 |
| 78457 | 26 | \$36.75 |
| 78457 | TC | \$145.95 |
| 78458 | | \$209.64 |
| 78458 | 26 | \$43.40 |
| 78458 | TC | \$166.25 |
| 78459 | | \$1,379.53 |
| 78459 | 26 | \$73.85 |
| 78459 | TC | \$1,305.85 |
| 78466 | | \$201.94 |
| 78466 | 26 | \$33.95 |
| 78466 | TC | \$168.00 |
| 78468 | | \$201.59 |
| 78468 | 26 | \$37.80 |
| 78468 | TC | \$163.80 |
| 78469 | | \$225.04 |
| 78469 | 26 | \$43.75 |
| 78469 | TC | \$181.29 |
| 78472 | | \$232.74 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 78472 | 26 | \$46.20 |
| 78472 | TC | \$186.54 |
| 78473 | | \$295.39 |
| 78473 | 26 | \$69.30 |
| 78473 | TC | \$226.09 |
| 78481 | | \$180.59 |
| 78481 | 26 | \$46.55 |
| 78481 | TC | \$134.05 |
| 78483 | | \$247.44 |
| 78483 | 26 | \$70.35 |
| 78483 | TC | \$177.09 |
| 78491 | | \$1,551.55 |
| 78491 | 26 | \$71.40 |
| 78491 | TC | \$1,480.32 |
| 78492 | | \$1,564.81 |
| 78492 | 26 | \$84.70 |
| 78492 | TC | \$1,480.32 |
| 78494 | | \$233.09 |
| 78494 | 26 | \$56.70 |
| 78494 | TC | \$176.39 |
| 78496 | | \$43.05 |
| 78496 | 26 | \$23.80 |
| 78496 | TC | \$19.25 |
| 78579 | | \$191.44 |
| 78579 | 26 | \$23.10 |
| 78579 | TC | \$168.35 |
| 78580 | | \$241.84 |
| 78580 | 26 | \$35.00 |
| 78580 | TC | \$206.84 |
| 78582 | | \$340.89 |
| 78582 | 26 | \$50.75 |
| 78582 | TC | \$290.14 |
| 78597 | | \$206.49 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78597 | 26 | \$34.30 |
| 78597 | TC | \$172.20 |
| 78598 | | \$311.14 |
| 78598 | 26 | \$39.55 |
| 78598 | TC | \$271.59 |
| 78600 | | \$187.94 |
| 78600 | 26 | \$21.35 |
| 78600 | TC | \$166.60 |
| 78601 | | \$221.19 |
| 78601 | 26 | \$24.15 |
| 78601 | TC | \$197.04 |
| 78605 | | \$204.39 |
| 78605 | 26 | \$25.55 |
| 78605 | TC | \$178.84 |
| 78606 | | \$339.84 |
| 78606 | 26 | \$30.80 |
| 78606 | TC | \$309.04 |
| 78608 | | \$1,549.81 |
| 78608 | 26 | \$69.65 |
| 78608 | TC | \$1,480.32 |
| 78609 | | \$73.85 |
| 78609 | 26 | \$73.85 |
| 78610 | | \$178.49 |
| 78610 | 26 | \$14.00 |
| 78610 | TC | \$164.50 |
| 78630 | | \$345.79 |
| 78630 | 26 | \$32.55 |
| 78630 | TC | \$313.24 |
| 78635 | | \$346.14 |
| 78635 | 26 | \$29.75 |
| 78635 | TC | \$316.39 |
| 78645 | | \$331.79 |
| 78645 | 26 | \$26.60 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 78645 | TC | \$305.19 |
| 78650 | | \$284.89 |
| 78650 | 26 | \$25.55 |
| 78650 | TC | \$259.34 |
| 78660 | | \$194.59 |
| 78660 | 26 | \$26.25 |
| 78660 | TC | \$168.35 |
| 78700 | | \$175.69 |
| 78700 | 26 | \$21.35 |
| 78700 | TC | \$154.35 |
| 78701 | | \$225.74 |
| 78701 | 26 | \$23.45 |
| 78701 | TC | \$202.29 |
| 78707 | | \$236.24 |
| 78707 | 26 | \$44.80 |
| 78707 | TC | \$191.44 |
| 78708 | | \$179.54 |
| 78708 | 26 | \$57.05 |
| 78708 | TC | \$122.50 |
| 78709 | | \$376.24 |
| 78709 | 26 | \$66.15 |
| 78709 | TC | \$310.09 |
| 78725 | | \$114.80 |
| 78725 | 26 | \$17.85 |
| 78725 | TC | \$96.95 |
| 78730 | | \$78.75 |
| 78730 | 26 | \$7.70 |
| 78730 | TC | \$71.05 |
| 78740 | | \$226.09 |
| 78740 | 26 | \$26.95 |
| 78740 | TC | \$199.14 |
| 78761 | | \$216.29 |
| 78761 | 26 | \$34.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78761 | TC | \$181.99 |
| 78800 | | \$261.79 |
| 78800 | 26 | \$30.80 |
| 78800 | TC | \$230.99 |
| 78801 | | \$289.09 |
| 78801 | 26 | \$34.65 |
| 78801 | TC | \$254.44 |
| 78802 | | \$320.59 |
| 78802 | 26 | \$37.45 |
| 78802 | TC | \$283.14 |
| 78803 | | \$396.54 |
| 78803 | 26 | \$50.75 |
| 78803 | TC | \$345.79 |
| 78804 | | \$677.23 |
| 78804 | 26 | \$47.60 |
| 78804 | TC | \$629.63 |
| 78808 | | \$41.30 |
| 78811 | | \$1,377.44 |
| 78811 | 26 | \$71.75 |
| 78811 | TC | \$1,305.85 |
| 78812 | | \$1,570.20 |
| 78812 | 26 | \$90.30 |
| 78812 | TC | \$1,480.32 |
| 78813 | | \$1,570.74 |
| 78813 | 26 | \$90.65 |
| 78813 | TC | \$1,480.32 |
| 78814 | | \$1,582.86 |
| 78814 | 26 | \$102.90 |
| 78814 | TC | \$1,480.32 |
| 78815 | | \$1,595.22 |
| 78815 | 26 | \$115.15 |
| 78815 | TC | \$1,480.32 |
| 78816 | | \$1,596.12 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 78816 | 26 | \$116.20 |
| 78816 | TC | \$1,480.32 |
| 78830 | | \$503.99 |
| 78830 | 26 | \$69.30 |
| 78830 | TC | \$434.69 |
| 78831 | | \$727.28 |
| 78831 | 26 | \$84.35 |
| 78831 | TC | \$642.93 |
| 78832 | | \$947.77 |
| 78832 | 26 | \$99.05 |
| 78832 | TC | \$848.73 |
| 78835 | | \$104.30 |
| 78835 | 26 | \$21.70 |
| 78835 | TC | \$82.60 |
| 79005 | | \$137.55 |
| 79005 | 26 | \$85.05 |
| 79005 | TC | \$52.50 |
| 79101 | | \$149.45 |
| 79101 | 26 | \$95.20 |
| 79101 | TC | \$54.25 |
| 79200 | | \$137.55 |
| 79200 | 26 | \$81.90 |
| 79200 | TC | \$55.65 |
| 79300 | 26 | \$65.80 |
| 79403 | | \$187.94 |
| 79403 | 26 | \$104.65 |
| 79403 | TC | \$83.30 |
| 79440 | | \$123.55 |
| 79440 | 26 | \$81.90 |
| 79440 | TC | \$41.65 |
| 79445 | 26 | \$110.25 |
| 80047 | | \$13.73 |
| 80048 | | \$8.46 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 80051 | | \$7.01 |
| 80053 | | \$10.56 |
| 80055 | | \$47.81 |
| 80061 | | \$13.39 |
| 80069 | | \$8.68 |
| 80074 | | \$47.63 |
| 80076 | | \$8.17 |
| 80081 | | \$74.86 |
| 80143 | | \$18.64 |
| 80145 | | \$38.57 |
| 80150 | | \$15.08 |
| 80151 | | \$18.64 |
| 80155 | | \$38.57 |
| 80156 | | \$14.57 |
| 80157 | | \$13.25 |
| 80158 | | \$18.05 |
| 80159 | | \$20.15 |
| 80161 | | \$18.64 |
| 80162 | | \$13.28 |
| 80163 | | \$13.28 |
| 80164 | | \$13.54 |
| 80165 | | \$13.54 |
| 80167 | | \$18.64 |
| 80168 | | \$16.34 |
| 80169 | | \$13.73 |
| 80170 | | \$16.38 |
| 80171 | | \$21.67 |
| 80173 | | \$15.78 |
| 80175 | | \$13.25 |
| 80176 | | \$14.69 |
| 80177 | | \$13.25 |
| 80178 | | \$6.61 |
| 80179 | | \$18.64 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 80180 | | \$18.05 |
| 80181 | | \$18.64 |
| 80183 | | \$13.25 |
| 80184 | | \$15.30 |
| 80185 | | \$13.25 |
| 80186 | | \$13.76 |
| 80187 | | \$27.11 |
| 80188 | | \$16.59 |
| 80189 | | \$27.11 |
| 80190 | | \$60.00 |
| 80192 | | \$16.75 |
| 80193 | | \$38.57 |
| 80194 | | \$14.60 |
| 80195 | | \$13.73 |
| 80197 | | \$13.73 |
| 80198 | | \$14.14 |
| 80199 | | \$27.11 |
| 80200 | | \$16.13 |
| 80201 | | \$11.92 |
| 80202 | | \$13.54 |
| 80203 | | \$13.25 |
| 80204 | | \$38.57 |
| 80210 | | \$27.11 |
| 80220 | | \$18.64 |
| 80230 | | \$38.57 |
| 80235 | | \$27.11 |
| 80280 | | \$38.57 |
| 80285 | | \$27.11 |
| 80299 | | \$18.64 |
| 80305 | | \$12.60 |
| 80306 | | \$17.14 |
| 80307 | | \$62.14 |
| 80400 | | \$32.62 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 80402 | | \$86.96 |
| 80406 | | \$78.26 |
| 80408 | | \$125.50 |
| 80410 | | \$80.37 |
| 80412 | | \$801.62 |
| 80414 | | \$51.64 |
| 80415 | | \$55.89 |
| 80416 | | \$209.32 |
| 80417 | | \$43.99 |
| 80418 | | \$579.48 |
| 80420 | | \$161.88 |
| 80422 | | \$46.07 |
| 80424 | | \$50.50 |
| 80426 | | \$148.41 |
| 80428 | | \$66.70 |
| 80430 | | \$129.33 |
| 80432 | | \$165.61 |
| 80434 | | \$285.03 |
| 80435 | | \$103.00 |
| 80436 | | \$91.16 |
| 80438 | | \$50.41 |
| 80439 | | \$67.21 |
| 80500 | | \$22.05 |
| 80502 | | \$71.75 |
| 80503 | | \$26.60 |
| 80504 | | \$52.85 |
| 80505 | | \$95.55 |
| 80506 | | \$43.05 |
| 81000 | | \$4.02 |
| 81001 | | \$3.17 |
| 81002 | | \$3.48 |
| 81003 | | \$2.25 |
| 81005 | | \$2.17 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81007 | | \$29.98 |
| 81015 | | \$3.05 |
| 81020 | | \$4.70 |
| 81025 | | \$8.61 |
| 81050 | | \$3.64 |
| 81105 | | \$122.22 |
| 81106 | | \$122.22 |
| 81107 | | \$122.22 |
| 81108 | | \$122.22 |
| 81109 | | \$122.22 |
| 81110 | | \$122.22 |
| 81111 | | \$122.22 |
| 81112 | | \$122.22 |
| 81120 | | \$193.25 |
| 81121 | | \$295.79 |
| 81161 | | \$279.00 |
| 81162 | | \$1,824.88 |
| 81163 | | \$468.00 |
| 81164 | | \$584.23 |
| 81165 | | \$282.88 |
| 81166 | | \$301.35 |
| 81167 | | \$282.88 |
| 81168 | | \$207.31 |
| 81170 | | \$300.00 |
| 81171 | | \$137.00 |
| 81172 | | \$274.83 |
| 81173 | | \$301.35 |
| 81174 | | \$185.20 |
| 81175 | | \$676.50 |
| 81176 | | \$241.90 |
| 81177 | | \$137.00 |
| 81178 | | \$137.00 |
| 81179 | | \$137.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81180 | | \$137.00 |
| 81181 | | \$137.00 |
| 81182 | | \$137.00 |
| 81183 | | \$137.00 |
| 81184 | | \$137.00 |
| 81185 | | \$846.27 |
| 81186 | | \$185.20 |
| 81187 | | \$137.00 |
| 81188 | | \$137.00 |
| 81189 | | \$274.83 |
| 81190 | | \$185.20 |
| 81191 | | \$207.31 |
| 81192 | | \$207.31 |
| 81193 | | \$207.31 |
| 81194 | | \$518.28 |
| 81200 | | \$47.25 |
| 81201 | | \$780.00 |
| 81202 | | \$280.00 |
| 81203 | | \$200.00 |
| 81204 | | \$137.00 |
| 81205 | | \$94.99 |
| 81206 | | \$163.96 |
| 81207 | | \$144.84 |
| 81208 | | \$214.62 |
| 81209 | | \$39.31 |
| 81210 | | \$175.40 |
| 81212 | | \$440.00 |
| 81215 | | \$375.25 |
| 81216 | | \$185.12 |
| 81217 | | \$375.25 |
| 81218 | | \$241.90 |
| 81219 | | \$121.63 |
| 81220 | | \$556.60 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81221 | | \$97.22 |
| 81222 | | \$435.07 |
| 81223 | | \$499.00 |
| 81224 | | \$168.75 |
| 81225 | | \$291.36 |
| 81226 | | \$450.91 |
| 81227 | | \$174.81 |
| 81228 | | \$900.00 |
| 81229 | | \$1,160.00 |
| 81230 | | \$174.81 |
| 81231 | | \$174.81 |
| 81232 | | \$174.81 |
| 81233 | | \$175.40 |
| 81234 | | \$137.00 |
| 81235 | | \$324.58 |
| 81236 | | \$282.88 |
| 81237 | | \$175.40 |
| 81238 | | \$600.00 |
| 81239 | | \$274.83 |
| 81240 | | \$65.69 |
| 81241 | | \$73.37 |
| 81242 | | \$36.62 |
| 81243 | | \$57.04 |
| 81244 | | \$44.89 |
| 81245 | | \$165.51 |
| 81246 | | \$83.00 |
| 81247 | | \$174.81 |
| 81248 | | \$375.25 |
| 81249 | | \$600.00 |
| 81250 | | \$58.49 |
| 81251 | | \$47.25 |
| 81252 | | \$101.12 |
| 81253 | | \$61.52 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81254 | | \$35.00 |
| 81255 | | \$51.45 |
| 81256 | | \$65.36 |
| 81257 | | \$102.26 |
| 81258 | | \$375.25 |
| 81259 | | \$600.00 |
| 81260 | | \$39.31 |
| 81261 | | \$197.99 |
| 81262 | | \$68.55 |
| 81263 | | \$294.52 |
| 81264 | | \$172.73 |
| 81265 | | \$233.07 |
| 81266 | | \$304.81 |
| 81267 | | \$207.46 |
| 81268 | | \$260.79 |
| 81269 | | \$202.40 |
| 81270 | | \$91.66 |
| 81271 | | \$137.00 |
| 81272 | | \$329.51 |
| 81273 | | \$124.87 |
| 81274 | | \$274.83 |
| 81275 | | \$193.25 |
| 81276 | | \$193.25 |
| 81277 | | \$1,160.00 |
| 81278 | | \$207.31 |
| 81279 | | \$185.20 |
| 81283 | | \$73.37 |
| 81284 | | \$137.00 |
| 81285 | | \$274.83 |
| 81286 | | \$274.83 |
| 81287 | | \$124.64 |
| 81288 | | \$192.32 |
| 81289 | | \$185.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81290 | | \$39.31 |
| 81291 | | \$65.34 |
| 81292 | | \$675.40 |
| 81293 | | \$331.00 |
