

**ND Medicaid
 Professional Services Fee Schedule
 as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
10004		\$52.04
10005		\$141.86
10006		\$62.02
10007		\$313.67
10008		\$150.42
10009		\$461.59
10010		\$251.65
10021		\$106.22
10030		\$689.71
10035		\$393.51
10036		\$327.92
10040		\$122.61
10060		\$131.88
10061		\$221.35
10080		\$266.62
10081		\$360.72
10120		\$158.61
10121		\$275.53
10140		\$176.79
10160		\$135.80
10180		\$272.32
11000		\$60.95
11001		\$28.52
11004		\$560.68
11005		\$753.87
11006		\$686.86
11008		\$265.55
11010		\$470.85

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Code	Modifier	Medicaid Fee
11011		\$514.34
11012		\$672.24
11042		\$135.45
11043		\$239.53
11044		\$317.94
11045		\$40.99
11046		\$73.78
11047		\$121.90
11055		\$75.92
11056		\$87.33
11057		\$95.17
11102		\$107.29
11103		\$53.11
11104		\$132.95
11105		\$62.38
11106		\$164.67
11107		\$75.21
11200		\$95.88
11201		\$18.89
11300		\$107.29
11301		\$129.03
11302		\$145.07
11303		\$160.75
11305		\$111.92
11306		\$130.10
11307		\$147.21
11308		\$155.05
11310		\$123.33
11311		\$144.71
11312		\$164.67
11313		\$190.69
11400		\$135.09

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Code	Modifier	Medicaid Fee
11401		\$164.32
11402		\$180.36
11403		\$206.73
11404		\$233.82
11406		\$328.28
11420		\$134.38
11421		\$168.24
11422		\$187.84
11423		\$213.86
11424		\$245.59
11426		\$340.75
11440		\$151.49
11441		\$182.85
11442		\$202.81
11443		\$238.46
11444		\$294.42
11446		\$396.36
11450		\$450.18
11451		\$549.27
11462		\$436.64
11463		\$557.47
11470		\$477.63
11471		\$563.88
11600		\$207.45
11601		\$239.88
11602		\$256.99
11603		\$291.92
11604		\$324.36
11606		\$461.94
11620		\$208.52
11621		\$240.95
11622		\$265.19

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Code	Modifier	Medicaid Fee
11623		\$309.03
11624		\$350.73
11626		\$420.60
11640		\$213.51
11641		\$248.79
11642		\$280.52
11643		\$328.28
11644		\$403.49
11646		\$521.47
11719		\$14.61
11720		\$34.22
11721		\$46.34
11730		\$121.19
11732		\$34.93
11740		\$60.24
11750		\$167.88
11755		\$129.03
11760		\$196.40
11762		\$301.55
11765		\$174.65
11770		\$371.05
11771		\$649.07
11772		\$799.13
11900		\$59.88
11901		\$73.07
11920		\$200.67
11921		\$232.75
11922		\$63.45
11950		\$84.12
11951		\$111.21
11952		\$148.63
11954		\$163.61

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Code	Modifier	Medicaid Fee
11960		\$1,045.43
11970		\$574.93
11971		\$565.67
11976		\$149.35
11980		\$97.31
11981		\$103.37
11982		\$115.49
11983		\$145.43
12001		\$97.66
12002		\$117.62
12004		\$136.52
12005		\$182.50
12006		\$211.37
12007		\$237.39
12011		\$116.56
12013		\$121.55
12014		\$147.57
12015		\$177.51
12016		\$225.63
12017		\$150.42
12018		\$170.02
12020		\$313.67
12021		\$183.92
12031		\$277.67
12032		\$320.08
12034		\$350.73
12035		\$405.27
12036		\$447.33
12037		\$499.73
12041		\$278.38
12042		\$326.14
12044		\$400.64

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Code	Modifier	Medicaid Fee
12045		\$432.36
12046		\$515.41
12047		\$563.53
12051		\$298.70
12052		\$332.20
12053		\$382.81
12054		\$403.13
12055		\$529.67
12056		\$604.52
12057		\$633.75
13100		\$358.93
13101		\$418.10
13102		\$121.19
13120		\$373.90
13121		\$447.33
13122		\$131.88
13131		\$407.77
13132		\$494.38
13133		\$174.30
13151		\$443.77
13152		\$519.69
13153		\$191.41
13160		\$808.04
14000		\$658.70
14001		\$835.85
14020		\$731.05
14021		\$899.29
14040		\$789.15
14041		\$958.11
14060		\$797.71
14061		\$1,033.31
14301		\$1,119.93

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Code	Modifier	Medicaid Fee
14302		\$215.64
14350		\$695.77
15002		\$356.79
15003		\$70.93
15004		\$408.48
15005		\$117.98
15040		\$275.17
15050		\$616.64
15100		\$893.59
15101		\$192.48
15110		\$851.89
15111		\$111.92
15115		\$823.37
15116		\$153.98
15120		\$872.20
15121		\$216.00
15130		\$747.45
15131		\$98.38
15135		\$908.20
15136		\$96.95
15150		\$710.74
15151		\$116.20
15152		\$149.70
15155		\$816.24
15156		\$156.12
15157		\$174.30
15200		\$865.08
15201		\$146.14
15220		\$799.85
15221		\$135.09
15240		\$964.16
15241		\$179.64

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Code	Modifier	Medicaid Fee
15260		\$1,038.66
15261		\$213.86
15271		\$159.68
15272		\$24.95
15273		\$320.08
15274		\$85.19
15275		\$165.39
15276		\$33.15
15277		\$355.01
15278		\$98.38
15570		\$934.58
15572		\$908.56
15574		\$906.42
15600		\$356.08
15610		\$386.74
15620		\$468.36
15630		\$484.04
15650		\$563.53
15730		\$1,495.61
15731		\$1,159.14
15733		\$1,049.35
15734		\$1,505.24
15736		\$1,233.63
15738		\$1,282.82
15740		\$1,045.79
15750		\$939.93
15756		\$2,318.27
15757		\$2,307.58
15758		\$2,300.45
15760		\$878.98
15769		\$489.39
15770		\$690.78