| 81294 | | \$202.40 |
| 81295 | | \$381.70 |
| 81296 | | \$337.73 |
| 81297 | | \$213.30 |
| 81298 | | \$641.85 |
| 81299 | | \$308.00 |
| 81300 | | \$238.00 |
| 81301 | | \$348.56 |
| 81302 | | \$527.87 |
| 81303 | | \$120.00 |
| 81304 | | \$150.00 |
| 81305 | | \$175.40 |
| 81306 | | \$291.36 |
| 81307 | | \$676.50 |
| 81308 | | \$301.35 |
| 81309 | | \$274.83 |
| 81310 | | \$246.52 |
| 81311 | | \$295.79 |
| 81312 | | \$137.00 |
| 81313 | | \$255.05 |
| 81314 | | \$329.51 |
| 81315 | | \$207.31 |
| 81316 | | \$207.31 |
| 81317 | | \$676.50 |
| 81318 | | \$331.00 |
| 81319 | | \$203.50 |
| 81320 | | \$291.36 |
| 81321 | | \$600.00 |
| 81322 | | \$46.60 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 81323 | | \$300.00 |
| 81324 | | \$758.36 |
| 81325 | | \$769.58 |
| 81326 | | \$46.60 |
| 81327 | | \$192.00 |
| 81328 | | \$174.81 |
| 81329 | | \$137.00 |
| 81330 | | \$47.00 |
| 81331 | | \$51.07 |
| 81332 | | \$43.65 |
| 81333 | | \$137.00 |
| 81334 | | \$329.51 |
| 81335 | | \$174.81 |
| 81336 | | \$301.35 |
| 81337 | | \$185.20 |
| 81338 | | \$150.33 |
| 81339 | | \$185.20 |
| 81340 | | \$208.92 |
| 81341 | | \$49.59 |
| 81342 | | \$201.50 |
| 81343 | | \$137.00 |
| 81344 | | \$137.00 |
| 81345 | | \$185.20 |
| 81346 | | \$174.81 |
| 81347 | | \$193.25 |
| 81348 | | \$175.40 |
| 81350 | | \$234.00 |
| 81351 | | \$641.85 |
| 81352 | | \$329.51 |
| 81353 | | \$308.00 |
| 81355 | | \$88.20 |
| 81357 | | \$193.25 |
| 81360 | | \$193.25 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81361 | | \$174.81 |
| 81362 | | \$375.25 |
| 81363 | | \$202.40 |
| 81364 | | \$324.58 |
| 81370 | | \$402.12 |
| 81371 | | \$404.52 |
| 81372 | | \$403.59 |
| 81373 | | \$127.43 |
| 81374 | | \$74.33 |
| 81375 | | \$220.74 |
| 81376 | | \$122.22 |
| 81377 | | \$94.74 |
| 81378 | | \$345.57 |
| 81379 | | \$335.38 |
| 81380 | | \$177.25 |
| 81381 | | \$169.90 |
| 81382 | | \$123.68 |
| 81383 | | \$109.13 |
| 81400 | | \$63.96 |
| 81401 | | \$137.00 |
| 81402 | | \$150.33 |
| 81403 | | \$185.20 |
| 81404 | | \$274.83 |
| 81405 | | \$301.35 |
| 81406 | | \$282.88 |
| 81407 | | \$846.27 |
| 81408 | | \$2,000.00 |
| 81410 | | \$504.00 |
| 81411 | | \$1,350.19 |
| 81412 | | \$2,448.56 |
| 81413 | | \$584.90 |
| 81414 | | \$584.90 |
| 81415 | | \$4,780.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 81416 | | \$12,000.00 |
| 81417 | | \$320.00 |
| 81419 | | \$2,448.56 |
| 81420 | | \$759.05 |
| 81422 | | \$759.05 |
| 81425 | | \$5,031.20 |
| 81426 | | \$2,709.95 |
| 81427 | | \$2,337.65 |
| 81430 | | \$1,625.00 |
| 81431 | | \$679.57 |
| 81432 | | \$679.05 |
| 81433 | | \$438.93 |
| 81434 | | \$597.91 |
| 81435 | | \$584.90 |
| 81436 | | \$584.90 |
| 81437 | | \$438.93 |
| 81438 | | \$438.93 |
| 81439 | | \$584.90 |
| 81440 | | \$3,324.00 |
| 81442 | | \$2,143.60 |
| 81443 | | \$2,448.56 |
| 81445 | | \$597.91 |
| 81448 | | \$584.90 |
| 81450 | | \$759.53 |
| 81455 | | \$2,919.60 |
| 81460 | | \$1,287.00 |
| 81465 | | \$936.00 |
| 81470 | | \$914.00 |
| 81471 | | \$914.00 |
| 81490 | | \$840.65 |
| 81493 | | \$1,050.00 |
| 81500 | | \$260.50 |
| 81503 | | \$897.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 81504 | | \$520.00 |
| 81506 | | \$68.92 |
| 81507 | | \$795.00 |
| 81508 | | \$54.30 |
| 81509 | | \$1,487.37 |
| 81510 | | \$55.54 |
| 81511 | | \$153.50 |
| 81512 | | \$69.52 |
| 81513 | | \$142.63 |
| 81514 | | \$262.99 |
| 81518 | | \$3,873.00 |
| 81519 | | \$3,873.00 |
| 81520 | | \$2,510.21 |
| 81521 | | \$3,873.00 |
| 81522 | | \$3,873.00 |
| 81525 | | \$3,116.00 |
| 81528 | | \$508.87 |
| 81529 | | \$7,193.00 |
| 81535 | | \$579.46 |
| 81536 | | \$177.56 |
| 81538 | | \$2,871.00 |
| 81539 | | \$760.00 |
| 81540 | | \$3,750.00 |
| 81541 | | \$3,873.00 |
| 81542 | | \$3,873.00 |
| 81546 | | \$3,600.00 |
| 81551 | | \$2,030.00 |
| 81552 | | \$7,776.00 |
| 81554 | | \$5,500.00 |
| 81595 | | \$3,240.00 |
| 81596 | | \$72.19 |
| 82009 | | \$4.52 |
| 82010 | | \$8.17 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 82013 | | \$12.29 |
| 82016 | | \$16.49 |
| 82017 | | \$16.87 |
| 82024 | | \$38.62 |
| 82030 | | \$25.80 |
| 82040 | | \$4.95 |
| 82042 | | \$7.78 |
| 82043 | | \$5.78 |
| 82044 | | \$6.23 |
| 82045 | | \$33.94 |
| 82075 | | \$30.00 |
| 82077 | | \$17.27 |
| 82085 | | \$9.71 |
| 82088 | | \$40.75 |
| 82103 | | \$13.44 |
| 82104 | | \$14.46 |
| 82105 | | \$16.77 |
| 82106 | | \$17.00 |
| 82107 | | \$64.41 |
| 82108 | | \$25.48 |
| 82120 | | \$5.99 |
| 82127 | | \$14.18 |
| 82128 | | \$13.87 |
| 82131 | | \$22.98 |
| 82135 | | \$16.45 |
| 82136 | | \$19.61 |
| 82139 | | \$16.87 |
| 82140 | | \$14.57 |
| 82143 | | \$9.35 |
| 82150 | | \$6.48 |
| 82154 | | \$28.83 |
| 82157 | | \$29.28 |
| 82160 | | \$25.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 82163 | | \$20.52 |
| 82164 | | \$14.60 |
| 82172 | | \$21.09 |
| 82175 | | \$18.97 |
| 82180 | | \$9.89 |
| 82190 | | \$15.90 |
| 82232 | | \$16.18 |
| 82239 | | \$17.12 |
| 82240 | | \$26.58 |
| 82247 | | \$5.02 |
| 82248 | | \$5.02 |
| 82252 | | \$4.56 |
| 82261 | | \$16.87 |
| 82270 | | \$4.38 |
| 82271 | | \$5.32 |
| 82272 | | \$4.23 |
| 82274 | | \$15.92 |
| 82286 | | \$5.16 |
| 82300 | | \$23.64 |
| 82306 | | \$29.60 |
| 82308 | | \$26.79 |
| 82310 | | \$5.16 |
| 82330 | | \$13.68 |
| 82331 | | \$13.34 |
| 82340 | | \$6.03 |
| 82355 | | \$11.58 |
| 82360 | | \$12.87 |
| 82365 | | \$12.90 |
| 82370 | | \$12.52 |
| 82373 | | \$18.06 |
| 82374 | | \$4.88 |
| 82375 | | \$12.32 |
| 82376 | | \$14.07 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 82378 | | \$18.96 |
| 82379 | | \$16.87 |
| 82380 | | \$9.22 |
| 82382 | | \$27.30 |
| 82383 | | \$29.08 |
| 82384 | | \$25.25 |
| 82387 | | \$18.06 |
| 82390 | | \$10.74 |
| 82397 | | \$14.12 |
| 82415 | | \$12.67 |
| 82435 | | \$4.60 |
| 82436 | | \$5.75 |
| 82438 | | \$5.00 |
| 82441 | | \$6.01 |
| 82465 | | \$4.35 |
| 82480 | | \$7.87 |
| 82482 | | \$9.81 |
| 82485 | | \$20.65 |
| 82495 | | \$20.28 |
| 82507 | | \$27.80 |
| 82523 | | \$18.68 |
| 82525 | | \$12.41 |
| 82528 | | \$22.52 |
| 82530 | | \$16.71 |
| 82533 | | \$16.30 |
| 82540 | | \$4.64 |
| 82542 | | \$24.09 |
| 82550 | | \$6.51 |
| 82552 | | \$13.39 |
| 82553 | | \$11.55 |
| 82554 | | \$11.87 |
| 82565 | | \$5.12 |
| 82570 | | \$5.18 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 82575 | | \$9.46 |
| 82585 | | \$14.14 |
| 82595 | | \$6.47 |
| 82600 | | \$19.40 |
| 82607 | | \$15.08 |
| 82608 | | \$14.32 |
| 82610 | | \$18.52 |
| 82615 | | \$9.55 |
| 82626 | | \$25.27 |
| 82627 | | \$22.23 |
| 82633 | | \$30.98 |
| 82634 | | \$29.28 |
| 82638 | | \$12.25 |
| 82642 | | \$29.28 |
| 82652 | | \$38.50 |
| 82653 | | \$22.97 |
| 82656 | | \$11.53 |
| 82657 | | \$22.17 |
| 82658 | | \$44.03 |
| 82664 | | \$61.50 |
| 82668 | | \$18.79 |
| 82670 | | \$27.94 |
| 82671 | | \$32.30 |
| 82672 | | \$21.70 |
| 82677 | | \$24.18 |
| 82679 | | \$24.95 |
| 82681 | | \$27.94 |
| 82693 | | \$14.90 |
| 82696 | | \$26.24 |
| 82705 | | \$5.10 |
| 82710 | | \$16.80 |
| 82715 | | \$22.97 |
| 82725 | | \$18.77 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 82726 | | \$19.75 |
| 82728 | | \$13.63 |
| 82731 | | \$64.41 |
| 82735 | | \$18.54 |
| 82746 | | \$14.70 |
| 82747 | | \$17.65 |
| 82757 | | \$17.34 |
| 82759 | | \$21.48 |
| 82760 | | \$11.20 |
| 82775 | | \$21.07 |
| 82776 | | \$11.74 |
| 82777 | | \$44.25 |
| 82784 | | \$9.30 |
| 82785 | | \$16.46 |
| 82787 | | \$8.02 |
| 82800 | | \$11.00 |
| 82803 | | \$26.07 |
| 82805 | | \$78.77 |
| 82810 | | \$9.77 |
| 82820 | | \$13.34 |
| 82930 | | \$6.71 |
| 82938 | | \$17.69 |
| 82941 | | \$17.63 |
| 82943 | | \$14.29 |
| 82945 | | \$3.93 |
| 82946 | | \$17.77 |
| 82947 | | \$3.93 |
| 82948 | | \$5.04 |
| 82950 | | \$4.75 |
| 82951 | | \$12.87 |
| 82952 | | \$3.92 |
| 82955 | | \$9.70 |
| 82960 | | \$6.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 82962 | | \$3.28 |
| 82963 | | \$21.48 |
| 82965 | | \$13.15 |
| 82977 | | \$7.20 |
| 82978 | | \$15.45 |
| 82979 | | \$9.44 |
| 82985 | | \$16.76 |
| 83001 | | \$18.58 |
| 83002 | | \$18.52 |
| 83003 | | \$16.67 |
| 83006 | | \$75.60 |
| 83009 | | \$67.36 |
| 83010 | | \$12.58 |
| 83012 | | \$26.89 |
| 83013 | | \$67.36 |
| 83014 | | \$7.86 |
| 83015 | | \$20.94 |
| 83018 | | \$21.96 |
| 83020 | | \$12.87 |
| 83020 | 26 | \$18.20 |
| 83021 | | \$18.06 |
| 83026 | | \$4.01 |
| 83030 | | \$10.74 |
| 83033 | | \$8.00 |
| 83036 | | \$9.71 |
| 83037 | | \$9.71 |
| 83045 | | \$6.49 |
| 83050 | | \$8.20 |
| 83051 | | \$7.31 |
| 83060 | | \$8.80 |
| 83065 | | \$9.00 |
| 83068 | | \$9.47 |
| 83069 | | \$3.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 83070 | | \$4.75 |
| 83080 | | \$16.87 |
| 83088 | | \$29.53 |
| 83090 | | \$17.92 |
| 83150 | | \$22.41 |
| 83491 | | \$17.90 |
| 83497 | | \$12.90 |
| 83498 | | \$27.17 |
| 83500 | | \$22.65 |
| 83505 | | \$24.30 |
| 83516 | | \$11.53 |
| 83518 | | \$9.64 |
| 83519 | | \$18.40 |
| 83520 | | \$17.27 |
| 83521 | | \$17.27 |
| 83525 | | \$11.43 |
| 83527 | | \$12.95 |
| 83528 | | \$19.82 |
| 83529 | | \$17.27 |
| 83540 | | \$6.47 |
| 83550 | | \$8.74 |
| 83570 | | \$8.85 |
| 83582 | | \$15.47 |
| 83586 | | \$12.80 |
| 83593 | | \$28.50 |
| 83605 | | \$11.57 |
| 83615 | | \$6.04 |
| 83625 | | \$12.79 |
| 83630 | | \$19.70 |
| 83631 | | \$19.63 |
| 83632 | | \$20.22 |
| 83633 | | \$11.25 |
| 83655 | | \$12.11 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 83661 | | \$21.99 |
| 83662 | | \$18.91 |
| 83663 | | \$18.91 |
| 83664 | | \$19.32 |
| 83670 | | \$9.81 |
| 83690 | | \$6.89 |
| 83695 | | \$14.32 |
| 83698 | | \$46.31 |
| 83700 | | \$11.26 |
| 83701 | | \$33.86 |
| 83704 | | \$34.19 |
| 83718 | | \$8.19 |
| 83719 | | \$12.75 |
| 83721 | | \$10.50 |
| 83722 | | \$34.19 |
| 83727 | | \$17.19 |
| 83735 | | \$6.70 |
| 83775 | | \$7.37 |
| 83785 | | \$26.65 |
| 83789 | | \$24.11 |
| 83825 | | \$16.26 |
| 83835 | | \$16.94 |
| 83857 | | \$10.74 |
| 83861 | | \$22.48 |
| 83864 | | \$28.50 |
| 83872 | | \$5.86 |
| 83873 | | \$17.20 |
| 83874 | | \$12.92 |
| 83876 | | \$50.86 |
| 83880 | | \$39.26 |
| 83883 | | \$13.60 |
| 83885 | | \$24.51 |
| 83915 | | \$11.15 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 83916 | | \$27.39 |
| 83918 | | \$23.60 |
| 83919 | | \$16.45 |
| 83921 | | \$21.21 |
| 83930 | | \$6.61 |
| 83935 | | \$6.82 |
| 83937 | | \$29.85 |
| 83945 | | \$14.45 |
| 83950 | | \$64.41 |
| 83951 | | \$64.41 |
| 83970 | | \$41.28 |
| 83986 | | \$3.58 |
| 83987 | | \$3.58 |
| 83992 | | \$16.80 |
| 83993 | | \$19.63 |
| 84030 | | \$5.50 |
| 84035 | | \$3.98 |
| 84060 | | \$7.64 |
| 84066 | | \$9.66 |
| 84075 | | \$5.18 |
| 84078 | | \$8.26 |
| 84080 | | \$14.78 |
| 84081 | | \$16.52 |
| 84085 | | \$9.44 |
| 84087 | | \$10.73 |
| 84100 | | \$4.74 |
| 84105 | | \$5.78 |
| 84106 | | \$5.82 |
| 84110 | | \$8.44 |
| 84112 | | \$98.11 |
| 84119 | | \$13.36 |
| 84120 | | \$14.71 |
| 84126 | | \$39.11 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 84132 | | \$4.76 |
| 84133 | | \$4.73 |
| 84134 | | \$14.59 |
| 84135 | | \$21.27 |
| 84138 | | \$21.05 |
| 84140 | | \$20.67 |
| 84143 | | \$22.81 |
| 84144 | | \$20.86 |
| 84145 | | \$27.22 |
| 84146 | | \$19.38 |
| 84150 | | \$41.77 |
| 84152 | | \$18.39 |
| 84153 | | \$18.39 |
| 84154 | | \$18.39 |
| 84155 | | \$3.67 |
| 84156 | | \$3.67 |
| 84157 | | \$4.00 |
| 84160 | | \$5.61 |
| 84163 | | \$15.05 |
| 84165 | | \$10.74 |
| 84165 | 26 | \$18.20 |
| 84166 | | \$17.83 |
| 84166 | 26 | \$18.20 |
| 84181 | | \$17.03 |
| 84181 | 26 | \$18.20 |
| 84182 | | \$29.21 |
| 84182 | 26 | \$18.20 |
| 84202 | | \$14.35 |
| 84203 | | \$9.74 |
| 84206 | | \$26.69 |
| 84207 | | \$28.10 |
| 84210 | | \$14.48 |
| 84220 | | \$9.44 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 84228 | | \$11.63 |
| 84233 | | \$87.88 |
| 84234 | | \$64.88 |
| 84235 | | \$71.23 |
| 84238 | | \$36.57 |
| 84244 | | \$21.99 |
| 84252 | | \$20.24 |
| 84255 | | \$25.53 |
| 84260 | | \$30.98 |
| 84270 | | \$21.73 |
| 84275 | | \$13.44 |
| 84285 | | \$25.21 |
| 84295 | | \$4.81 |
| 84300 | | \$5.06 |
| 84302 | | \$4.86 |
| 84305 | | \$21.26 |
| 84307 | | \$18.28 |
| 84311 | | \$8.10 |
| 84315 | | \$3.28 |
| 84375 | | \$39.00 |
| 84376 | | \$5.50 |
| 84377 | | \$5.50 |
| 84378 | | \$11.53 |
| 84379 | | \$11.53 |
| 84392 | | \$5.49 |
| 84402 | | \$25.47 |
| 84403 | | \$25.81 |
| 84410 | | \$51.28 |
| 84425 | | \$21.23 |
| 84430 | | \$11.63 |
| 84431 | | \$35.11 |
| 84432 | | \$16.06 |
| 84436 | | \$6.87 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 84437 | | \$6.47 |
| 84439 | | \$9.02 |
| 84442 | | \$14.78 |
| 84443 | | \$16.80 |
| 84445 | | \$50.86 |
| 84446 | | \$14.18 |
| 84449 | | \$18.00 |
| 84450 | | \$5.18 |
| 84460 | | \$5.30 |
| 84466 | | \$12.76 |
| 84478 | | \$5.74 |
| 84479 | | \$6.47 |
| 84480 | | \$14.18 |
| 84481 | | \$16.94 |
| 84482 | | \$15.76 |
| 84484 | | \$12.47 |
| 84485 | | \$7.20 |
| 84488 | | \$7.30 |
| 84490 | | \$9.93 |
| 84510 | | \$10.63 |
| 84512 | | \$10.09 |
| 84520 | | \$3.95 |
| 84525 | | \$5.13 |
| 84540 | | \$5.56 |
| 84545 | | \$7.20 |
| 84550 | | \$4.52 |
| 84560 | | \$5.08 |
| 84577 | | \$16.80 |
| 84578 | | \$4.47 |
| 84580 | | \$9.55 |
| 84583 | | \$6.05 |
| 84585 | | \$15.50 |
| 84586 | | \$35.33 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 84588 | | \$33.94 |
| 84590 | | \$11.61 |
| 84591 | | \$17.06 |
| 84597 | | \$13.72 |
| 84600 | | \$17.11 |
| 84620 | | \$12.91 |
| 84630 | | \$11.39 |
| 84681 | | \$20.81 |
| 84702 | | \$15.05 |
| 84703 | | \$7.52 |
| 84704 | | \$15.29 |
| 84830 | | \$12.70 |
| 85002 | | \$4.82 |
| 85004 | | \$6.47 |
| 85007 | | \$3.80 |
| 85008 | | \$3.43 |
| 85009 | | \$5.07 |
| 85013 | | \$7.00 |
| 85014 | | \$2.37 |
| 85018 | | \$2.37 |
| 85025 | | \$7.77 |
| 85027 | | \$6.47 |
| 85032 | | \$4.31 |
| 85041 | | \$3.02 |
| 85044 | | \$4.31 |
| 85045 | | \$3.99 |
| 85046 | | \$5.57 |
| 85048 | | \$2.54 |
| 85049 | | \$4.48 |
| 85055 | | \$35.74 |
| 85060 | | \$24.15 |
| 85097 | | \$68.95 |
| 85130 | | \$11.89 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 85170 | | \$16.30 |
| 85175 | | \$20.37 |
| 85210 | | \$12.98 |
| 85220 | | \$17.65 |
| 85230 | | \$17.90 |
| 85240 | | \$17.90 |
| 85244 | | \$20.42 |
| 85245 | | \$22.94 |
| 85246 | | \$22.94 |
| 85247 | | \$22.94 |
| 85250 | | \$19.04 |
| 85260 | | \$17.90 |
| 85270 | | \$17.90 |
| 85280 | | \$19.35 |
| 85290 | | \$16.34 |
| 85291 | | \$9.11 |
| 85292 | | \$18.93 |
| 85293 | | \$18.93 |
| 85300 | | \$11.85 |
| 85301 | | \$10.81 |
| 85302 | | \$12.01 |
| 85303 | | \$13.84 |
| 85305 | | \$11.61 |
| 85306 | | \$15.32 |
| 85307 | | \$15.32 |
| 85335 | | \$12.87 |
| 85337 | | \$17.27 |
| 85345 | | \$4.69 |
| 85347 | | \$4.28 |
| 85348 | | \$4.49 |
| 85360 | | \$8.41 |
| 85362 | | \$6.89 |
| 85366 | | \$80.46 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 85370 | | \$12.43 |
| 85378 | | \$9.72 |
| 85379 | | \$10.18 |
| 85380 | | \$10.18 |
| 85384 | | \$9.72 |
| 85385 | | \$14.46 |
| 85390 | | \$15.48 |
| 85390 | 26 | \$37.10 |
| 85396 | | \$19.60 |
| 85397 | | \$30.86 |
| 85400 | | \$7.71 |
| 85410 | | \$7.71 |
| 85415 | | \$17.19 |
| 85420 | | \$6.53 |
| 85421 | | \$10.18 |
| 85441 | | \$4.20 |
| 85445 | | \$6.82 |
| 85460 | | \$7.73 |
| 85461 | | \$9.36 |
| 85475 | | \$8.87 |
| 85520 | | \$13.09 |
| 85525 | | \$11.84 |
| 85530 | | \$13.09 |
| 85536 | | \$6.88 |
| 85540 | | \$8.60 |
| 85547 | | \$8.60 |
| 85549 | | \$18.75 |
| 85555 | | \$7.47 |
| 85557 | | \$13.36 |
| 85576 | | \$24.91 |
| 85576 | 26 | \$18.20 |
| 85597 | | \$17.98 |
| 85598 | | \$17.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 85610 | | \$4.29 |
| 85611 | | \$3.94 |
| 85612 | | \$17.49 |
| 85613 | | \$9.58 |
| 85635 | | \$9.85 |
| 85651 | | \$4.27 |
| 85652 | | \$2.70 |
| 85660 | | \$5.51 |
| 85670 | | \$5.77 |
| 85675 | | \$6.85 |
| 85705 | | \$9.63 |
| 85730 | | \$6.01 |
| 85732 | | \$6.47 |
| 85810 | | \$11.67 |
| 86000 | | \$6.98 |
| 86001 | | \$7.82 |
| 86003 | | \$5.22 |
| 86005 | | \$7.97 |
| 86008 | | \$17.93 |
| 86015 | | \$11.53 |
| 86021 | | \$15.05 |
| 86022 | | \$18.37 |
| 86023 | | \$12.46 |
| 86036 | | \$12.05 |
| 86037 | | \$12.05 |
| 86038 | | \$12.09 |
| 86039 | | \$11.16 |
| 86051 | | \$11.53 |
| 86052 | | \$12.05 |
| 86053 | | \$12.05 |
| 86060 | | \$7.30 |
| 86063 | | \$5.77 |
| 86077 | | \$53.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 86078 | | \$53.55 |
| 86079 | | \$53.20 |
| 86140 | | \$5.18 |
| 86141 | | \$12.95 |
| 86146 | | \$25.45 |
| 86147 | | \$25.45 |
| 86148 | | \$16.07 |
| 86152 | | \$250.78 |
| 86153 | 26 | \$34.30 |
| 86155 | | \$15.99 |
| 86156 | | \$8.07 |
| 86157 | | \$8.06 |
| 86160 | | \$12.00 |
| 86161 | | \$12.00 |
| 86162 | | \$20.32 |
| 86171 | | \$10.01 |
| 86200 | | \$12.95 |
| 86215 | | \$13.25 |
| 86225 | | \$13.74 |
| 86226 | | \$12.11 |
| 86231 | | \$12.09 |
| 86235 | | \$17.93 |
| 86255 | | \$12.05 |
| 86255 | 26 | \$18.20 |
| 86256 | | \$12.05 |
| 86256 | 26 | \$18.20 |
| 86258 | | \$11.53 |
| 86277 | | \$15.74 |
| 86280 | | \$8.19 |
| 86294 | | \$25.57 |
| 86300 | | \$20.81 |
| 86301 | | \$20.81 |
| 86304 | | \$20.81 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86305 | | \$20.81 |
| 86308 | | \$5.18 |
| 86309 | | \$6.47 |
| 86310 | | \$7.37 |
| 86316 | | \$20.81 |
| 86317 | | \$14.99 |
| 86318 | | \$18.09 |
| 86320 | | \$29.92 |
| 86320 | 26 | \$18.20 |
| 86325 | | \$23.13 |
| 86325 | 26 | \$18.20 |
| 86327 | | \$29.92 |
| 86327 | 26 | \$22.05 |
| 86328 | | \$45.28 |
| 86329 | | \$14.05 |
| 86331 | | \$11.98 |
| 86332 | | \$24.37 |
| 86334 | | \$22.34 |
| 86334 | 26 | \$18.20 |
| 86335 | | \$29.35 |
| 86335 | 26 | \$18.20 |
| 86336 | | \$15.59 |
| 86337 | | \$21.41 |
| 86340 | | \$15.08 |
| 86341 | | \$23.57 |
| 86343 | | \$12.46 |
| 86344 | | \$10.39 |
| 86352 | | \$135.86 |
| 86353 | | \$49.03 |
| 86355 | | \$37.73 |
| 86356 | | \$26.78 |
| 86357 | | \$37.73 |
| 86359 | | \$37.73 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86360 | | \$46.98 |
| 86361 | | \$26.78 |
| 86362 | | \$12.05 |
| 86363 | | \$12.05 |
| 86364 | | \$11.53 |
| 86367 | | \$77.78 |
| 86376 | | \$14.55 |
| 86381 | | \$25.45 |
| 86382 | | \$16.91 |
| 86384 | | \$13.61 |
| 86386 | | \$21.78 |
| 86403 | | \$11.54 |
| 86406 | | \$10.64 |
| 86408 | | \$42.13 |
| 86409 | | \$79.61 |
| 86413 | | \$42.13 |
| 86430 | | \$6.14 |
| 86431 | | \$5.67 |
| 86480 | | \$61.98 |
| 86481 | | \$100.00 |
| 86486 | | \$5.60 |
| 86490 | | \$92.05 |
| 86510 | | \$7.00 |
| 86580 | | \$9.80 |
| 86590 | | \$12.66 |
| 86592 | | \$4.27 |
| 86593 | | \$4.40 |
| 86596 | | \$18.40 |
| 86602 | | \$10.18 |
| 86603 | | \$12.87 |
| 86606 | | \$15.05 |
| 86609 | | \$12.88 |
| 86611 | | \$10.18 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86612 | | \$12.90 |
| 86615 | | \$13.19 |
| 86617 | | \$15.49 |
| 86618 | | \$17.03 |
| 86619 | | \$13.38 |
| 86622 | | \$8.93 |
| 86625 | | \$13.12 |
| 86628 | | \$12.01 |
| 86631 | | \$11.82 |
| 86632 | | \$12.68 |
| 86635 | | \$11.47 |
| 86638 | | \$12.12 |
| 86641 | | \$14.41 |
| 86644 | | \$14.39 |
| 86645 | | \$16.85 |
| 86648 | | \$15.21 |
| 86651 | | \$13.19 |
| 86652 | | \$13.19 |
| 86653 | | \$13.19 |
| 86654 | | \$13.19 |
| 86658 | | \$13.03 |
| 86663 | | \$13.12 |
| 86664 | | \$15.29 |
| 86665 | | \$18.14 |
| 86666 | | \$10.18 |
| 86668 | | \$14.16 |
| 86671 | | \$12.25 |
| 86674 | | \$14.72 |
| 86677 | | \$16.85 |
| 86682 | | \$13.01 |
| 86684 | | \$15.84 |
| 86687 | | \$9.09 |
| 86688 | | \$14.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86689 | | \$19.35 |
| 86692 | | \$17.16 |
| 86694 | | \$14.39 |
| 86695 | | \$13.19 |
| 86696 | | \$19.35 |
| 86698 | | \$13.79 |
| 86701 | | \$8.89 |
| 86702 | | \$13.52 |
| 86703 | | \$13.71 |
| 86704 | | \$12.05 |
| 86705 | | \$11.77 |
| 86706 | | \$10.74 |
| 86707 | | \$11.57 |
| 86708 | | \$12.39 |
| 86709 | | \$11.26 |
| 86710 | | \$13.55 |
| 86711 | | \$16.89 |
| 86713 | | \$15.30 |
| 86717 | | \$12.25 |
| 86720 | | \$16.20 |
| 86723 | | \$13.19 |
| 86727 | | \$12.87 |
| 86732 | | \$15.00 |
| 86735 | | \$13.05 |
| 86738 | | \$13.24 |
| 86741 | | \$13.19 |
| 86744 | | \$15.99 |
| 86747 | | \$15.03 |
| 86750 | | \$13.19 |
| 86753 | | \$12.39 |
| 86756 | | \$15.89 |
| 86757 | | \$19.35 |
| 86759 | | \$18.23 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86762 | | \$14.39 |
| 86765 | | \$12.88 |
| 86768 | | \$13.19 |
| 86769 | | \$42.13 |
| 86771 | | \$24.48 |
| 86774 | | \$14.80 |
| 86777 | | \$14.39 |
| 86778 | | \$14.41 |
| 86780 | | \$13.24 |
| 86784 | | \$12.56 |
| 86787 | | \$12.88 |
| 86788 | | \$16.85 |
| 86789 | | \$14.39 |
| 86790 | | \$12.88 |
| 86793 | | \$13.19 |
| 86794 | | \$16.85 |
| 86800 | | \$15.91 |
| 86803 | | \$14.27 |
| 86804 | | \$15.49 |
| 86805 | | \$189.51 |
| 86806 | | \$47.59 |
| 86807 | | \$78.65 |
| 86808 | | \$29.68 |
| 86812 | | \$25.81 |
| 86813 | | \$58.00 |
| 86816 | | \$30.17 |
| 86817 | | \$106.14 |
| 86821 | | \$36.56 |
| 86825 | | \$109.49 |
| 86826 | | \$36.53 |
| 86828 | | \$64.19 |
| 86829 | | \$64.19 |
| 86830 | | \$95.52 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 86831 | | \$81.88 |