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Code	Modifier	Medicaid Fee
15771		\$625.19
15772		\$195.33
15773		\$615.92
15774		\$191.05
15777		\$214.22
15778		\$378.54
15819		\$816.96
15820		\$605.59
15821		\$646.58
15822		\$482.97
15823		\$649.07
15830		\$1,186.58
15840		\$1,036.52
15841		\$1,805.71
15842		\$2,728.53
15845		\$1,083.22
15851		\$58.10
15852		\$45.62
15853		\$11.76
15854		\$16.75
15860		\$105.86
15920		\$651.93
15922		\$817.31
15931		\$710.02
15933		\$882.18
15934		\$959.89
15935		\$1,180.52
15936		\$911.06
15937		\$1,058.62
15940		\$717.15
15941		\$954.90
15944		\$956.68

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Code	Modifier	Medicaid Fee
15945		\$1,042.94
15946		\$1,636.05
15950		\$654.06
15951		\$922.11
15952		\$937.43
15953		\$1,032.24
15956		\$1,180.52
15958		\$1,199.41
16000		\$81.27
16020		\$89.11
16025		\$161.82
16030		\$202.46
16035		\$195.33
16036		\$81.62
17000		\$70.57
17003		\$7.13
17004		\$177.51
17106		\$358.58
17107		\$465.15
17108		\$655.49
17110		\$120.12
17111		\$140.08
17250		\$92.32
17260		\$105.15
17261		\$156.12
17262		\$187.84
17263		\$202.81
17264		\$217.07
17266		\$247.37
17270		\$157.19
17271		\$175.01
17272		\$198.18

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Code	Modifier	Medicaid Fee
17273		\$219.21
17274		\$256.64
17276		\$297.27
17280		\$147.57
17281		\$188.91
17282		\$215.64
17283		\$254.50
17284		\$288.71
17286		\$368.56
17311		\$712.16
17312		\$433.43
17313		\$669.03
17314		\$415.61
17315		\$82.34
19000		\$106.93
19001		\$27.09
19020		\$488.32
19030		\$173.59
19081		\$534.66
19082		\$416.32
19083		\$535.37
19084		\$410.26
19085		\$825.15
19086		\$643.01
19100		\$156.12
19101		\$339.33
19105		\$2,483.30
19110		\$502.58
19112		\$477.27
19120		\$529.31
19125		\$582.06
19126		\$155.76

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Code	Modifier	Medicaid Fee
19281		\$255.57
19282		\$182.14
19283		\$275.53
19284		\$203.88
19285		\$397.07
19286		\$326.85
19287		\$685.79
19288		\$532.16
19294		\$159.68
19296		\$3,984.26
19297		\$91.96
19298		\$932.09
19300		\$602.74
19301		\$659.05
19302		\$903.93
19303		\$953.47
19305		\$1,149.16
19306		\$1,218.66
19307		\$1,176.96
19316		\$805.55
19318		\$1,110.30
19325		\$629.47
19328		\$566.38
19330		\$659.77
19340		\$773.83
19342		\$777.39
19350		\$858.30
19355		\$780.60
19357		\$1,185.87
19361		\$1,579.02
19364		\$2,746.71
19367		\$1,793.60

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Code	Modifier	Medicaid Fee
19368		\$2,193.16
19369		\$2,038.47
19370		\$685.79
19371		\$726.78
19380		\$824.08
19396		\$286.93
20100		\$597.39
20101		\$610.58
20102		\$636.24
20103		\$585.63
20150		\$1,015.49
20200		\$227.41
20205		\$314.38
20206		\$238.46
20220		\$249.51
20225		\$409.19
20240		\$142.22
20245		\$345.39
20250		\$390.66
20251		\$422.02
20500		\$129.39
20501		\$152.91
20520		\$227.05
20525		\$487.25
20526		\$84.48
20527		\$90.18
20550		\$59.88
20551		\$59.88
20552		\$54.89
20553		\$63.45
20555		\$346.10
20600		\$54.89

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Code	Modifier	Medicaid Fee
20604		\$85.90
20605		\$57.03
20606		\$93.03
20610		\$66.65
20611		\$103.37
20612		\$66.65
20615		\$265.19
20650		\$235.96
20660		\$233.11
20661		\$523.61
20662		\$536.44
20663		\$495.09
20664		\$880.40
20665		\$123.33
20670		\$378.54
20680		\$624.84
20690		\$606.30
20692		\$1,145.95
20693		\$456.24
20694		\$448.04
20696		\$1,192.64
20697		\$1,956.13
20700		\$84.48
20701		\$64.16
20702		\$141.51
20703		\$102.30
20704		\$146.14
20705		\$123.68
20802		\$2,752.41
20805		\$3,266.04
20808		\$3,934.72
20816		\$2,060.92

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Code	Modifier	Medicaid Fee
20822		\$1,785.04
20824		\$2,064.85
20827		\$1,832.45
20838		\$2,796.26
20900		\$409.19
20902		\$276.60
20910		\$490.46
20912		\$497.59
20920		\$413.82
20922		\$623.41
20924		\$518.26
20931		\$106.22
20932		\$748.52
20933		\$687.21
20934		\$748.16
20937		\$162.54
20938		\$176.79
20939		\$68.08
20950		\$278.38
20955		\$2,500.06
20956		\$2,647.27
20957		\$2,758.12
20962		\$2,686.47
20969		\$2,760.26
20970		\$2,853.64
20972		\$2,845.44
20973		\$3,004.06
20974		\$85.19
20975		\$173.94
20979		\$58.46
20982		\$3,761.13
20983		\$5,497.34

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Code	Modifier	Medicaid Fee
20985		\$143.64
21010		\$769.91
21011		\$391.37
21012		\$346.81
21013		\$558.18
21014		\$534.66
21015		\$715.01
21016		\$1,022.62
21025		\$822.66
21026		\$558.54
21029		\$799.85
21030		\$481.55
21031		\$403.13
21032		\$389.59
21034		\$1,341.63
21040		\$487.96
21044		\$887.17
21045		\$1,232.56
21046		\$1,025.83
21047		\$1,249.67
21048		\$1,031.53
21049		\$1,181.24
21050		\$899.29
21060		\$814.82
21070		\$631.25
21073		\$394.58
21076		\$891.10
21077		\$2,183.90
21079		\$1,495.97
21080		\$1,721.60
21081		\$1,587.93
21082		\$1,466.74

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Code	Modifier	Medicaid Fee
21083		\$1,401.87
21084		\$1,599.34
21085		\$701.47
21086		\$1,624.64
21087		\$1,624.64
21100		\$654.42
21110		\$914.26
21116		\$230.97
21120		\$694.34
21121		\$660.84
21122		\$772.04
21123		\$882.90
21125		\$2,795.19
21127		\$4,280.46
21141		\$1,380.84
21142		\$1,416.84
21143		\$1,459.61
21145		\$1,602.55
21146		\$1,673.83
21147		\$1,761.52
21150		\$1,684.17
21151		\$1,852.05
21154		\$1,992.49
21155		\$2,208.13
21159		\$2,642.27
21160		\$2,864.34
21172		\$2,064.13
21175		\$2,239.14
21179		\$1,542.66
21180		\$1,721.60
21181		\$757.43
21182		\$2,139.34

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Code	Modifier	Medicaid Fee
21183		\$2,326.11
21184		\$2,500.41
21188		\$1,638.19
21193		\$1,273.91
21194		\$1,473.51
21195		\$1,391.18
21196		\$1,485.63
21198		\$1,052.92
21199		\$1,049.00
21206		\$1,003.73
21208		\$1,739.42
21209		\$861.15
21210		\$1,869.16
21215		\$4,373.14
21230		\$766.70
21235		\$767.77
21240		\$1,088.56
21242		\$1,049.35
21243		\$1,736.57
21244		\$1,042.94
21245		\$1,287.45
21246		\$879.33
21247		\$1,633.56
21248		\$1,021.19
21249		\$1,381.20
21255		\$1,389.04
21256		\$1,261.79
21260		\$1,401.16
21261		\$2,470.47
21263		\$2,287.26
21267		\$1,639.61
21268		\$2,051.66

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Code	Modifier	Medicaid Fee
21270		\$1,049.71
21275		\$861.87
21280		\$609.51
21282		\$414.54
21295		\$206.02
21296		\$425.23
21315		\$159.33
21320		\$229.55
21325		\$467.65
21330		\$559.61
21335		\$742.46
21336		\$665.11
21337		\$440.20
21338		\$703.61
21339		\$793.07
21340		\$775.25
21343		\$1,127.77
21344		\$1,433.95
21345		\$837.99
21346		\$1,070.03
21347		\$1,078.22
21348		\$1,122.78
21355		\$470.14
21356		\$568.88
21360		\$543.21
21365		\$1,109.24
21366		\$1,297.79
21385		\$752.08
21386		\$707.17
21387		\$784.52
21390		\$828.36
21395		\$1,026.54

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Code	Modifier	Medicaid Fee
21400		\$225.63
21401		\$535.01
21406		\$599.89
21407		\$668.32
21408		\$921.04
21421		\$677.95
21422		\$649.79
21423		\$816.24
21431		\$727.13
21432		\$736.40
21433		\$1,756.88
21435		\$1,431.46
21436		\$2,065.56
21440		\$731.41
21445		\$830.50
21450		\$628.04
21451		\$814.46
21452		\$796.28
21453		\$1,157.71
21454		\$505.79
21461		\$1,944.01
21462		\$2,101.91
21465		\$822.66
21470		\$1,191.57
21480		\$150.42
21485		\$1,032.96
21490		\$810.18
21497		\$751.73
21501		\$509.35
21502		\$507.92
21510		\$455.17
21550		\$280.87

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Code	Modifier	Medicaid Fee
21552		\$451.25
21554		\$737.83
21555		\$451.96
21556		\$541.43
21557		\$961.31
21558		\$1,345.55
21600		\$574.93
21601		\$1,133.83
21602		\$1,537.67
21603		\$1,670.62
21610		\$1,120.28
21615		\$613.43
21616		\$695.41
21620		\$506.85
21627		\$551.77
21630		\$1,335.93
21632		\$1,195.49
21685		\$1,010.15
21700		\$347.53
21705		\$516.48
21720		\$530.74
21725		\$556.40
21740		\$1,004.09
21750		\$666.54
21811		\$579.21
21812		\$702.54
21813		\$955.61
21820		\$158.61
21825		\$553.55
21920		\$269.47
21925		\$511.84
21930		\$520.40

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
21931		\$472.99
21932		\$670.46
21933		\$741.75
21935		\$1,020.84
21936		\$1,407.22
22010		\$967.02
22015		\$953.83
22100		\$866.86
22101		\$873.63
22102		\$790.22
22103		\$132.24
22110		\$1,054.70
22112		\$1,118.50
22114		\$1,118.50
22116		\$135.80
22206		\$2,403.10
22207		\$2,363.54
22208		\$566.38
22210		\$1,768.29
22212		\$1,507.02
22214		\$1,507.02
22216		\$351.80
22220		\$1,609.67
22222		\$1,720.53
22224		\$1,587.57
22226		\$349.31
22310		\$321.51
22315		\$908.20
22318		\$1,611.81
22319		\$1,780.41
22325		\$1,460.33
22326		\$1,488.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
22327		\$1,519.14
22328		\$271.25
22505		\$131.88
22510		\$1,936.53
22511		\$1,927.97
22512		\$773.83
22513		\$6,164.60
22514		\$6,136.79
22515		\$3,167.31
22526		\$2,125.80
22527		\$1,752.96
22532		\$1,769.71
22533		\$1,652.09
22534		\$348.95
22548		\$1,909.44
22551		\$1,669.91
22552		\$381.75
22554		\$1,247.18
22556		\$1,651.38
22558		\$1,512.37
22585		\$315.09
22586		\$1,973.60
22590		\$1,560.84
22595		\$1,491.34
22600		\$1,288.17
22610		\$1,270.35
22612		\$1,570.11
22614		\$377.11
22630		\$1,528.76
22632		\$307.61
22633		\$1,780.41
22634		\$467.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
22800		\$1,361.59
22802		\$2,095.14
22804		\$2,406.67
22808		\$1,801.08
22810		\$2,016.01
22812		\$2,210.27
22818		\$2,154.31
22819		\$2,481.16
22830		\$821.23
22836		\$1,769.00
22837		\$1,948.29
22838		\$1,973.60
22840		\$732.84
22842		\$736.76
22843		\$788.44
22844		\$958.46
22845		\$700.40
22846		\$728.56
22847		\$792.72
22848		\$349.31
22849		\$1,293.16
22850		\$735.69
22852		\$708.96
22853		\$249.15
22854		\$322.93
22855		\$1,098.54
22856		\$1,600.76
22857		\$1,777.20
22858		\$490.82
22859		\$321.86
22861		\$2,237.72
22862		\$2,243.06