| 86832 | | \$323.75 |
| 86833 | | \$325.80 |
| 86834 | | \$357.56 |
| 86835 | | \$322.96 |
| 86850 | | \$9.77 |
| 86880 | | \$5.39 |
| 86885 | | \$5.72 |
| 86886 | | \$5.18 |
| 86900 | | \$2.99 |
| 86901 | | \$2.99 |
| 86902 | | \$6.35 |
| 86904 | | \$16.34 |
| 86905 | | \$3.83 |
| 86906 | | \$7.75 |
| 86940 | | \$8.77 |
| 86941 | | \$12.11 |
| 87003 | | \$16.84 |
| 87015 | | \$6.68 |
| 87040 | | \$10.32 |
| 87045 | | \$9.44 |
| 87046 | | \$9.44 |
| 87070 | | \$8.62 |
| 87071 | | \$9.89 |
| 87073 | | \$9.66 |
| 87075 | | \$9.47 |
| 87076 | | \$8.08 |
| 87077 | | \$8.08 |
| 87081 | | \$6.63 |
| 87084 | | \$27.07 |
| 87086 | | \$8.07 |
| 87088 | | \$8.09 |
| 87101 | | \$7.71 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87102 | | \$8.41 |
| 87103 | | \$20.46 |
| 87106 | | \$10.32 |
| 87107 | | \$10.32 |
| 87109 | | \$15.39 |
| 87110 | | \$19.60 |
| 87116 | | \$10.80 |
| 87118 | | \$14.61 |
| 87140 | | \$5.57 |
| 87143 | | \$12.52 |
| 87147 | | \$5.18 |
| 87149 | | \$20.05 |
| 87150 | | \$35.09 |
| 87152 | | \$7.74 |
| 87153 | | \$115.36 |
| 87154 | | \$218.06 |
| 87158 | | \$7.74 |
| 87164 | | \$10.74 |
| 87164 | 26 | \$19.25 |
| 87166 | | \$11.30 |
| 87168 | | \$4.27 |
| 87169 | | \$4.31 |
| 87172 | | \$4.27 |
| 87176 | | \$5.88 |
| 87177 | | \$8.90 |
| 87181 | | \$4.75 |
| 87184 | | \$7.48 |
| 87185 | | \$4.75 |
| 87186 | | \$8.65 |
| 87187 | | \$40.17 |
| 87188 | | \$6.64 |
| 87190 | | \$7.31 |
| 87197 | | \$15.02 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87205 | | \$4.27 |
| 87206 | | \$5.39 |
| 87207 | | \$5.99 |
| 87207 | 26 | \$18.20 |
| 87209 | | \$17.98 |
| 87210 | | \$5.82 |
| 87220 | | \$4.27 |
| 87230 | | \$19.74 |
| 87250 | | \$19.56 |
| 87252 | | \$26.07 |
| 87253 | | \$20.20 |
| 87254 | | \$19.56 |
| 87255 | | \$33.86 |
| 87260 | | \$14.43 |
| 87265 | | \$11.98 |
| 87267 | | \$13.42 |
| 87269 | | \$13.61 |
| 87270 | | \$11.98 |
| 87271 | | \$13.42 |
| 87272 | | \$11.98 |
| 87273 | | \$11.98 |
| 87274 | | \$11.98 |
| 87275 | | \$12.25 |
| 87276 | | \$16.07 |
| 87278 | | \$15.60 |
| 87279 | | \$16.43 |
| 87280 | | \$13.42 |
| 87281 | | \$11.98 |
| 87283 | | \$60.80 |
| 87285 | | \$12.18 |
| 87290 | | \$13.42 |
| 87299 | | \$16.10 |
| 87300 | | \$11.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87301 | | \$11.98 |
| 87305 | | \$11.98 |
| 87320 | | \$15.00 |
| 87324 | | \$11.98 |
| 87327 | | \$13.42 |
| 87328 | | \$13.82 |
| 87329 | | \$11.98 |
| 87332 | | \$11.98 |
| 87335 | | \$12.66 |
| 87336 | | \$16.00 |
| 87337 | | \$11.98 |
| 87338 | | \$14.38 |
| 87339 | | \$16.00 |
| 87340 | | \$10.33 |
| 87341 | | \$10.33 |
| 87350 | | \$11.53 |
| 87380 | | \$18.36 |
| 87385 | | \$13.25 |
| 87389 | | \$24.08 |
| 87390 | | \$24.06 |
| 87391 | | \$21.90 |
| 87400 | | \$14.13 |
| 87420 | | \$13.91 |
| 87425 | | \$11.98 |
| 87426 | | \$35.33 |
| 87427 | | \$11.98 |
| 87428 | | \$30.94 |
| 87430 | | \$16.81 |
| 87449 | | \$11.98 |
| 87451 | | \$10.51 |
| 87471 | | \$35.09 |
| 87472 | | \$42.84 |
| 87475 | | \$20.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87476 | | \$35.09 |
| 87480 | | \$20.05 |
| 87481 | | \$35.09 |
| 87482 | | \$55.74 |
| 87483 | | \$416.78 |
| 87485 | | \$20.05 |
| 87486 | | \$35.09 |
| 87487 | | \$42.84 |
| 87490 | | \$22.75 |
| 87491 | | \$35.09 |
| 87492 | | \$53.47 |
| 87493 | | \$37.27 |
| 87495 | | \$30.03 |
| 87496 | | \$35.09 |
| 87497 | | \$42.84 |
| 87498 | | \$35.09 |
| 87500 | | \$35.09 |
| 87501 | | \$51.31 |
| 87502 | | \$95.80 |
| 87503 | | \$29.22 |
| 87505 | | \$128.29 |
| 87506 | | \$262.99 |
| 87507 | | \$416.78 |
| 87510 | | \$20.05 |
| 87511 | | \$35.09 |
| 87512 | | \$41.76 |
| 87516 | | \$35.09 |
| 87517 | | \$42.84 |
| 87520 | | \$31.22 |
| 87521 | | \$35.09 |
| 87522 | | \$42.84 |
| 87525 | | \$29.80 |
| 87526 | | \$39.26 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87527 | | \$41.76 |
| 87528 | | \$20.05 |
| 87529 | | \$35.09 |
| 87530 | | \$42.84 |
| 87531 | | \$58.00 |
| 87532 | | \$35.09 |
| 87533 | | \$41.76 |
| 87534 | | \$21.92 |
| 87535 | | \$35.09 |
| 87536 | | \$85.10 |
| 87537 | | \$21.92 |
| 87538 | | \$35.09 |
| 87539 | | \$58.62 |
| 87540 | | \$20.05 |
| 87541 | | \$35.09 |
| 87542 | | \$41.76 |
| 87550 | | \$20.05 |
| 87551 | | \$48.24 |
| 87552 | | \$42.84 |
| 87555 | | \$26.88 |
| 87556 | | \$41.68 |
| 87557 | | \$42.84 |
| 87560 | | \$27.29 |
| 87561 | | \$35.09 |
| 87562 | | \$42.84 |
| 87563 | | \$35.09 |
| 87580 | | \$20.05 |
| 87581 | | \$35.09 |
| 87582 | | \$302.62 |
| 87590 | | \$26.88 |
| 87591 | | \$35.09 |
| 87592 | | \$42.84 |
| 87623 | | \$35.09 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 87624 | | \$35.09 |
| 87625 | | \$40.55 |
| 87631 | | \$142.63 |
| 87632 | | \$218.06 |
| 87633 | | \$416.78 |
| 87634 | | \$70.20 |
| 87635 | | \$51.31 |
| 87636 | | \$142.63 |
| 87637 | | \$142.63 |
| 87640 | | \$35.09 |
| 87641 | | \$35.09 |
| 87650 | | \$20.05 |
| 87651 | | \$35.09 |
| 87652 | | \$41.76 |
| 87653 | | \$35.09 |
| 87660 | | \$20.05 |
| 87661 | | \$35.09 |
| 87662 | | \$51.31 |
| 87797 | | \$30.03 |
| 87798 | | \$35.09 |
| 87799 | | \$42.84 |
| 87800 | | \$43.67 |
| 87801 | | \$70.20 |
| 87802 | | \$12.73 |
| 87803 | | \$16.00 |
| 87804 | | \$16.55 |
| 87806 | | \$32.77 |
| 87807 | | \$13.10 |
| 87808 | | \$15.29 |
| 87809 | | \$21.76 |
| 87810 | | \$35.29 |
| 87811 | | \$41.38 |
| 87850 | | \$24.56 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 87880 | | \$16.53 |
| 87899 | | \$16.07 |
| 87900 | | \$130.35 |
| 87901 | | \$257.45 |
| 87902 | | \$257.45 |
| 87903 | | \$488.66 |
| 87904 | | \$26.07 |
| 87905 | | \$12.22 |
| 87906 | | \$128.73 |
| 87910 | | \$257.45 |
| 87912 | | \$257.45 |
| 88104 | | \$67.20 |
| 88104 | 26 | \$27.65 |
| 88104 | TC | \$39.55 |
| 88106 | | \$66.85 |
| 88106 | 26 | \$19.60 |
| 88106 | TC | \$47.25 |
| 88108 | | \$63.70 |
| 88108 | 26 | \$22.75 |
| 88108 | TC | \$40.95 |
| 88112 | | \$67.55 |
| 88112 | 26 | \$28.00 |
| 88112 | TC | \$39.55 |
| 88120 | | \$634.18 |
| 88120 | 26 | \$58.10 |
| 88120 | TC | \$576.08 |
| 88121 | | \$457.44 |
| 88121 | 26 | \$48.30 |
| 88121 | TC | \$409.14 |
| 88125 | | \$26.60 |
| 88125 | 26 | \$14.00 |
| 88125 | TC | \$12.60 |
| 88130 | | \$17.98 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 88140 | | \$7.99 |
| 88141 | | \$21.70 |
| 88142 | | \$20.26 |
| 88143 | | \$23.04 |
| 88147 | | \$50.56 |
| 88148 | | \$16.00 |
| 88150 | | \$15.92 |
| 88152 | | \$27.64 |
| 88153 | | \$24.03 |
| 88155 | | \$14.65 |
| 88160 | | \$71.75 |
| 88160 | 26 | \$25.90 |
| 88160 | TC | \$45.85 |
| 88161 | | \$71.75 |
| 88161 | 26 | \$25.55 |
| 88161 | TC | \$46.20 |
| 88162 | | \$103.95 |
| 88162 | 26 | \$38.85 |
| 88162 | TC | \$65.10 |
| 88164 | | \$15.92 |
| 88165 | | \$42.22 |
| 88166 | | \$15.92 |
| 88167 | | \$15.92 |
| 88172 | | \$55.65 |
| 88172 | 26 | \$36.05 |
| 88172 | TC | \$19.60 |
| 88173 | | \$156.10 |
| 88173 | 26 | \$70.70 |
| 88173 | TC | \$85.40 |
| 88174 | | \$25.37 |
| 88175 | | \$26.61 |
| 88177 | | \$29.05 |
| 88177 | 26 | \$21.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 88177 | TC | \$7.35 |
| 88182 | | \$140.00 |
| 88182 | 26 | \$38.50 |
| 88182 | TC | \$101.50 |
| 88184 | | \$69.65 |
| 88185 | | \$23.10 |
| 88187 | | \$36.05 |
| 88188 | | \$61.95 |
| 88189 | | \$83.65 |
| 88230 | | \$116.49 |
| 88233 | | \$140.73 |
| 88235 | | \$150.30 |
| 88237 | | \$143.75 |
| 88239 | | \$147.52 |
| 88240 | | \$13.07 |
| 88241 | | \$12.09 |
| 88245 | | \$173.17 |
| 88248 | | \$173.17 |
| 88249 | | \$173.17 |
| 88261 | | \$264.34 |
| 88262 | | \$125.49 |
| 88263 | | \$150.29 |
| 88264 | | \$144.61 |
| 88267 | | \$188.57 |
| 88269 | | \$173.66 |
| 88271 | | \$21.42 |
| 88272 | | \$40.70 |
| 88273 | | \$34.81 |
| 88274 | | \$42.38 |
| 88275 | | \$51.19 |
| 88280 | | \$33.47 |
| 88283 | | \$68.60 |
| 88285 | | \$26.91 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 88289 | | \$34.43 |
| 88291 | | \$33.25 |
| 88300 | | \$15.40 |
| 88300 | 26 | \$4.55 |
| 88300 | TC | \$10.85 |
| 88302 | | \$31.85 |
| 88302 | 26 | \$7.00 |
| 88302 | TC | \$24.85 |
| 88304 | | \$42.00 |
| 88304 | 26 | \$11.55 |
| 88304 | TC | \$30.45 |
| 88305 | | \$71.40 |
| 88305 | 26 | \$37.80 |
| 88305 | TC | \$33.60 |
| 88307 | | \$289.44 |
| 88307 | 26 | \$82.60 |
| 88307 | TC | \$206.84 |
| 88309 | | \$441.34 |
| 88309 | 26 | \$146.30 |
| 88309 | TC | \$295.04 |
| 88311 | | \$21.00 |
| 88311 | 26 | \$12.60 |
| 88311 | TC | \$8.40 |
| 88312 | | \$113.05 |
| 88312 | 26 | \$26.95 |
| 88312 | TC | \$86.10 |
| 88313 | | \$81.55 |
| 88313 | 26 | \$12.25 |
| 88313 | TC | \$69.30 |
| 88314 | | \$101.50 |
| 88314 | 26 | \$21.70 |
| 88314 | TC | \$79.80 |
| 88319 | | \$129.85 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 88319 | 26 | \$26.95 |
| 88319 | TC | \$102.90 |
| 88321 | | \$97.65 |
| 88323 | | \$114.45 |
| 88323 | 26 | \$87.50 |
| 88323 | TC | \$26.95 |
| 88325 | | \$164.50 |
| 88329 | | \$58.80 |
| 88331 | | \$104.30 |
| 88331 | 26 | \$62.30 |
| 88331 | TC | \$42.00 |
| 88332 | | \$54.95 |
| 88332 | 26 | \$31.15 |
| 88332 | TC | \$23.80 |
| 88333 | | \$95.90 |
| 88333 | 26 | \$62.30 |
| 88333 | TC | \$33.60 |
| 88334 | | \$57.05 |
| 88334 | 26 | \$37.80 |
| 88334 | TC | \$19.25 |
| 88341 | | \$93.80 |
| 88341 | 26 | \$28.35 |
| 88341 | TC | \$65.45 |
| 88342 | | \$106.05 |
| 88342 | 26 | \$35.35 |
| 88342 | TC | \$70.70 |
| 88344 | | \$178.49 |
| 88344 | 26 | \$38.50 |
| 88344 | TC | \$140.00 |
| 88346 | | \$145.95 |
| 88346 | 26 | \$36.40 |
| 88346 | TC | \$109.55 |
| 88348 | | \$432.24 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 88348 | 26 | \$77.70 |
| 88348 | TC | \$354.54 |
| 88350 | | \$110.60 |
| 88350 | 26 | \$29.40 |
| 88350 | TC | \$81.20 |
| 88355 | | \$145.60 |
| 88355 | 26 | \$84.35 |
| 88355 | TC | \$61.25 |
| 88356 | | \$242.89 |
| 88356 | 26 | \$129.50 |
| 88356 | TC | \$113.40 |
| 88358 | | \$140.70 |
| 88358 | 26 | \$50.05 |
| 88358 | TC | \$90.65 |
| 88360 | | \$124.95 |
| 88360 | 26 | \$42.35 |
| 88360 | TC | \$82.60 |
| 88361 | | \$124.25 |
| 88361 | 26 | \$44.10 |
| 88361 | TC | \$80.15 |
| 88362 | | \$223.64 |
| 88362 | 26 | \$112.35 |
| 88362 | TC | \$111.30 |
| 88363 | | \$23.10 |
| 88364 | | \$144.55 |
| 88364 | 26 | \$35.00 |
| 88364 | TC | \$109.55 |
| 88365 | | \$185.84 |
| 88365 | 26 | \$43.75 |
| 88365 | TC | \$142.10 |
| 88366 | | \$293.64 |
| 88366 | 26 | \$62.30 |
| 88366 | TC | \$231.34 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 88367 | | \$115.85 |
| 88367 | 26 | \$33.95 |