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
22864		\$2,001.40
22865		\$2,190.31
22867		\$1,065.39
22868		\$234.89
22869		\$445.55
22870		\$120.12
22900		\$569.94
22901		\$667.61
22902		\$487.61
22903		\$443.41
22904		\$1,047.93
22905		\$1,321.67
23000		\$576.72
23020		\$707.89
23030		\$460.52
23031		\$456.24
23035		\$698.97
23040		\$735.69
23044		\$582.78
23065		\$234.54
23066		\$591.69
23071		\$425.23
23073		\$704.32
23075		\$538.22
23076		\$553.55
23077		\$1,125.99
23078		\$1,433.95
23100		\$523.96
23101		\$472.64
23105		\$656.92
23106		\$520.04
23107		\$679.37

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
23120		\$605.94
23125		\$727.49
23130		\$637.67
23140		\$572.44
23145		\$713.59
23146		\$641.94
23150		\$685.07
23155		\$816.60
23156		\$696.84
23170		\$582.06
23172		\$588.12
23174		\$784.16
23180		\$674.38
23182		\$691.49
23184		\$759.57
23190		\$592.76
23195		\$761.00
23200		\$1,517.36
23210		\$1,776.13
23220		\$1,945.08
23330		\$317.23
23333		\$487.61
23334		\$1,074.30
23335		\$1,282.11
23350		\$175.01
23395		\$1,301.00
23397		\$1,154.50
23400		\$989.83
23405		\$633.75
23406		\$767.05
23410		\$837.99
23412		\$869.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
23415		\$716.80
23420		\$993.04
23430		\$762.78
23440		\$772.40
23450		\$960.96
23455		\$1,004.80
23460		\$1,106.38
23462		\$1,081.79
23465		\$1,133.83
23466		\$1,140.96
23470		\$1,213.31
23472		\$1,459.26
23473		\$1,622.86
23474		\$1,750.82
23480		\$836.56
23485		\$969.51
23490		\$877.19
23491		\$1,032.24
23500		\$237.74
23505		\$379.25
23515		\$739.61
23520		\$256.28
23525		\$420.24
23530		\$593.47
23532		\$644.80
23540		\$254.85
23545		\$381.39
23550		\$590.26
23552		\$666.18
23570		\$249.51
23575		\$433.07
23585		\$993.39

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
23600		\$355.01
23605		\$494.74
23615		\$901.79
23616		\$1,251.10
23620		\$289.07
23625		\$409.90
23630		\$799.85
23650		\$350.38
23655		\$425.94
23660		\$604.88
23665		\$457.31
23670		\$888.96
23675		\$577.07
23680		\$947.06
23700		\$201.39
23800		\$1,043.29
23802		\$1,300.64
23900		\$1,398.31
23920		\$1,138.46
23921		\$487.25
23930		\$375.69
23931		\$320.79
23935		\$531.45
24000		\$494.38
24006		\$731.05
24065		\$271.61
24066		\$650.50
24071		\$410.97
24073		\$701.11
24075		\$557.83
24076		\$559.61
24077		\$1,038.66

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
24079		\$1,325.59
24100		\$435.21
24101		\$522.54
24102		\$634.46
24105		\$376.75
24110		\$608.80
24115		\$754.94
24116		\$876.48
24120		\$551.05
24125		\$640.88
24126		\$668.68
24130		\$531.45
24134		\$765.27
24136		\$650.14
24138		\$709.67
24140		\$721.79
24145		\$611.65
24147		\$650.14
24149		\$1,205.83
24150		\$1,555.50
24152		\$1,356.25
24155		\$868.28
24160		\$1,273.20
24164		\$741.03
24200		\$226.34
24201		\$573.15
24220		\$203.17
24300		\$459.45
24301		\$770.26
24305		\$598.10
24310		\$491.88
24320		\$797.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
24330		\$735.69
24331		\$801.99
24332		\$634.10
24340		\$619.49
24341		\$770.62
24342		\$792.72
24343		\$736.76
24344		\$1,116.01
24345		\$732.12
24346		\$1,125.63
24357		\$437.71
24358		\$547.85
24359		\$681.87
24360		\$920.32
24361		\$1,024.40
24362		\$1,077.16
24363		\$1,463.89
24365		\$657.98
24366		\$698.62
24370		\$1,554.43
24371		\$1,781.48
24400		\$846.54
24410		\$1,075.02
24420		\$1,091.77
24430		\$1,073.23
24435		\$1,099.97
24470		\$690.42
24495		\$967.02
24498		\$883.25
24500		\$384.95
24505		\$530.02
24515		\$900.36

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
24516		\$876.12
24530		\$407.05
24535		\$648.72
24538		\$814.46
24545		\$944.92
24546		\$1,054.34
24560		\$355.37
24565		\$568.52
24566		\$742.82
24575		\$752.44
24576		\$374.97
24577		\$584.20
24579		\$854.74
24582		\$841.19
24586		\$1,103.89
24587		\$1,104.60
24600		\$397.43
24605		\$497.94
24615		\$732.12
24620		\$609.15
24635		\$696.48
24640		\$109.78
24650		\$282.30
24655		\$472.99
24665		\$678.30
24666		\$752.08
24670		\$311.88
24675		\$485.82
24685		\$673.67
24800		\$852.24
24802		\$1,019.41
24900		\$752.80

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
24920		\$749.95
24925		\$587.05
24930		\$789.51
24931		\$945.63
24935		\$1,248.25
25000		\$362.85
25001		\$362.85
25020		\$782.02
25023		\$1,354.46
25024		\$792.01
25025		\$1,243.26
25028		\$728.56
25031		\$383.17
25035		\$605.23
25040		\$576.72
25065		\$269.11
25066		\$382.10
25071		\$431.65
25073		\$550.34
25075		\$544.99
25076		\$535.73
25077		\$898.22
25078		\$1,172.32
25085		\$465.51
25100		\$364.64
25101		\$421.31
25105		\$506.85
25107		\$639.81
25109		\$555.33
25110		\$362.50
25111		\$340.04
25112		\$406.70

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
25115		\$779.17
25116		\$625.55
25118		\$399.57
25119		\$520.04
25120		\$520.76
25125		\$613.79
25126		\$618.06
25130		\$470.14
25135		\$578.86
25136		\$515.77
25145		\$538.93
25150		\$586.34
25151		\$603.81
25170		\$1,479.57
25210		\$512.56
25215		\$640.16
25230		\$450.18
25240		\$446.97
25246		\$209.23
25248		\$429.15
25250		\$551.41
25251		\$737.11
25259		\$455.17
25260		\$657.27
25263		\$654.06
25265		\$772.04
25270		\$513.27
25272		\$577.79
25274		\$687.21
25275		\$692.92
25280		\$585.63
25290		\$453.03

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
25295		\$546.42
25300		\$710.38
25301		\$663.69
25310		\$642.30
25312		\$737.83
25315		\$787.02
25316		\$933.87
25320		\$1,016.92
25332		\$866.50
25335		\$961.67
25337		\$913.55
25350		\$695.41
25355		\$782.74
25360		\$675.81
25365		\$934.94
25370		\$1,032.24
25375		\$970.94
25390		\$789.15
25391		\$1,013.00
25392		\$1,030.46
25393		\$1,144.52
25394		\$801.63
25400		\$822.30
25405		\$1,056.13
25415		\$985.19
25420		\$1,181.59
25425		\$980.92
25426		\$1,138.11
25430		\$751.01
25431		\$805.55
25440		\$788.80
25441		\$955.97

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$830.86
25443		\$804.12
25444		\$848.32
25445		\$741.03
25446		\$1,192.64
25447		\$855.45
25449		\$1,053.63
25450		\$636.24
25455		\$749.95
25490		\$737.11
25491		\$756.72
25492		\$924.60
25500		\$303.69
25505		\$534.66
25515		\$690.06
25520		\$604.52
25525		\$812.68
25526		\$976.64
25530		\$282.66
25535		\$521.47
25545		\$645.87
25560		\$310.10
25565		\$547.13
25574		\$696.48
25575		\$925.67
25600		\$362.50
25605		\$566.38
25606		\$690.42
25607		\$762.78
25608		\$850.10
25609		\$1,077.16
25622		\$328.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
25624		\$518.97
25628		\$740.68
25630		\$325.43
25635		\$491.88
25645		\$589.55
25650		\$351.80
25651		\$510.06
25652		\$643.37
25660		\$470.14
25670		\$626.62
25671		\$551.41
25675		\$481.19
25676		\$650.86
25680		\$552.48
25685		\$752.80
25690		\$512.91
25695		\$651.93
25800		\$752.44
25805		\$866.14
25810		\$889.31
25820		\$674.74
25825		\$821.95
25830		\$1,055.41
25900		\$735.33
25905		\$718.58
25907		\$632.32
25909		\$702.90
25915		\$1,179.81
25920		\$753.51
25922		\$669.39
25924		\$736.04
25927		\$899.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
25929		\$616.28
25931		\$834.42
26010		\$366.77
26011		\$512.20
26020		\$576.72
26025		\$435.57
26030		\$508.28
26034		\$571.73
26035		\$882.18
26037		\$578.14
26040		\$331.49
26045		\$490.82
26055		\$627.69
26060		\$268.04
26070		\$337.55
26075		\$353.94
26080		\$416.68
26100		\$354.66
26105		\$356.79
26110		\$341.11
26111		\$428.44
26113		\$564.60
26115		\$580.28
26116		\$543.21
26117		\$759.93
26118		\$1,074.66
26121		\$620.20
26123		\$863.65
26125		\$268.75
26130		\$487.25
26135		\$574.22
26140		\$527.53

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
26145		\$535.37
26160		\$653.35
26170		\$425.94
26180		\$469.07
26185		\$577.79
26200		\$468.72
26205		\$623.05
26210		\$467.29
26215		\$585.63
26230		\$518.26
26235		\$510.78
26236		\$457.67
26250		\$1,081.43
26260		\$812.32
26262		\$647.29
26320		\$364.99
26340		\$375.69
26341		\$123.33
26350		\$789.15
26352		\$876.48
26356		\$825.15
26357		\$918.54
26358		\$1,009.79
26370		\$826.22
26372		\$957.75
26373		\$923.53
26390		\$914.98
26392		\$1,044.01
26410		\$637.67
26412		\$756.36
26415		\$890.74
26416		\$960.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
26418		\$663.69
26420		\$782.38
26426		\$522.89
26428		\$836.92
26432		\$578.14
26433		\$607.01
26434		\$732.48
26437		\$703.97
26440		\$690.42
26442		\$1,038.30
26445		\$645.15
26449		\$723.93
26450		\$492.95
26455		\$490.10
26460		\$476.91
26471		\$697.19
26474		\$688.28
26476		\$679.73
26477		\$662.26
26478		\$700.40
26479		\$711.81
26480		\$829.07
26483		\$914.26
26485		\$879.33
26489		\$1,007.29
26490		\$876.84
26492		\$967.02
26494		\$880.05
26496		\$944.92
26497		\$943.85
26498		\$1,218.66
26499		\$909.99

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
26500		\$698.97
26502		\$792.36
26508		\$713.95
26510		\$679.01
26516		\$781.67
26517		\$904.64
26518		\$915.69
26520		\$723.21
26525		\$726.06
26530		\$559.61
26531		\$653.35
26535		\$456.24
26536		\$791.29
26540		\$737.11
26541		\$872.20
26542		\$759.57
26545		\$770.98
26546		\$1,084.64
26548		\$838.70
26550		\$1,693.79
26551		\$3,331.98
26553		\$3,309.88
26554		\$3,847.39
26555		\$1,429.67
26556		\$3,443.55
26560		\$670.82
26561		\$1,020.84
26562		\$1,418.62
26565		\$750.66
26567		\$756.72
26568		\$973.43
26580		\$1,581.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
26587		\$1,063.97
26590		\$1,470.31
26591		\$518.62
26593		\$681.87
26596		\$850.46
26600		\$321.86
26605		\$351.80
26607		\$531.81
26608		\$502.93
26615		\$596.68
26641		\$443.41
26645		\$456.60
26650		\$504.72
26665		\$651.21
26670		\$368.56
26675		\$487.25
26676		\$533.59
26685		\$596.68
26686		\$640.88
26700		\$359.65
26705		\$462.66
26706		\$468.00
26715		\$594.90
26720		\$214.93
26725		\$363.21
26727		\$496.16
26735		\$615.92
26740		\$249.15
26742		\$396.00
26746		\$764.92
26750		\$200.67
26755		\$340.04