| 88367 | TC | \$81.90 |
| 88368 | | \$136.85 |
| 88368 | 26 | \$41.30 |
| 88368 | TC | \$95.55 |
| 88369 | | \$118.30 |
| 88369 | 26 | \$32.55 |
| 88369 | TC | \$85.75 |
| 88371 | | \$22.23 |
| 88371 | 26 | \$19.25 |
| 88372 | | \$26.22 |
| 88372 | 26 | \$18.20 |
| 88373 | | \$73.15 |
| 88373 | 26 | \$25.90 |
| 88373 | TC | \$47.25 |
| 88374 | | \$353.14 |
| 88374 | 26 | \$44.10 |
| 88374 | TC | \$309.04 |
| 88375 | | \$48.30 |
| 88377 | | \$425.24 |
| 88377 | 26 | \$64.40 |
| 88377 | TC | \$360.84 |
| 88380 | | \$134.05 |
| 88380 | 26 | \$55.30 |
| 88380 | TC | \$78.75 |
| 88381 | | \$204.39 |
| 88381 | 26 | \$24.50 |
| 88381 | TC | \$179.89 |
| 88387 | | \$35.35 |
| 88387 | 26 | \$27.65 |
| 88387 | TC | \$7.70 |
| 88388 | | \$37.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 88388 | 26 | \$23.80 |
| 88388 | TC | \$13.65 |
| 88720 | | \$5.02 |
| 88738 | | \$5.02 |
| 88740 | | \$9.37 |
| 88741 | | \$9.37 |
| 89049 | | \$267.39 |
| 89050 | | \$4.72 |
| 89051 | | \$5.60 |
| 89055 | | \$4.27 |
| 89060 | | \$7.33 |
| 89060 | 26 | \$18.20 |
| 89125 | | \$5.88 |
| 89160 | | \$4.85 |
| 89190 | | \$5.79 |
| 89220 | | \$18.55 |
| 89230 | | \$2.10 |
| 90371 | | \$135.59 |
| 90375 | | \$308.67 |
| 90376 | | \$356.33 |
| 90471 | | \$16.52 |
| 90472 | | \$16.52 |
| 90473 | | \$16.52 |
| 90474 | | \$16.52 |
| 90619 | | \$141.43 |
| 90785 | | \$14.70 |
| 90791 | | \$178.49 |
| 90792 | | \$199.14 |
| 90832 | | \$77.00 |
| 90833 | | \$70.35 |
| 90834 | | \$101.85 |
| 90836 | | \$89.25 |
| 90837 | | \$150.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 90838 | | \$117.60 |
| 90839 | | \$143.15 |
| 90840 | | \$67.90 |
| 90845 | | \$96.60 |
| 90846 | | \$97.65 |
| 90847 | | \$101.15 |
| 90849 | | \$35.00 |
| 90853 | | \$27.30 |
| 90865 | | \$168.00 |
| 90870 | | \$176.04 |
| 90875 | | \$60.20 |
| 90876 | | \$105.00 |
| 90880 | | \$106.40 |
| 90901 | | \$41.65 |
| 90912 | | \$82.25 |
| 90913 | | \$32.20 |
| 90935 | | \$71.75 |
| 90937 | | \$103.25 |
| 90945 | | \$85.05 |
| 90947 | | \$122.15 |
| 90951 | | \$1,171.42 |
| 90954 | | \$772.43 |
| 90955 | | \$523.59 |
| 90956 | | \$347.54 |
| 90957 | | \$772.08 |
| 90958 | | \$502.94 |
| 90959 | | \$324.79 |
| 90960 | | \$355.24 |
| 90961 | | \$294.34 |
| 90962 | | \$201.94 |
| 90963 | | \$606.88 |
| 90964 | | \$521.49 |
| 90965 | | \$501.54 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 90966 | | \$293.99 |
| 90967 | | \$17.85 |
| 90968 | | \$17.50 |
| 90969 | | \$16.80 |
| 90970 | | \$9.45 |
| 90989 | | \$561.80 |
| 90997 | | \$88.55 |
| 91010 | | \$226.79 |
| 91010 | 26 | \$65.10 |
| 91010 | TC | \$161.70 |
| 91013 | | \$26.95 |
| 91013 | 26 | \$9.10 |
| 91013 | TC | \$17.85 |
| 91020 | | \$288.04 |
| 91020 | 26 | \$73.50 |
| 91020 | TC | \$214.54 |
| 91022 | | \$178.84 |
| 91022 | 26 | \$73.50 |
| 91022 | TC | \$105.35 |
| 91030 | | \$150.85 |
| 91030 | 26 | \$46.55 |
| 91030 | TC | \$104.30 |
| 91034 | | \$203.69 |
| 91034 | 26 | \$49.70 |
| 91034 | TC | \$154.00 |
| 91035 | | \$515.89 |
| 91035 | 26 | \$81.20 |
| 91035 | TC | \$434.69 |
| 91037 | | \$178.14 |
| 91037 | 26 | \$49.35 |
| 91037 | TC | \$128.80 |
| 91038 | | \$461.99 |
| 91038 | 26 | \$56.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 91038 | TC | \$405.99 |
| 91040 | | \$562.78 |
| 91040 | 26 | \$49.35 |
| 91040 | TC | \$513.44 |
| 91065 | | \$94.15 |
| 91065 | 26 | \$10.50 |
| 91065 | TC | \$83.65 |
| 91110 | | \$886.17 |
| 91110 | 26 | \$127.05 |
| 91110 | TC | \$759.13 |
| 91111 | | \$862.73 |
| 91111 | 26 | \$51.10 |
| 91111 | TC | \$811.63 |
| 91112 | | \$1,720.90 |
| 91112 | 26 | \$107.10 |
| 91112 | TC | \$1,613.80 |
| 91113 | | \$980.67 |
| 91113 | 26 | \$122.50 |
| 91113 | TC | \$858.18 |
| 91117 | | \$135.45 |
| 91120 | | \$548.78 |
| 91120 | 26 | \$49.00 |
| 91120 | TC | \$499.79 |
| 91122 | | \$277.54 |
| 91122 | 26 | \$87.85 |
| 91122 | TC | \$189.69 |
| 91132 | | \$428.74 |
| 91132 | 26 | \$26.60 |
| 91132 | TC | \$402.14 |
| 91133 | | \$452.19 |
| 91133 | 26 | \$33.60 |
| 91133 | TC | \$418.59 |
| 91200 | | \$32.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 91200 | 26 | \$11.20 |
| 91200 | TC | \$21.35 |
| 92002 | | \$87.15 |
| 92004 | | \$151.90 |
| 92012 | | \$90.65 |
| 92014 | | \$127.75 |
| 92015 | | \$19.60 |
| 92018 | | \$140.00 |
| 92019 | | \$71.75 |
| 92020 | | \$28.00 |
| 92025 | | \$37.10 |
| 92025 | 26 | \$19.60 |
| 92025 | TC | \$17.50 |
| 92060 | | \$64.05 |
| 92060 | 26 | \$37.45 |
| 92060 | TC | \$26.60 |
| 92065 | | \$54.25 |
| 92065 | 26 | \$17.85 |
| 92065 | TC | \$36.40 |
| 92071 | | \$37.10 |
| 92072 | | \$129.85 |
| 92081 | | \$33.95 |
| 92081 | 26 | \$16.10 |
| 92081 | TC | \$17.85 |
| 92082 | | \$47.95 |
| 92082 | 26 | \$21.35 |
| 92082 | TC | \$26.60 |
| 92083 | | \$64.05 |
| 92083 | 26 | \$27.30 |
| 92083 | TC | \$36.75 |
| 92100 | | \$86.45 |
| 92132 | | \$31.85 |
| 92132 | 26 | \$16.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 92132 | TC | \$15.40 |
| 92133 | | \$37.45 |
| 92133 | 26 | \$22.05 |
| 92133 | TC | \$15.40 |
| 92134 | | \$41.30 |
| 92134 | 26 | \$25.55 |
| 92134 | TC | \$15.75 |
| 92136 | | \$55.30 |
| 92136 | 26 | \$30.80 |
| 92136 | TC | \$24.50 |
| 92145 | | \$13.30 |
| 92145 | 26 | \$6.30 |
| 92145 | TC | \$7.00 |
| 92201 | | \$24.85 |
| 92202 | | \$15.75 |
| 92227 | | \$15.75 |
| 92228 | | \$30.80 |
| 92228 | 26 | \$18.20 |
| 92228 | TC | \$12.60 |
| 92230 | | \$92.05 |
| 92235 | | \$119.35 |
| 92235 | 26 | \$42.70 |
| 92235 | TC | \$76.65 |
| 92240 | | \$206.49 |
| 92240 | 26 | \$46.20 |
| 92240 | TC | \$160.30 |
| 92242 | | \$256.54 |
| 92242 | 26 | \$54.25 |
| 92242 | TC | \$202.29 |
| 92250 | | \$39.55 |
| 92250 | 26 | \$21.35 |
| 92250 | TC | \$18.20 |
| 92260 | | \$19.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 92265 | | \$88.55 |
| 92265 | 26 | \$46.20 |
| 92265 | TC | \$42.35 |
| 92270 | | \$104.65 |
| 92270 | 26 | \$42.35 |
| 92270 | TC | \$62.30 |
| 92273 | | \$133.35 |
| 92273 | 26 | \$36.75 |
| 92273 | TC | \$96.60 |
| 92274 | | \$90.65 |
| 92274 | 26 | \$32.90 |
| 92274 | TC | \$57.75 |
| 92283 | | \$55.30 |
| 92283 | 26 | \$9.10 |
| 92283 | TC | \$46.20 |
| 92284 | | \$59.50 |
| 92284 | 26 | \$11.90 |
| 92284 | TC | \$47.60 |
| 92285 | | \$23.10 |
| 92285 | 26 | \$3.15 |
| 92285 | TC | \$19.95 |
| 92286 | | \$39.55 |
| 92286 | 26 | \$22.05 |
| 92286 | TC | \$17.50 |
| 92287 | | \$157.85 |
| 92287 | 26 | \$45.85 |
| 92287 | TC | \$112.00 |
| 92310 | | \$103.25 |
| 92311 | | \$109.20 |
| 92312 | | \$125.65 |
| 92313 | | \$102.90 |
| 92314 | | \$89.25 |
| 92315 | | \$84.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 92316 | | \$103.95 |
| 92317 | | \$88.20 |
| 92325 | | \$47.95 |
| 92326 | | \$39.90 |
| 92340 | | \$35.00 |
| 92341 | | \$39.90 |
| 92342 | | \$42.70 |
| 92370 | | \$31.50 |
| 92502 | | \$93.45 |
| 92504 | | \$29.75 |
| 92507 | | \$77.35 |
| 92508 | | \$23.80 |
| 92511 | | \$120.05 |
| 92512 | | \$60.90 |
| 92516 | | \$70.35 |
| 92517 | | \$86.80 |
| 92518 | | \$80.85 |
| 92519 | | \$134.75 |
| 92520 | | \$81.90 |
| 92521 | | \$135.45 |
| 92522 | | \$112.70 |
| 92523 | | \$232.74 |
| 92524 | | \$110.60 |
| 92526 | | \$85.75 |
| 92537 | | \$42.35 |
| 92537 | 26 | \$31.85 |
| 92537 | TC | \$10.50 |
| 92538 | | \$22.75 |
| 92538 | 26 | \$16.10 |
| 92538 | TC | \$6.65 |
| 92540 | | \$111.30 |
| 92540 | 26 | \$78.75 |
| 92540 | TC | \$32.55 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 92541 | | \$25.55 |
| 92541 | 26 | \$21.35 |
| 92541 | TC | \$4.20 |
| 92542 | | \$29.75 |
| 92542 | 26 | \$25.55 |
| 92542 | TC | \$4.20 |
| 92544 | | \$18.20 |
| 92544 | 26 | \$14.70 |
| 92544 | TC | \$3.50 |
| 92545 | | \$16.80 |
| 92545 | 26 | \$13.65 |
| 92545 | TC | \$3.15 |
| 92546 | | \$121.10 |
| 92546 | 26 | \$14.70 |
| 92546 | TC | \$106.40 |
| 92547 | | \$10.15 |
| 92548 | | \$50.05 |
| 92548 | 26 | \$34.65 |
| 92548 | TC | \$15.40 |
| 92549 | | \$64.05 |
| 92549 | 26 | \$45.15 |
| 92549 | TC | \$18.90 |
| 92550 | | \$22.40 |
| 92551 | | \$11.55 |
| 92552 | | \$32.55 |
| 92553 | | \$39.90 |
| 92555 | | \$24.85 |
| 92556 | | \$39.55 |
| 92557 | | \$38.50 |
| 92558 | | \$9.45 |
| 92561 | | \$39.90 |
| 92562 | | \$46.90 |
| 92563 | | \$31.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 92564 | | \$23.80 |
| 92565 | | \$17.50 |
| 92567 | | \$16.45 |
| 92568 | | \$15.40 |
| 92570 | | \$33.25 |
| 92571 | | \$28.00 |
| 92572 | | \$36.05 |
| 92575 | | \$69.30 |
| 92576 | | \$38.15 |
| 92577 | | \$15.05 |
| 92579 | | \$47.25 |
| 92582 | | \$76.30 |
| 92583 | | \$51.10 |
| 92584 | | \$120.75 |
| 92587 | | \$22.40 |
| 92587 | 26 | \$18.55 |
| 92587 | TC | \$3.85 |
| 92588 | | \$34.30 |
| 92588 | 26 | \$29.05 |
| 92588 | TC | \$5.25 |
| 92590 | | \$120.55 |
| 92591 | | \$120.55 |
| 92592 | | \$26.47 |
| 92593 | | \$26.47 |
| 92594 | | \$26.47 |
| 92595 | | \$26.47 |
| 92596 | | \$68.25 |
| 92597 | | \$71.75 |
| 92601 | | \$169.05 |
| 92602 | | \$107.45 |
| 92603 | | \$157.15 |
| 92604 | | \$95.20 |
| 92607 | | \$127.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 92608 | | \$50.75 |
| 92609 | | \$106.05 |
| 92610 | | \$85.75 |
| 92611 | | \$92.40 |
| 92612 | | \$200.89 |
| 92613 | | \$36.75 |
| 92614 | | \$149.45 |
| 92615 | | \$32.55 |
| 92616 | | \$219.44 |
| 92617 | | \$40.60 |
| 92620 | | \$93.45 |
| 92621 | | \$22.75 |
| 92625 | | \$70.00 |
| 92626 | | \$90.65 |
| 92627 | | \$21.35 |
| 92640 | | \$114.80 |
| 92650 | | \$28.70 |
| 92651 | | \$90.65 |
| 92652 | | \$118.30 |
| 92653 | | \$86.80 |
| 92920 | | \$497.69 |
| 92924 | | \$593.23 |
| 92928 | | \$553.33 |
| 92933 | | \$620.88 |
| 92937 | | \$552.63 |
| 92941 | | \$621.58 |
| 92943 | | \$621.93 |
| 92950 | | \$332.49 |
| 92953 | | \$0.70 |
| 92960 | | \$159.25 |
| 92961 | | \$233.09 |
| 92970 | | \$177.09 |
| 92971 | | \$94.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 92973 | | \$165.90 |
| 92974 | | \$151.55 |
| 92975 | | \$352.79 |
| 92977 | | \$52.85 |
| 92978 | 26 | \$90.30 |
| 92979 | 26 | \$71.75 |
| 92986 | | \$1,247.36 |
| 92987 | | \$1,287.96 |
| 92990 | | \$1,027.92 |
| 92997 | | \$602.33 |
| 92998 | | \$298.19 |
| 93000 | | \$14.70 |
| 93005 | | \$6.30 |
| 93010 | | \$8.05 |
| 93015 | | \$71.05 |
| 93016 | | \$21.70 |
| 93017 | | \$35.00 |
| 93018 | | \$14.35 |
| 93024 | | \$109.55 |
| 93024 | 26 | \$56.00 |
| 93024 | TC | \$53.55 |
| 93025 | | \$137.20 |
| 93025 | 26 | \$37.45 |
| 93025 | TC | \$99.75 |
| 93040 | | \$12.60 |
| 93041 | | \$5.60 |
| 93042 | | \$6.65 |
| 93050 | | \$16.10 |
| 93050 | 26 | \$8.40 |
| 93050 | TC | \$7.70 |