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
26756		\$445.90
26765		\$523.96
26770		\$304.75
26775		\$419.88
26776		\$471.21
26785		\$569.59
26820		\$867.93
26841		\$811.61
26842		\$870.42
26843		\$819.45
26844		\$898.58
26850		\$772.76
26852		\$872.92
26860		\$649.07
26861		\$101.23
26862		\$804.84
26863		\$227.76
26910		\$799.13
26951		\$738.90
26952		\$720.36
26990		\$701.83
26991		\$738.18
26992		\$1,028.68
27000		\$410.26
27001		\$555.69
27003		\$616.28
27005		\$732.12
27006		\$733.55
27025		\$938.50
27027		\$906.07
27030		\$950.62
27033		\$986.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27035		\$1,177.31
27036		\$1,034.74
27040		\$355.73
27041		\$724.28
27043		\$472.99
27045		\$742.82
27047		\$511.13
27048		\$618.78
27049		\$1,335.93
27050		\$420.60
27052		\$595.61
27054		\$706.82
27057		\$1,021.55
27059		\$1,810.71
27060		\$481.19
27062		\$469.79
27065		\$544.28
27066		\$837.99
27067		\$1,052.92
27070		\$908.92
27071		\$1,000.52
27075		\$2,088.01
27076		\$2,519.66
27077		\$2,807.31
27078		\$2,059.14
27080		\$519.33
27086		\$327.92
27087		\$622.70
27090		\$847.97
27091		\$1,603.97
27093		\$248.79
27095		\$332.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27096		\$171.09
27097		\$700.40
27098		\$713.23
27100		\$849.04
27105		\$888.60
27110		\$987.69
27111		\$920.68
27120		\$1,312.76
27122		\$1,117.79
27125		\$1,145.59
27130		\$1,294.58
27132		\$1,680.96
27134		\$1,909.08
27137		\$1,473.16
27138		\$1,529.83
27140		\$911.77
27146		\$1,280.33
27147		\$1,474.23
27151		\$1,592.21
27156		\$1,713.75
27158		\$1,411.49
27161		\$1,234.70
27165		\$1,390.46
27170		\$1,183.02
27175		\$680.08
27176		\$939.57
27177		\$1,132.05
27178		\$939.57
27179		\$995.17
27181		\$1,135.61
27185		\$735.69
27187		\$1,012.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27197		\$137.59
27198		\$320.79
27200		\$197.11
27202		\$539.65
27215		\$623.05
27216		\$920.32
27217		\$865.43
27218		\$1,186.23
27220		\$431.65
27222		\$1,001.95
27226		\$1,068.96
27227		\$1,659.58
27228		\$1,885.56
27230		\$506.50
27232		\$733.19
27235		\$921.39
27236		\$1,206.90
27238		\$484.76
27240		\$972.01
27244		\$1,241.12
27245		\$1,240.40
27246		\$406.34
27248		\$757.79
27250		\$176.79
27252		\$766.34
27253		\$954.90
27254		\$1,285.32
27256		\$321.15
27257		\$365.35
27258		\$1,126.70
27259		\$1,555.50
27265		\$431.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27266		\$600.60
27267		\$456.95
27268		\$560.68
27269		\$1,251.10
27275		\$189.27
27278		\$12,978.98
27279		\$821.59
27280		\$1,348.05
27282		\$877.91
27284		\$1,610.39
27286		\$1,653.16
27290		\$1,637.12
27295		\$1,265.71
27301		\$698.26
27303		\$652.28
27305		\$499.37
27306		\$351.09
27307		\$427.01
27310		\$749.95
27323		\$287.29
27324		\$421.31
27325		\$582.42
27326		\$540.36
27327		\$524.32
27328		\$632.68
27329		\$1,046.15
27330		\$437.71
27331		\$492.95
27332		\$663.69
27333		\$607.37
27334		\$705.03
27335		\$783.09

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27337		\$424.52
27339		\$759.93
27340		\$389.59
27345		\$502.22
27347		\$544.99
27350		\$672.95
27355		\$625.55
27356		\$757.79
27357		\$837.63
27358		\$272.32
27360		\$928.52
27364		\$1,566.19
27365		\$2,057.72
27369		\$198.18
27372		\$614.14
27380		\$645.51
27381		\$843.33
27385		\$630.54
27386		\$879.33
27390		\$465.86
27391		\$597.75
27392		\$731.05
27393		\$518.26
27394		\$671.17
27395		\$900.36
27396		\$635.53
27397		\$932.80
27400		\$713.59
27403		\$661.91
27405		\$693.63
27407		\$815.17
27409		\$984.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27412		\$1,661.71
27415		\$1,389.04
27416		\$995.89
27418		\$847.97
27420		\$763.85
27422		\$759.57
27424		\$766.34
27425		\$471.21
27427		\$728.20
27428		\$1,136.68
27429		\$1,280.68
27430		\$759.57
27435		\$829.79
27437		\$678.30
27438		\$856.88
27440		\$814.46
27441		\$840.48
27442		\$887.89
27443		\$833.00
27445		\$1,267.49
27446		\$1,159.85
27447		\$1,293.16
27448		\$844.40
27450		\$1,032.24
27454		\$1,307.77
27455		\$979.85
27457		\$974.50
27465		\$1,261.08
27466		\$1,200.13
27468		\$1,354.82
27470		\$1,196.56
27472		\$1,279.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27475		\$680.44
27477		\$750.30
27479		\$934.22
27485		\$688.99
27486		\$1,416.48
27487		\$1,761.87
27488		\$1,215.10
27495		\$1,145.24
27496		\$566.74
27497		\$595.96
27498		\$674.74
27499		\$720.00
27500		\$544.28
27501		\$523.61
27502		\$768.12
27503		\$818.03
27506		\$1,353.75
27507		\$979.14
27508		\$547.13
27509		\$699.69
27510		\$696.48
27511		\$1,006.22
27513		\$1,243.97
27514		\$976.28
27516		\$542.86
27517		\$709.31
27519		\$901.79
27520		\$346.46
27524		\$770.62
27530		\$328.28
27532		\$643.37
27535		\$907.85