| 93224 | | \$80.15 |
| 93225 | | \$19.95 |
| 93226 | | \$41.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 93227 | | \$18.55 |
| 93228 | | \$25.55 |
| 93229 | | \$717.48 |
| 93242 | | \$15.05 |
| 93244 | | \$24.50 |
| 93246 | | \$15.05 |
| 93248 | | \$26.95 |
| 93260 | | \$76.30 |
| 93260 | 26 | \$42.70 |
| 93260 | TC | \$33.60 |
| 93261 | | \$70.00 |
| 93261 | 26 | \$36.75 |
| 93261 | TC | \$33.25 |
| 93264 | | \$49.70 |
| 93268 | | \$201.59 |
| 93270 | | \$8.75 |
| 93271 | | \$167.65 |
| 93272 | | \$24.85 |
| 93278 | | \$30.10 |
| 93278 | 26 | \$12.60 |
| 93278 | TC | \$17.50 |
| 93279 | | \$66.85 |
| 93279 | 26 | \$31.85 |
| 93279 | TC | \$35.00 |
| 93280 | | \$79.10 |
| 93280 | 26 | \$38.15 |
| 93280 | TC | \$40.95 |
| 93281 | | \$84.35 |
| 93281 | 26 | \$42.70 |
| 93281 | TC | \$41.65 |
| 93282 | | \$80.15 |
| 93282 | 26 | \$42.35 |
| 93282 | TC | \$37.80 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93283 | | \$98.35 |
| 93283 | 26 | \$57.05 |
| 93283 | TC | \$41.30 |
| 93284 | | \$106.40 |
| 93284 | 26 | \$62.30 |
| 93284 | TC | \$44.10 |
| 93285 | | \$59.85 |
| 93285 | 26 | \$25.90 |
| 93285 | TC | \$33.95 |
| 93286 | | \$45.85 |
| 93286 | 26 | \$15.40 |
| 93286 | TC | \$30.45 |
| 93287 | | \$53.20 |
| 93287 | 26 | \$22.75 |
| 93287 | TC | \$30.45 |
| 93288 | | \$55.65 |
| 93288 | 26 | \$21.00 |
| 93288 | TC | \$34.65 |
| 93289 | | \$72.10 |
| 93289 | 26 | \$37.10 |
| 93289 | TC | \$35.00 |
| 93290 | | \$52.85 |
| 93290 | 26 | \$21.35 |
| 93290 | TC | \$31.50 |
| 93291 | | \$49.00 |
| 93291 | 26 | \$18.55 |
| 93291 | TC | \$30.45 |
| 93292 | | \$49.70 |
| 93292 | 26 | \$21.00 |
| 93292 | TC | \$28.70 |
| 93293 | | \$51.45 |
| 93293 | 26 | \$15.05 |
| 93293 | TC | \$36.40 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93294 | | \$30.10 |
| 93295 | | \$37.10 |
| 93296 | | \$25.55 |
| 93297 | | \$26.25 |
| 93298 | | \$26.25 |
| 93303 | | \$237.64 |
| 93303 | 26 | \$62.30 |
| 93303 | TC | \$175.34 |
| 93304 | | \$166.25 |
| 93304 | 26 | \$36.40 |
| 93304 | TC | \$129.85 |
| 93306 | | \$207.19 |
| 93306 | 26 | \$70.00 |
| 93306 | TC | \$137.20 |
| 93307 | | \$146.30 |
| 93307 | 26 | \$44.80 |
| 93307 | TC | \$101.50 |
| 93308 | | \$102.55 |
| 93308 | 26 | \$25.20 |
| 93308 | TC | \$77.35 |
| 93312 | | \$250.94 |
| 93312 | 26 | \$107.80 |
| 93312 | TC | \$143.15 |
| 93313 | | \$11.20 |
| 93314 | | \$240.79 |
| 93314 | 26 | \$88.55 |
| 93314 | TC | \$152.25 |
| 93315 | 26 | \$127.40 |
| 93316 | | \$26.60 |
| 93317 | 26 | \$89.60 |
| 93318 | 26 | \$102.20 |
| 93319 | | \$61.60 |
| 93320 | | \$54.25 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93320 | 26 | \$18.20 |
| 93320 | TC | \$36.05 |
| 93321 | | \$26.95 |
| 93321 | 26 | \$7.00 |
| 93321 | TC | \$19.95 |
| 93325 | | \$25.55 |
| 93325 | 26 | \$3.15 |
| 93325 | TC | \$22.40 |
| 93350 | | \$195.99 |
| 93350 | 26 | \$70.00 |
| 93350 | TC | \$126.00 |
| 93351 | | \$242.19 |
| 93351 | 26 | \$83.65 |
| 93351 | TC | \$158.55 |
| 93352 | | \$33.95 |
| 93355 | | \$225.04 |
| 93356 | | \$40.95 |
| 93451 | | \$927.47 |
| 93451 | 26 | \$124.60 |
| 93451 | TC | \$802.88 |
| 93452 | | \$968.07 |
| 93452 | 26 | \$224.69 |
| 93452 | TC | \$743.38 |
| 93453 | | \$1,233.71 |
| 93453 | 26 | \$300.29 |
| 93453 | TC | \$933.42 |
| 93454 | | \$969.12 |
| 93454 | 26 | \$227.14 |
| 93454 | TC | \$741.98 |
| 93455 | | \$1,087.42 |
| 93455 | 26 | \$264.24 |
| 93455 | TC | \$823.18 |
| 93456 | | \$1,213.77 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93456 | 26 | \$295.39 |
| 93456 | TC | \$918.37 |
| 93457 | | \$1,330.66 |
| 93457 | 26 | \$332.49 |
| 93457 | TC | \$998.17 |
| 93458 | | \$1,118.57 |
| 93458 | 26 | \$279.64 |
| 93458 | TC | \$838.93 |
| 93459 | | \$1,207.82 |
| 93459 | 26 | \$317.09 |
| 93459 | TC | \$890.72 |
| 93460 | | \$1,340.11 |
| 93460 | 26 | \$355.24 |
| 93460 | TC | \$984.87 |
| 93461 | | \$1,486.41 |
| 93461 | 26 | \$392.34 |
| 93461 | TC | \$1,094.07 |
| 93462 | | \$198.79 |
| 93463 | | \$96.60 |
| 93464 | | \$242.19 |
| 93464 | 26 | \$87.50 |
| 93464 | TC | \$154.70 |
| 93503 | | \$85.75 |
| 93505 | | \$709.43 |
| 93505 | 26 | \$213.49 |
| 93505 | TC | \$495.94 |
| 93530 | 26 | \$195.29 |
| 93531 | 26 | \$408.79 |
| 93532 | 26 | \$499.09 |
| 93533 | 26 | \$333.89 |
| 93561 | 26 | \$45.50 |
| 93562 | 26 | \$37.10 |
| 93563 | | \$54.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 93564 | | \$57.05 |
| 93565 | | \$42.70 |
| 93566 | | \$142.45 |
| 93567 | | \$118.65 |
| 93568 | | \$131.95 |
| 93571 | 26 | \$68.95 |
| 93572 | 26 | \$50.05 |
| 93580 | | \$916.97 |
| 93581 | | \$1,243.16 |
| 93582 | | \$621.58 |
| 93583 | | \$696.48 |
| 93590 | | \$1,062.22 |
| 93591 | | \$877.77 |
| 93592 | | \$386.39 |
| 93600 | 26 | \$113.40 |
| 93602 | 26 | \$111.65 |
| 93603 | 26 | \$111.65 |
| 93609 | 26 | \$264.94 |
| 93610 | 26 | \$156.80 |
| 93612 | 26 | \$155.75 |
| 93613 | | \$279.99 |
| 93615 | 26 | \$37.80 |
| 93616 | 26 | \$59.15 |
| 93618 | 26 | \$209.64 |
| 93619 | 26 | \$373.44 |
| 93620 | 26 | \$598.48 |
| 93621 | 26 | \$111.65 |
| 93622 | 26 | \$163.80 |
| 93623 | 26 | \$126.35 |
| 93624 | 26 | \$227.14 |
| 93631 | 26 | \$374.49 |
| 93640 | 26 | \$170.80 |
| 93641 | 26 | \$297.14 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93642 | | \$327.59 |
| 93642 | 26 | \$242.54 |
| 93642 | TC | \$85.05 |
| 93644 | | \$199.14 |
| 93644 | 26 | \$144.90 |
| 93644 | TC | \$54.25 |
| 93650 | | \$559.28 |
| 93653 | | \$789.93 |
| 93654 | | \$1,056.97 |
| 93655 | | \$402.14 |
| 93656 | | \$1,060.82 |
| 93657 | | \$401.79 |
| 93660 | | \$158.90 |
| 93660 | 26 | \$92.05 |
| 93660 | TC | \$66.85 |
| 93662 | 26 | \$114.45 |
| 93668 | | \$14.00 |
| 93701 | | \$28.00 |
| 93702 | | \$150.15 |
| 93724 | | \$285.59 |
| 93724 | 26 | \$241.49 |
| 93724 | TC | \$44.10 |
| 93750 | | \$48.30 |
| 93784 | | \$46.55 |
| 93786 | | \$23.10 |
| 93788 | | \$4.90 |
| 93790 | | \$18.20 |
| 93793 | | \$11.20 |
| 93797 | | \$16.80 |
| 93798 | | \$25.90 |
| 93880 | | \$202.99 |
| 93880 | 26 | \$37.80 |
| 93880 | TC | \$165.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93882 | | \$131.60 |
| 93882 | 26 | \$23.45 |
| 93882 | TC | \$108.15 |
| 93886 | | \$276.84 |
| 93886 | 26 | \$46.20 |
| 93886 | TC | \$230.64 |
| 93888 | | \$134.40 |
| 93888 | 26 | \$25.20 |
| 93888 | TC | \$109.20 |
| 93890 | | \$280.69 |
| 93890 | 26 | \$50.40 |
| 93890 | TC | \$230.29 |
| 93892 | | \$168.00 |
| 93892 | 26 | \$58.45 |
| 93892 | TC | \$109.55 |
| 93893 | | \$168.70 |
| 93893 | 26 | \$59.15 |
| 93893 | TC | \$109.55 |
| 93922 | | \$86.45 |
| 93922 | 26 | \$12.25 |
| 93922 | TC | \$74.20 |
| 93923 | | \$134.05 |
| 93923 | 26 | \$21.00 |
| 93923 | TC | \$113.05 |
| 93924 | | \$166.60 |
| 93924 | 26 | \$23.45 |
| 93924 | TC | \$143.15 |
| 93925 | | \$258.99 |
| 93925 | 26 | \$37.45 |
| 93925 | TC | \$221.54 |
| 93926 | | \$131.95 |
| 93926 | 26 | \$22.75 |
| 93926 | TC | \$109.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93930 | | \$209.29 |
| 93930 | 26 | \$38.15 |
| 93930 | TC | \$171.15 |
| 93931 | | \$130.90 |
| 93931 | 26 | \$23.45 |
| 93931 | TC | \$107.45 |
| 93970 | | \$199.49 |
| 93970 | 26 | \$32.90 |
| 93970 | TC | \$166.60 |
| 93971 | | \$125.30 |
| 93971 | 26 | \$21.35 |
| 93971 | TC | \$103.95 |
| 93975 | | \$282.44 |
| 93975 | 26 | \$55.30 |
| 93975 | TC | \$227.14 |
| 93976 | | \$147.70 |
| 93976 | 26 | \$38.50 |
| 93976 | TC | \$109.20 |
| 93978 | | \$191.09 |
| 93978 | 26 | \$37.45 |
| 93978 | TC | \$153.65 |
| 93979 | | \$123.55 |
| 93979 | 26 | \$23.10 |
| 93979 | TC | \$100.45 |
| 93980 | | \$122.15 |
| 93980 | 26 | \$60.55 |
| 93980 | TC | \$61.60 |
| 93981 | | \$74.20 |
| 93981 | 26 | \$21.00 |
| 93981 | TC | \$53.20 |
| 93985 | | \$267.04 |
| 93985 | 26 | \$36.75 |
| 93985 | TC | \$230.29 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 93986 | | \$131.95 |
| 93986 | 26 | \$22.75 |
| 93986 | TC | \$109.20 |
| 93990 | | \$131.95 |
| 93990 | 26 | \$22.75 |
| 93990 | TC | \$109.20 |
| 94002 | | \$89.95 |
| 94003 | | \$64.40 |
| 94004 | | \$47.95 |
| 94010 | | \$29.75 |
| 94010 | 26 | \$8.40 |
| 94010 | TC | \$21.35 |
| 94011 | | \$85.05 |
| 94012 | | \$138.25 |
| 94013 | | \$19.25 |
| 94014 | | \$56.00 |
| 94015 | | \$31.15 |
| 94016 | | \$24.85 |
| 94060 | | \$46.90 |
| 94060 | 26 | \$10.50 |
| 94060 | TC | \$36.40 |
| 94070 | | \$62.65 |
| 94070 | 26 | \$28.35 |
| 94070 | TC | \$34.30 |
| 94200 | | \$17.85 |
| 94200 | 26 | \$3.85 |
| 94200 | TC | \$14.00 |
| 94375 | | \$39.20 |
| 94375 | 26 | \$14.70 |
| 94375 | TC | \$24.50 |
| 94450 | | \$61.95 |
| 94450 | 26 | \$18.20 |
| 94450 | TC | \$43.75 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 94452 | | \$51.80 |
| 94452 | 26 | \$14.35 |
| 94452 | TC | \$37.45 |
| 94453 | | \$71.05 |
| 94453 | 26 | \$18.55 |
| 94453 | TC | \$52.50 |
| 94610 | | \$54.25 |
| 94617 | | \$94.85 |
| 94617 | 26 | \$33.25 |
| 94617 | TC | \$61.60 |
| 94618 | | \$33.25 |
| 94618 | 26 | \$22.40 |
| 94618 | TC | \$10.85 |
| 94619 | | \$73.85 |
| 94619 | 26 | \$23.45 |
| 94619 | TC | \$50.40 |
| 94621 | | \$158.55 |
| 94621 | 26 | \$67.90 |
| 94621 | TC | \$90.65 |
| 94640 | | \$14.00 |
| 94644 | | \$61.25 |
| 94645 | | \$16.45 |
| 94660 | | \$63.00 |
| 94662 | | \$35.00 |
| 94664 | | \$16.80 |
| 94667 | | \$21.35 |
| 94668 | | \$33.25 |
| 94669 | | \$23.10 |
| 94680 | | \$53.90 |
| 94680 | 26 | \$12.60 |
| 94680 | TC | \$41.30 |
| 94681 | | \$51.80 |
| 94681 | 26 | \$10.15 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 94681 | TC | \$41.65 |
| 94690 | | \$44.45 |
| 94690 | 26 | \$3.85 |
| 94690 | TC | \$40.60 |
| 94726 | | \$54.95 |
| 94726 | 26 | \$11.90 |
| 94726 | TC | \$43.05 |
| 94727 | | \$44.45 |
| 94727 | 26 | \$12.25 |
| 94727 | TC | \$32.20 |
| 94728 | | \$41.30 |
| 94728 | 26 | \$12.60 |
| 94728 | TC | \$28.70 |
| 94729 | | \$60.20 |
| 94729 | 26 | \$9.10 |
| 94729 | TC | \$51.10 |
| 94760 | | \$2.10 |
| 94761 | | \$3.50 |
| 94762 | | \$27.30 |
| 94780 | | \$51.10 |
| 94781 | | \$19.95 |
| 95004 | | \$3.85 |
| 95012 | | \$19.95 |
| 95017 | | \$8.40 |
| 95018 | | \$21.35 |
| 95024 | | \$8.40 |
| 95027 | | \$4.55 |
| 95028 | | \$12.95 |
| 95044 | | \$5.25 |
| 95052 | | \$6.65 |
| 95056 | | \$49.00 |
| 95060 | | \$36.75 |
| 95065 | | \$26.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 95070 | | \$35.35 |
| 95076 | | \$119.35 |
| 95079 | | \$84.35 |
| 95115 | | \$9.10 |
| 95117 | | \$11.20 |
| 95144 | | \$16.45 |
| 95145 | | \$34.65 |
| 95146 | | \$64.05 |
| 95147 | | \$63.35 |
| 95148 | | \$92.75 |
| 95149 | | \$123.55 |
| 95165 | | \$15.75 |
| 95170 | | \$11.55 |
| 95180 | | \$136.50 |
| 95249 | | \$58.10 |
| 95250 | | \$157.15 |
| 95251 | | \$35.00 |
| 95717 | | \$100.80 |
| 95718 | | \$134.40 |
| 95719 | | \$156.10 |
| 95720 | | \$206.14 |
| 95721 | | \$207.54 |
| 95722 | | \$252.69 |
| 95723 | | \$257.59 |
| 95724 | | \$322.34 |
| 95725 | | \$294.34 |
| 95726 | | \$408.09 |
| 95782 | | \$943.92 |
| 95782 | 26 | \$124.95 |
| 95782 | TC | \$818.98 |
| 95783 | | \$1,000.97 |
| 95783 | 26 | \$135.80 |
| 95783 | TC | \$865.18 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95803 | | \$156.45 |
| 95803 | 26 | \$44.45 |
| 95803 | TC | \$112.00 |
| 95805 | | \$428.04 |
| 95805 | 26 | \$58.10 |
| 95805 | TC | \$369.94 |
| 95807 | | \$405.29 |
| 95807 | 26 | \$60.55 |
| 95807 | TC | \$344.74 |
| 95808 | | \$673.73 |
| 95808 | 26 | \$86.80 |
| 95808 | TC | \$586.93 |
| 95810 | | \$626.13 |
| 95810 | 26 | \$119.70 |
| 95810 | TC | \$506.44 |
| 95811 | | \$653.78 |
| 95811 | 26 | \$124.25 |
| 95811 | TC | \$529.53 |
| 95812 | | \$352.79 |
| 95812 | 26 | \$57.05 |
| 95812 | TC | \$295.74 |
| 95813 | | \$433.64 |
| 95813 | 26 | \$86.80 |
| 95813 | TC | \$346.84 |
| 95816 | | \$386.04 |
| 95816 | 26 | \$57.05 |
| 95816 | TC | \$328.99 |
| 95819 | | \$463.39 |
| 95819 | 26 | \$57.40 |
| 95819 | TC | \$405.99 |
| 95822 | | \$422.44 |
| 95822 | 26 | \$57.40 |
| 95822 | TC | \$365.04 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95824 | 26 | \$39.20 |
| 95829 | | \$1,962.74 |
| 95829 | 26 | \$330.39 |
| 95829 | TC | \$1,632.35 |
| 95830 | | \$661.48 |
| 95836 | | \$103.95 |
| 95851 | | \$22.75 |
| 95852 | | \$18.20 |
| 95857 | | \$56.35 |
| 95860 | | \$121.10 |
| 95860 | 26 | \$51.45 |
| 95860 | TC | \$69.65 |
| 95861 | | \$175.00 |
| 95861 | 26 | \$81.90 |
| 95861 | TC | \$93.10 |
| 95863 | | \$228.54 |
| 95863 | 26 | \$99.75 |
| 95863 | TC | \$128.80 |
| 95864 | | \$255.14 |
| 95864 | 26 | \$106.40 |
| 95864 | TC | \$148.75 |
| 95865 | | \$159.25 |
| 95865 | 26 | \$83.30 |
| 95865 | TC | \$75.95 |
| 95866 | | \$138.60 |
| 95866 | 26 | \$65.80 |
| 95866 | TC | \$72.80 |
| 95867 | | \$114.10 |
| 95867 | 26 | \$42.00 |
| 95867 | TC | \$72.10 |
| 95868 | | \$149.10 |
| 95868 | 26 | \$63.00 |
| 95868 | TC | \$86.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95869 | | \$104.30 |
| 95869 | 26 | \$19.95 |
| 95869 | TC | \$84.35 |
| 95870 | | \$93.10 |
| 95870 | 26 | \$19.60 |
| 95870 | TC | \$73.50 |
| 95872 | | \$207.19 |
| 95872 | 26 | \$152.60 |
| 95872 | TC | \$54.60 |
| 95873 | | \$81.20 |
| 95873 | 26 | \$19.95 |
| 95873 | TC | \$61.25 |
| 95874 | | \$84.70 |
| 95874 | 26 | \$19.60 |
| 95874 | TC | \$65.10 |
| 95875 | | \$140.00 |
| 95875 | 26 | \$58.80 |
| 95875 | TC | \$81.20 |
| 95885 | | \$67.90 |
| 95885 | 26 | \$18.55 |
| 95885 | TC | \$49.35 |
| 95886 | | \$103.95 |
| 95886 | 26 | \$45.85 |
| 95886 | TC | \$58.10 |
| 95887 | | \$89.95 |
| 95887 | 26 | \$37.45 |
| 95887 | TC | \$52.50 |
| 95905 | | \$48.30 |
| 95905 | 26 | \$2.80 |
| 95905 | TC | \$45.50 |
| 95907 | | \$96.25 |
| 95907 | 26 | \$53.55 |
| 95907 | TC | \$42.70 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95908 | | \$121.80 |
| 95908 | 26 | \$67.20 |
| 95908 | TC | \$54.60 |
| 95909 | | \$145.60 |
| 95909 | 26 | \$80.15 |
| 95909 | TC | \$65.45 |
| 95910 | | \$190.74 |
| 95910 | 26 | \$107.10 |
| 95910 | TC | \$83.65 |
| 95911 | | \$229.24 |
| 95911 | 26 | \$133.35 |
| 95911 | TC | \$95.90 |
| 95912 | | \$264.59 |
| 95912 | 26 | \$158.90 |
| 95912 | TC | \$105.70 |
| 95913 | | \$307.29 |
| 95913 | 26 | \$188.29 |
| 95913 | TC | \$119.00 |
| 95921 | | \$90.30 |
| 95921 | 26 | \$45.15 |
| 95921 | TC | \$45.15 |
| 95922 | | \$107.45 |
| 95922 | 26 | \$47.60 |
| 95922 | TC | \$59.85 |
| 95923 | | \$133.00 |
| 95923 | 26 | \$45.15 |
| 95923 | TC | \$87.85 |
| 95924 | | \$152.60 |
| 95924 | 26 | \$86.45 |
| 95924 | TC | \$66.15 |
| 95925 | | \$160.65 |
| 95925 | 26 | \$28.35 |
| 95925 | TC | \$132.30 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95926 | | \$148.40 |
| 95926 | 26 | \$27.65 |
| 95926 | TC | \$120.75 |
| 95927 | | \$145.25 |
| 95927 | 26 | \$26.95 |
| 95927 | TC | \$118.30 |
| 95928 | | \$242.19 |
| 95928 | 26 | \$79.80 |
| 95928 | TC | \$162.40 |
| 95929 | | \$249.54 |
| 95929 | 26 | \$79.45 |
| 95929 | TC | \$170.10 |
| 95930 | | \$68.60 |
| 95930 | 26 | \$18.90 |
| 95930 | TC | \$49.70 |
| 95933 | | \$87.50 |
| 95933 | 26 | \$31.50 |
| 95933 | TC | \$56.00 |
| 95937 | | \$106.40 |
| 95937 | 26 | \$34.65 |
| 95937 | TC | \$71.75 |
| 95938 | | \$368.54 |
| 95938 | 26 | \$45.50 |
| 95938 | TC | \$323.04 |
| 95939 | | \$557.53 |
| 95939 | 26 | \$119.00 |
| 95939 | TC | \$438.54 |
| 95940 | | \$32.55 |
| 95954 | | \$401.44 |
| 95954 | 26 | \$110.25 |
| 95954 | TC | \$291.19 |
| 95955 | | \$221.54 |
| 95955 | 26 | \$53.90 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 95955 | TC | \$167.65 |
| 95957 | | \$256.54 |
| 95957 | 26 | \$101.85 |
| 95957 | TC | \$154.70 |
| 95958 | | \$605.83 |
| 95958 | 26 | \$221.19 |
| 95958 | TC | \$384.64 |
| 95961 | | \$318.14 |
| 95961 | 26 | \$158.90 |
| 95961 | TC | \$159.25 |
| 95962 | | \$265.64 |
| 95962 | 26 | \$171.50 |
| 95962 | TC | \$94.15 |
| 95965 | 26 | \$414.39 |
| 95966 | 26 | \$212.09 |
| 95967 | 26 | \$185.49 |
| 95970 | | \$18.90 |
| 95971 | | \$49.00 |
| 95972 | | \$56.00 |
| 95976 | | \$39.90 |
| 95977 | | \$52.85 |
| 95980 | | \$42.70 |
| 95981 | | \$36.75 |
| 95982 | | \$57.40 |
| 95983 | | \$50.05 |
| 95984 | | \$43.75 |
| 95990 | | \$94.50 |
| 95991 | | \$115.85 |
| 95992 | | \$44.10 |
| 96000 | | \$88.20 |
| 96001 | | \$110.25 |
| 96002 | | \$22.05 |
| 96003 | | \$16.80 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 96004 | | \$109.55 |
| 96020 | 26 | \$160.65 |
| 96040 | | \$46.20 |
| 96105 | | \$99.75 |
| 96110 | | \$9.80 |
| 96112 | | \$129.15 |
| 96113 | | \$57.75 |
| 96116 | | \$95.55 |
| 96121 | | \$80.85 |
| 96125 | | \$105.70 |
| 96127 | | \$4.55 |
| 96130 | | \$119.00 |
| 96131 | | \$89.95 |
| 96132 | | \$131.60 |
| 96133 | | \$103.25 |
| 96136 | | \$46.20 |
| 96137 | | \$41.65 |
| 96138 | | \$37.10 |
| 96139 | | \$37.10 |
| 96146 | | \$1.75 |
| 96156 | | \$95.90 |
| 96158 | | \$65.80 |
| 96159 | | \$22.75 |
| 96160 | | \$2.80 |
| 96161 | | \$2.80 |
| 96164 | | \$9.45 |
| 96165 | | \$4.55 |
| 96167 | | \$70.35 |
| 96168 | | \$25.20 |
| 96360 | | \$36.05 |
| 96361 | | \$13.65 |
| 96365 | | \$73.15 |
| 96366 | | \$22.05 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 96367 | | \$31.85 |
| 96368 | | \$21.00 |
| 96369 | | \$158.90 |
| 96370 | | \$15.05 |
| 96371 | | \$66.15 |
| 96372 | | \$14.00 |
| 96373 | | \$18.20 |
| 96374 | | \$41.65 |
| 96375 | | \$16.80 |
| 96377 | | \$19.95 |
| 96401 | | \$81.55 |
| 96402 | | \$32.90 |
| 96405 | | \$87.15 |
| 96406 | | \$135.45 |
| 96409 | | \$112.70 |
| 96411 | | \$61.60 |
| 96413 | | \$147.00 |
| 96415 | | \$31.15 |
| 96416 | | \$145.95 |
| 96417 | | \$71.40 |
| 96420 | | \$114.80 |
| 96422 | | \$178.49 |
| 96423 | | \$81.90 |
| 96425 | | \$191.09 |
| 96440 | | \$989.42 |
| 96446 | | \$213.14 |
| 96450 | | \$180.59 |
| 96521 | | \$151.55 |
| 96522 | | \$129.50 |
| 96523 | | \$28.70 |
| 96542 | | \$139.65 |
| 96567 | | \$148.40 |
| 96570 | | \$53.20 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 96571 | | \$25.55 |
| 96573 | | \$241.14 |
| 96574 | | \$296.44 |
| 96900 | | \$23.45 |
| 96904 | | \$74.20 |
| 96910 | | \$122.15 |
| 96912 | | \$105.00 |
| 96913 | | \$155.05 |
| 96920 | | \$165.55 |
| 96921 | | \$180.94 |
| 96922 | | \$244.99 |
| 96931 | | \$178.84 |
| 96932 | | \$134.05 |
| 96933 | | \$44.80 |
| 96934 | | \$116.20 |
| 96935 | | \$73.50 |
| 96936 | | \$42.70 |
| 97010 | | \$5.95 |
| 97022 | | \$17.85 |
| 97032 | | \$14.70 |
| 97035 | | \$14.35 |
| 97110 | | \$30.10 |
| 97112 | | \$35.00 |
| 97113 | | \$38.15 |
| 97116 | | \$30.10 |
| 97129 | | \$23.10 |
| 97130 | | \$22.40 |
| 97140 | | \$27.65 |
| 97150 | | \$17.85 |
| 97151 | | \$28.71 |
| 97152 | | \$21.25 |
| 97153 | | \$9.78 |
| 97154 | | \$2.46 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 97155 | | \$28.71 |
| 97161 | | \$101.15 |
| 97162 | | \$101.15 |
| 97163 | | \$101.15 |
| 97164 | | \$69.30 |
| 97165 | | \$98.00 |
| 97166 | | \$98.00 |
| 97167 | | \$98.00 |
| 97168 | | \$66.15 |
| 97530 | | \$39.20 |
| 97537 | | \$32.20 |
| 97542 | | \$32.55 |
| 97597 | | \$101.85 |
| 97598 | | \$45.85 |
| 97605 | | \$43.05 |
| 97606 | | \$51.10 |
| 97607 | | \$351.04 |
| 97608 | | \$341.59 |
| 97761 | | \$42.35 |
| 97802 | | \$37.45 |
| 97803 | | \$32.20 |
| 97804 | | \$16.80 |
| 98925 | | \$31.50 |
| 98926 | | \$44.80 |
| 98927 | | \$58.45 |
| 98928 | | \$71.40 |
| 98929 | | \$85.40 |
| 98940 | | \$43.64 |
| 98941 | | \$60.70 |
| 98942 | | \$79.03 |
| 98966 | | \$13.65 |
| 98967 | | \$26.25 |
| 98968 | | \$38.50 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 99151 | | \$87.85 |
| 99152 | | \$52.50 |
| 99153 | | \$10.50 |
| 99155 | | \$80.85 |
| 99156 | | \$74.55 |
| 99157 | | \$61.95 |
| 99173 | | \$2.80 |
| 99174 | | \$5.25 |
| 99175 | | \$29.75 |
| 99183 | | \$105.00 |
| 99184 | | \$216.64 |
| 99188 | | \$27.54 |
| 99195 | | \$107.80 |
| 99202 | | \$72.45 |
| 99203 | | \$110.95 |
| 99204 | | \$165.90 |
| 99205 | | \$218.74 |
| 99211 | | \$22.75 |
| 99212 | | \$56.00 |
| 99213 | | \$90.65 |
| 99214 | | \$128.80 |
| 99215 | | \$179.54 |
| 99217 | | \$70.70 |
| 99218 | | \$95.55 |
| 99219 | | \$130.90 |
| 99220 | | \$177.44 |
| 99221 | | \$97.65 |
| 99222 | | \$132.30 |
| 99223 | | \$195.29 |
| 99224 | | \$37.80 |
| 99225 | | \$70.00 |
| 99226 | | \$100.80 |
| 99231 | | \$37.45 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 99232 | | \$70.00 |
| 99233 | | \$100.80 |
| 99234 | | \$127.75 |
| 99235 | | \$163.10 |
| 99236 | | \$209.29 |
| 99238 | | \$70.70 |
| 99239 | | \$104.30 |
| 99281 | | \$21.35 |
| 99282 | | \$41.30 |
| 99283 | | \$70.00 |
| 99284 | | \$119.00 |
| 99285 | | \$172.90 |
| 99291 | | \$275.79 |
| 99292 | | \$120.05 |
| 99304 | | \$87.85 |
| 99305 | | \$126.70 |
| 99306 | | \$163.10 |
| 99307 | | \$43.05 |
| 99308 | | \$67.55 |
| 99309 | | \$89.25 |
| 99310 | | \$132.30 |
| 99315 | | \$71.40 |
| 99316 | | \$102.90 |
| 99318 | | \$93.80 |
| 99324 | | \$53.20 |
| 99325 | | \$77.70 |
| 99326 | | \$136.15 |
| 99327 | | \$182.34 |
| 99328 | | \$214.19 |
| 99334 | | \$59.15 |
| 99335 | | \$93.80 |
| 99336 | | \$132.65 |
| 99337 | | \$190.04 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 99341 | | \$53.55 |
| 99342 | | \$75.95 |
| 99343 | | \$124.95 |