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27536		\$1,201.91
27538		\$508.64
27540		\$832.28
27550		\$537.86
27552		\$652.64
27556		\$887.53
27557		\$1,053.99
27558		\$1,197.28
27560		\$394.93
27562		\$508.99
27566		\$908.20
27570		\$158.26
27580		\$1,495.97
27590		\$771.69
27591		\$979.14
27592		\$663.69
27594		\$505.07
27596		\$710.74
27598		\$691.49
27600		\$406.34
27601		\$450.89
27602		\$473.35
27603		\$549.27
27604		\$469.43
27605		\$346.46
27606		\$276.95
27607		\$613.07
27610		\$661.91
27612		\$583.85
27613		\$263.76
27614		\$613.43
27615		\$1,032.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27616		\$1,272.84
27618		\$510.06
27619		\$479.77
27620		\$459.09
27625		\$588.48
27626		\$627.69
27630		\$560.32
27632		\$416.32
27634		\$686.86
27635		\$595.96
27637		\$758.14
27638		\$765.27
27640		\$848.68
27641		\$668.32
27645		\$1,776.13
27646		\$1,545.87
27647		\$1,020.84
27648		\$228.48
27650		\$678.66
27652		\$682.58
27654		\$735.33
27656		\$563.88
27658		\$382.46
27659		\$485.82
27664		\$376.40
27665		\$435.57
27675		\$513.27
27676		\$623.05
27680		\$432.00
27681		\$520.76
27685		\$685.43
27686		\$542.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27687		\$468.72
27690		\$657.98
27691		\$763.49
27692		\$100.16
27695		\$500.08
27696		\$565.67
27698		\$656.92
27700		\$629.47
27702		\$978.42
27703		\$1,128.48
27704		\$584.20
27705		\$770.62
27707		\$420.60
27709		\$1,150.58
27712		\$1,117.79
27715		\$1,087.85
27720		\$890.74
27722		\$912.12
27724		\$1,265.35
27725		\$1,232.56
27726		\$972.72
27727		\$1,055.77
27730		\$604.88
27732		\$470.50
27734		\$675.09
27740		\$725.35
27742		\$794.50
27745		\$772.04
27750		\$368.91
27752		\$559.61
27756		\$595.25
27758		\$913.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27759		\$1,012.28
27760		\$353.23
27762		\$507.57
27766		\$625.19
27767		\$310.46
27768		\$467.65
27769		\$743.53
27780		\$329.71
27781		\$461.94
27784		\$728.20
27786		\$333.63
27788		\$448.40
27792		\$663.33
27808		\$357.15
27810		\$497.94
27814		\$782.74
27816		\$351.09
27818		\$516.12
27822		\$900.01
27823		\$1,009.79
27824		\$336.48
27825		\$568.16
27826		\$879.69
27827		\$1,148.44
27828		\$1,354.11
27829		\$730.70
27830		\$411.69
27831		\$426.66
27832		\$775.97
27840		\$403.49
27842		\$508.28
27846		\$736.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
27848		\$802.34
27860		\$169.31
27870		\$1,028.32
27871		\$708.24
27880		\$886.46
27881		\$849.39
27882		\$583.49
27884		\$577.43
27886		\$646.22
27888		\$646.58
27889		\$631.61
27892		\$542.86
27893		\$631.25
27894		\$819.45
28001		\$178.93
28002		\$257.35
28003		\$393.15
28005		\$589.90
28008		\$446.62
28010		\$243.45
28011		\$327.21
28020		\$570.66
28022		\$506.50
28024		\$478.70
28035		\$550.70
28039		\$499.73
28041		\$463.73
28043		\$400.64
28045		\$500.80
28046		\$727.85
28047		\$1,044.72
28050		\$433.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
28052		\$405.63
28054		\$382.46
28055		\$396.36
28060		\$538.22
28062		\$599.17
28070		\$527.53
28072		\$510.06
28080		\$555.69
28086		\$553.19
28088		\$479.77
28090		\$485.11
28092		\$440.20
28100		\$637.31
28102		\$628.04
28103		\$400.64
28104		\$544.64
28106		\$439.84
28107		\$526.10
28108		\$452.68
28110		\$478.70
28111		\$495.81
28112		\$502.58
28113		\$609.15
28114		\$1,103.53
28116		\$809.47
28118		\$625.19
28119		\$545.35
28120		\$696.12
28122		\$613.43
28124		\$495.45
28126		\$406.70
28130		\$624.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
28140		\$588.48
28150		\$435.57
28153		\$423.09
28160		\$425.59
28171		\$1,118.86
28173		\$744.96
28175		\$484.04
28190		\$252.71
28192		\$477.63
28193		\$542.50
28200		\$515.05
28202		\$623.77
28208		\$507.21
28210		\$619.13
28220		\$468.72
28222		\$548.20
28225		\$430.93
28226		\$644.08
28230		\$451.96
28232		\$393.51
28234		\$427.37
28238		\$699.33
28240		\$461.94
28250		\$609.15
28260		\$744.24
28261		\$1,235.41
28262		\$1,433.59
28264		\$905.00
28270		\$506.14
28272		\$398.85
28280		\$530.38
28285		\$559.25

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
28286		\$459.09
28288		\$628.04
28289		\$716.08
28291		\$724.99
28292		\$723.93
28295		\$1,118.50
28296		\$925.67
28297		\$1,072.88
28298		\$867.93
28299		\$1,051.85
28300		\$666.54
28302		\$732.84
28304		\$858.66
28305		\$688.28
28306		\$631.96
28307		\$816.60
28308		\$593.11
28309		\$918.54
28310		\$564.95
28312		\$556.04
28313		\$549.27
28315		\$499.01
28320		\$628.04
28322		\$815.53
28340		\$588.12
28341		\$682.22
28344		\$436.64
28345		\$532.52
28360		\$1,121.00
28400		\$262.34
28405		\$473.35
28406		\$585.63