| 99344 | | \$177.44 |
| 99345 | | \$214.89 |
| 99347 | | \$53.90 |
| 99348 | | \$82.25 |
| 99349 | | \$126.35 |
| 99350 | | \$174.65 |
| 99354 | | \$126.35 |
| 99355 | | \$94.50 |
| 99356 | | \$89.60 |
| 99357 | | \$89.95 |
| 99360 | | \$59.50 |
| 99375 | | \$102.20 |
| 99378 | | \$102.20 |
| 99381 | | \$110.25 |
| 99382 | | \$115.15 |
| 99383 | | \$119.35 |
| 99384 | | \$134.05 |
| 99385 | | \$130.20 |
| 99386 | | \$150.50 |
| 99387 | | \$163.10 |
| 99391 | | \$99.05 |
| 99392 | | \$105.70 |
| 99393 | | \$105.35 |
| 99394 | | \$115.15 |
| 99395 | | \$117.60 |
| 99396 | | \$124.95 |
| 99397 | | \$134.40 |
| 99401 | | \$39.20 |
| 99406 | | \$15.40 |
| 99407 | | \$28.35 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| 99408 | | \$35.35 |
| 99409 | | \$67.90 |
| 99439 | | \$37.10 |
| 99458 | | \$40.60 |
| 99460 | | \$93.45 |
| 99461 | | \$91.00 |
| 99462 | | \$40.60 |
| 99463 | | \$107.80 |
| 99464 | | \$72.80 |
| 99465 | | \$142.45 |
| 99466 | | \$232.04 |
| 99467 | | \$116.20 |
| 99468 | | \$893.87 |
| 99469 | | \$386.74 |
| 99471 | | \$773.83 |
| 99472 | | \$394.09 |
| 99475 | | \$557.88 |
| 99476 | | \$335.29 |
| 99477 | | \$338.79 |
| 99478 | | \$133.00 |
| 99479 | | \$121.10 |
| 99480 | | \$116.20 |
| 99483 | | \$278.59 |
| 99484 | | \$46.20 |
| 99487 | | \$91.00 |
| 99489 | | \$43.40 |
| 99490 | | \$40.60 |
| 99491 | | \$80.85 |
| 99492 | | \$152.25 |
| 99493 | | \$152.25 |
| 99494 | | \$58.10 |
| 99495 | | \$205.09 |
| 99496 | | \$277.89 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| 0001A | | \$16.52 |
| 0002A | | \$16.52 |
| 0003A | | \$16.52 |
| 0004A | | \$16.52 |
| 0011A | | \$16.52 |
| 0012A | | \$16.52 |
| 0013A | | \$16.52 |
| 0021A | | \$16.52 |
| 0022A | | \$16.52 |
| 0031A | | \$16.52 |
| 0034A | | \$16.52 |
| 0064A | | \$16.52 |
| 0071A | | \$16.52 |
| 0072A | | \$16.52 |
| 0202U | | \$416.78 |
| 0223U | | \$416.78 |
| 0224U | | \$42.13 |
| 0225U | | \$416.78 |
| 0226U | | \$42.28 |
| 0240U | | \$142.63 |
| 0241U | | \$142.63 |
| 0373T | | \$11.75 |
| 0509T | | \$78.75 |
| 0509T | 26 | \$21.70 |
| 0509T | TC | \$57.05 |
| A9575 | | \$0.15 |
| A9576 | | \$1.45 |
| A9577 | | \$1.88 |
| A9578 | | \$1.77 |
| A9579 | | \$1.58 |
| A9581 | | \$14.74 |
| A9585 | | \$0.35 |
| A9589 | | \$1,199.10 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| G0101 | | \$38.85 |
| G0102 | | \$22.75 |
| G0103 | | \$19.31 |
| G0104 | | \$193.89 |
| G0105 | | \$349.99 |
| G0106 | | \$234.49 |
| G0106 | 26 | \$60.55 |
| G0106 | TC | \$173.60 |
| G0108 | | \$55.30 |
| G0109 | | \$15.40 |
| G0117 | | \$58.10 |
| G0118 | | \$42.35 |
| G0120 | | \$234.49 |
| G0120 | 26 | \$60.55 |
| G0120 | TC | \$173.60 |
| G0121 | | \$349.99 |
| G0122 | | \$342.29 |
| G0122 | 26 | \$48.65 |
| G0122 | TC | \$293.64 |
| G0123 | | \$20.26 |
| G0124 | | \$21.70 |
| G0127 | | \$24.15 |
| G0128 | | \$7.35 |
| G0130 | | \$36.40 |
| G0130 | 26 | \$10.85 |
| G0130 | TC | \$25.20 |
| G0141 | | \$21.70 |
| G0143 | | \$27.05 |
| G0144 | | \$43.97 |
| G0145 | | \$26.49 |
| G0147 | | \$15.92 |
| G0148 | | \$31.94 |
| G0166 | | \$117.95 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| G0168 | | \$123.55 |
| G0179 | | \$40.95 |
| G0180 | | \$52.50 |
| G0181 | | \$104.65 |
| G0182 | | \$106.05 |
| G0237 | | \$9.45 |
| G0238 | | \$9.80 |
| G0239 | | \$11.90 |
| G0245 | | \$65.45 |
| G0246 | | \$38.85 |
| G0247 | | \$84.35 |
| G0248 | | \$66.15 |
| G0249 | | \$59.15 |
| G0250 | | \$7.70 |
| G0252 | 26 | \$73.85 |
| G0268 | | \$50.40 |
| G0270 | | \$32.20 |
| G0271 | | \$16.80 |
| G0277 | | \$166.60 |
| G0278 | | \$12.60 |
| G0279 | | \$54.95 |
| G0279 | 26 | \$29.40 |
| G0279 | TC | \$25.55 |
| G0281 | | \$12.95 |
| G0288 | | \$33.95 |
| G0289 | | \$82.25 |
| G0296 | | \$28.35 |
| G0306 | | \$7.77 |
| G0307 | | \$6.47 |
| G0328 | | \$18.05 |
| G0329 | | \$10.85 |
| G0337 | | \$71.05 |
| G0341 | | \$2,194.79 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| G0342 | | \$673.38 |
| G0343 | | \$1,187.52 |
| G0372 | | \$8.75 |
| G0396 | | \$35.35 |
| G0397 | | \$65.80 |
| G0403 | | \$14.70 |
| G0404 | | \$6.30 |
| G0405 | | \$8.05 |
| G0406 | | \$37.45 |
| G0407 | | \$70.00 |
| G0408 | | \$100.80 |
| G0409 | | \$14.00 |
| G0412 | | \$708.38 |
| G0413 | | \$1,034.92 |
| G0414 | | \$978.92 |
| G0415 | | \$1,329.96 |
| G0416 | | \$353.49 |
| G0416 | 26 | \$178.14 |
| G0416 | TC | \$175.34 |
| G0422 | | \$112.70 |
| G0423 | | \$112.70 |
| G0425 | | \$97.65 |
| G0426 | | \$132.30 |
| G0427 | | \$195.29 |
| G0429 | | \$97.65 |
| G0432 | | \$19.57 |
| G0433 | | \$18.29 |
| G0435 | | \$11.98 |
| G0438 | | \$166.60 |
| G0439 | | \$131.60 |
| G0455 | | \$129.85 |
| G0471 | | \$5.00 |
| G0472 | | \$46.35 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| G0475 | | \$24.08 |
| G0476 | | \$35.09 |
| G0480 | | \$114.43 |
| G0481 | | \$156.59 |
| G0482 | | \$198.74 |
| G0483 | | \$246.92 |
| G0499 | | \$28.27 |
| G0500 | | \$58.80 |
| G0659 | | \$62.14 |
| G2023 | | \$23.46 |
| G2024 | | \$25.46 |
| G2082 | | \$867.28 |
| G2083 | | \$1,240.36 |
| G2212 | | \$32.55 |
| G2215 | | \$92.16 |
| G6001 | | \$156.45 |
| G6001 | 26 | \$31.85 |
| G6001 | TC | \$124.60 |
| G6002 | | \$77.00 |
| G6002 | 26 | \$20.30 |
| G6002 | TC | \$56.35 |
| G6003 | | \$156.80 |
| G6004 | | \$144.90 |
| G6005 | | \$145.25 |
| G6006 | | \$144.55 |
| G6007 | | \$275.79 |
| G6008 | | \$200.54 |
| G6009 | | \$199.14 |
| G6010 | | \$198.79 |
| G6011 | | \$266.69 |
| G6012 | | \$265.29 |
| G6013 | | \$265.99 |
| G6014 | | \$265.29 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| G6015 | | \$386.04 |
| G6016 | | \$385.34 |
| G9143 | | \$120.72 |
| G9157 | | \$93.10 |
| H1000 | | \$87.91 |
| H1001 | | \$58.61 |
| H1002 | | \$58.61 |
| H1003 | | \$58.61 |
| H1004 | | \$58.61 |
| M0201 | | \$16.52 |
| M0240 | | \$441.41 |
| M0241 | | \$741.07 |
| M0243 | | \$444.41 |
| M0244 | | \$741.07 |
| M0245 | | \$444.41 |
| M0246 | | \$741.07 |
| M0247 | | \$441.41 |
| M0248 | | \$741.07 |
| M0249 | | \$441.41 |
| M0250 | | \$441.41 |
| P3000 | | \$15.92 |
| P3001 | | \$21.70 |
| P9603 | | \$0.34 |
| P9604 | | \$4.89 |
| Q0035 | | \$19.25 |
| Q0035 | 26 | \$8.40 |
| Q0035 | TC | \$10.50 |
| Q0091 | | \$43.40 |
| Q0092 | | \$23.10 |
| Q0111 | | \$15.92 |
| Q0112 | | \$5.83 |
| Q0138 | | \$1.09 |
| Q0139 | | \$1.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| Q0162 | | \$0.02 |
| Q0164 | | \$0.26 |
| Q0166 | | \$1.46 |
| Q0167 | | \$0.59 |
| Q0510 | | \$63.03 |
| Q0511 | | \$30.25 |
| Q0512 | | \$20.17 |
| Q0513 | | \$41.60 |
| Q0514 | | \$83.18 |
| Q2043 | | \$52,421.58 |
| Q2050 | | \$200.52 |
| Q3014 | | \$32.59 |
| Q3027 | | \$54.84 |
| Q4001 | | \$53.82 |
| Q4002 | | \$203.36 |
| Q4003 | | \$38.67 |
| Q4004 | | \$133.78 |
| Q4005 | | \$14.25 |
| Q4006 | | \$32.11 |
| Q4007 | | \$7.12 |
| Q4008 | | \$16.04 |
| Q4009 | | \$9.51 |
| Q4010 | | \$21.42 |
| Q4011 | | \$4.75 |
| Q4012 | | \$10.69 |
| Q4013 | | \$17.29 |
| Q4014 | | \$29.21 |
| Q4015 | | \$8.65 |
| Q4016 | | \$14.61 |
| Q4017 | | \$10.03 |
| Q4018 | | \$15.98 |
| Q4019 | | \$4.99 |
| Q4020 | | \$8.00 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| Q4021 | | \$7.40 |
| Q4022 | | \$13.39 |
| Q4023 | | \$3.73 |
| Q4024 | | \$6.65 |
| Q4025 | | \$41.57 |
| Q4026 | | \$129.73 |
| Q4027 | | \$20.79 |
| Q4028 | | \$64.85 |
| Q4029 | | \$31.78 |
| Q4030 | | \$83.63 |
| Q4031 | | \$15.88 |
| Q4032 | | \$41.82 |
| Q4033 | | \$29.65 |
| Q4034 | | \$73.71 |
| Q4035 | | \$14.83 |
| Q4036 | | \$36.86 |
| Q4037 | | \$18.07 |
| Q4038 | | \$45.29 |
| Q4039 | | \$9.06 |
| Q4040 | | \$22.66 |
| Q4041 | | \$21.99 |
| Q4042 | | \$37.52 |
| Q4043 | | \$10.98 |
| Q4044 | | \$18.78 |
| Q4045 | | \$12.76 |
| Q4046 | | \$20.50 |
| Q4047 | | \$6.35 |
| Q4048 | | \$10.28 |
| Q4049 | | \$2.35 |
| Q4074 | | \$140.41 |
| Q4081 | | \$0.82 |
| Q4101 | | \$30.44 |
| Q4102 | | \$9.80 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| Q4103 | | \$31.72 |
| Q4106 | | \$31.97 |
| Q4110 | | \$42.70 |
| Q4111 | | \$6.99 |
| Q4121 | | \$43.82 |
| Q4132 | | \$116.59 |
| Q4133 | | \$134.06 |
| Q4137 | | \$101.04 |
| Q4145 | | \$19.48 |
| Q4151 | | \$127.55 |
| Q4154 | | \$110.82 |
| Q4160 | | \$95.94 |
| Q4173 | | \$209.82 |
| Q4174 | | \$291.27 |
| Q4186 | | \$154.31 |
| Q4187 | | \$223.73 |
| Q4195 | | \$83.40 |
| Q4196 | | \$110.65 |
| Q5101 | | \$0.31 |
| Q5103 | | \$40.57 |
| Q5104 | | \$39.58 |
| Q5105 | | \$0.81 |
| Q5106 | | \$8.13 |
| Q5107 | | \$39.77 |
| Q5108 | | \$204.14 |
| Q5110 | | \$0.34 |
| Q5111 | | \$202.10 |
| Q5112 | | \$61.11 |
| Q5113 | | \$48.50 |
| Q5114 | | \$55.72 |
| Q5115 | | \$57.35 |
| Q5116 | | \$55.79 |
| Q5117 | | \$47.41 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| Q5118 | | \$50.59 |
| Q5119 | | \$56.37 |
| Q5120 | | \$222.86 |
| Q5121 | | \$45.30 |
| Q5122 | | \$269.14 |
| Q5123 | | \$64.33 |
| Q9950 | | \$18.97 |
| Q9956 | | \$30.77 |
| Q9957 | | \$46.15 |
| Q9958 | | \$0.07 |
| Q9960 | | \$0.27 |
| Q9961 | | \$0.24 |
| Q9963 | | \$0.19 |
| Q9965 | | \$0.81 |
| Q9966 | | \$0.34 |
| Q9967 | | \$0.12 |
| Q9991 | | \$1,787.03 |
| Q9992 | | \$1,787.03 |
| R0070 | | \$74.90 |
| R0075 | | \$74.90 |
| S0302 | | \$133.31 |
| S0390 | | \$21.21 |
| S2083 | | \$108.95 |
| S5497 | | \$7.34 |
| S9326 | | \$57.05 |
| S9327 | | \$73.34 |
| S9330 | | \$57.05 |
| S9331 | | \$73.34 |
| S9338 | | \$73.34 |
| S9339 | | \$57.05 |
| S9364 | | \$268.84 |
| S9373 | | \$73.34 |
| S9497 | | \$98.11 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------|----------|--------------|
| S9500 | | \$73.58 |
| S9501 | | \$81.05 |
| S9502 | | \$81.05 |
| S9503 | | \$81.05 |
| S9504 | | \$98.11 |
| T1001 | | \$16.73 |
| T1002 | | \$17.48 |
| T1003 | | \$14.24 |
| T1004 | | \$10.95 |
| T1015 | | \$116.63 |
| T1021 | | \$18.57 |
| T1025 | | \$351.97 |
| T1030 | | \$69.91 |
| T1031 | | \$56.95 |
| U0001 | | \$35.92 |
| U0002 | | \$51.31 |
| U0003 | | \$75.00 |
| U0004 | | \$75.00 |
| U0005 | | \$25.00 |
| V2020 | | \$26.06 |
| V2025 | | \$16.31 |
| V2104 | | \$7.34 |
| V2105 | | \$4.89 |
| V2111 | | \$2.87 |
| V2204 | | \$17.14 |
| V2299 | | \$17.92 |
| V2304 | | \$23.31 |
| V2430 | | \$35.86 |
| V2710 | | \$75.76 |
| V2715 | | \$3.25 |
| V2718 | | \$12.66 |
| V2744 | | \$7.60 |
| V2745 | | \$2.04 |

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2022**

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

| Code | Modifier | Medicaid Fee |
|-------------|-----------------|---------------------|
| V2760 | | \$2.87 |
| V2780 | | \$2.45 |
| V2784 | | \$8.14 |