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
28415		\$1,153.08
28420		\$1,323.45
28430		\$254.85
28435		\$390.30
28436		\$518.97
28445		\$1,060.40
28446		\$1,241.12
28450		\$223.49
28455		\$310.10
28456		\$391.73
28465		\$656.92
28470		\$231.33
28475		\$272.68
28476		\$409.55
28485		\$583.85
28490		\$150.42
28495		\$188.91
28496		\$479.05
28505		\$677.23
28510		\$128.32
28515		\$173.94
28525		\$591.69
28530		\$122.61
28531		\$345.39
28540		\$206.73
28545		\$327.57
28546		\$618.42
28555		\$897.87
28570		\$250.22
28575		\$399.21
28576		\$400.64
28585		\$917.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
28600		\$231.68
28605		\$361.78
28606		\$398.50
28615		\$852.96
28630		\$160.75
28635		\$184.28
28636		\$325.43
28645		\$674.02
28660		\$129.74
28665		\$155.76
28666		\$183.92
28675		\$600.60
28705		\$1,241.12
28715		\$961.67
28725		\$797.00
28730		\$747.45
28735		\$798.78
28737		\$704.68
28740		\$857.23
28750		\$811.25
28755		\$525.39
28760		\$788.80
28800		\$541.07
28805		\$719.29
28810		\$430.22
28820		\$309.03
28825		\$302.97
28890		\$322.58
29000		\$364.28
29010		\$286.58
29015		\$306.89
29035		\$269.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
29040		\$307.25
29044		\$301.55
29046		\$329.71
29049		\$103.72
29055		\$233.47
29058		\$127.60
29065		\$100.87
29075		\$91.25
29085		\$100.16
29086		\$80.55
29105		\$85.90
29125		\$69.51
29126		\$81.27
29130		\$43.13
29131		\$55.60
29200		\$34.22
29240		\$31.72
29260		\$30.65
29280		\$31.01
29305		\$258.42
29325		\$285.15
29345		\$140.44
29355		\$147.21
29358		\$167.17
29365		\$128.67
29405		\$83.41
29425		\$78.42
29435		\$119.41
29440		\$44.55
29445		\$132.59
29450		\$150.06
29505		\$92.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
29515		\$74.50
29520		\$36.71
29530		\$31.37
29540		\$29.23
29550		\$19.96
29580		\$65.94
29581		\$94.81
29584		\$86.97
29700		\$64.87
29705		\$64.87
29710		\$125.82
29720		\$89.47
29730		\$65.94
29740		\$101.23
29750		\$109.78
29800		\$544.99
29804		\$618.42
29805		\$483.69
29806		\$1,075.73
29807		\$1,053.27
29819		\$602.74
29820		\$547.85
29821		\$609.51
29822		\$556.40
29823		\$608.44
29824		\$695.05
29825		\$602.74
29826		\$171.09
29827		\$1,086.07
29828		\$932.44
29830		\$469.79
29834		\$507.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
29835		\$523.96
29836		\$602.02
29837		\$543.21
29838		\$610.93
29840		\$468.00
29843		\$501.51
29844		\$516.48
29845		\$603.81
29846		\$539.65
29847		\$558.89
29848		\$529.31
29850		\$639.81
29851		\$944.92
29855		\$798.06
29856		\$1,007.65
29860		\$660.84
29861		\$726.42
29862		\$830.14
29863		\$828.72
29866		\$1,070.74
29867		\$1,296.01
29868		\$1,682.74
29870		\$573.15
29871		\$530.38
29873		\$554.97
29874		\$550.34
29875		\$510.78
29876		\$667.96
29877		\$636.60
29879		\$676.88
29880		\$577.43
29881		\$556.40

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
29882		\$705.03
29883		\$859.73
29884		\$635.17
29885		\$773.11
29886		\$652.28
29887		\$770.26
29888		\$991.25
29889		\$1,242.90
29891		\$688.28
29892		\$661.55
29893		\$696.12
29894		\$510.06
29895		\$477.27
29897		\$512.20
29898		\$576.72
29899		\$1,023.33
29900		\$521.83
29901		\$558.54
29902		\$590.97
29904		\$654.06
29905		\$530.74
29906		\$662.26
29907		\$893.95
29914		\$1,010.50
29915		\$1,032.96
29916		\$1,034.03
30000		\$285.15
30020		\$288.36
30100		\$150.06
30110		\$264.12
30115		\$494.02
30117		\$1,039.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
30118		\$830.50
30120		\$531.09
30124		\$320.08
30125		\$688.64
30130		\$442.34
30140		\$310.81
30150		\$840.12
30160		\$853.31
30200		\$117.62
30210		\$159.33
30220		\$325.43
30300		\$223.84
30310		\$219.57
30320		\$516.48
30400		\$1,292.09
30410		\$1,479.57
30420		\$1,521.99
30435		\$1,403.65
30460		\$856.88
30465		\$1,075.02
30468		\$2,755.98
30469		\$2,686.12
30520		\$710.38
30540		\$778.82
30545		\$1,053.27
30560		\$346.46
30580		\$639.09
30600		\$540.36
30620		\$715.73
30630		\$706.10
30801		\$233.47
30802		\$295.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
30901		\$165.74
30903		\$260.20
30905		\$372.83
30906		\$394.93
30915		\$631.25
30920		\$911.77
30930		\$122.97
31000		\$196.75
31002		\$201.74
31020		\$463.73
31030		\$671.89
31032		\$625.55
31040		\$842.62
31050		\$545.35
31051		\$731.77
31070		\$504.00
31075		\$869.35
31080		\$1,143.10
31081		\$1,222.58
31084		\$1,264.29
31085		\$1,302.42
31086		\$1,232.21
31087		\$1,169.12
31090		\$1,167.69
31200		\$662.97
31201		\$835.49
31205		\$988.05
31225		\$1,857.75
31230		\$2,068.05
31231		\$199.96
31233		\$289.43
31235		\$327.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$268.40
31238		\$261.27
31239		\$626.62
31240		\$161.82
31241		\$449.82
32142		\$2,668.65
31243		\$2,590.23
31253		\$506.14
31254		\$460.16
31255		\$327.57
31256		\$182.85
31257		\$451.25
31259		\$477.27
31267		\$268.75
31276		\$382.46
31287		\$204.60
31288		\$237.39
31290		\$1,169.12
31291		\$1,237.20
31292		\$1,017.99
31293		\$1,101.75
31294		\$1,257.16
31295		\$1,803.58
31296		\$1,829.60
31297		\$1,788.96
31298		\$3,396.14
31300		\$1,300.64
31360		\$2,116.89
31365		\$2,605.21
31367		\$2,245.56
31368		\$2,481.52
31370		\$2,111.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
31375		\$2,007.82
31380		\$1,980.37
31382		\$2,166.43
31390		\$2,877.52
31395		\$3,023.66
31400		\$1,057.20
31420		\$862.58
31500		\$140.44
31502		\$35.29
31505		\$95.88
31510		\$227.05
31511		\$220.28
31512		\$227.41
31513		\$133.31
31515		\$226.34
31520		\$158.61
31525		\$261.63
31526		\$159.33
31527		\$197.82
31528		\$146.50
31529		\$163.25
31530		\$201.03
31531		\$214.58
31535		\$191.41
31536		\$213.15
31540		\$244.52
31541		\$266.62
31545		\$365.35
31546		\$553.19
31551		\$1,596.49
31552		\$1,542.66
31553		\$1,746.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
31554		\$1,747.26
31560		\$315.45
31561		\$344.68
31570		\$356.44
31571		\$251.65
31572		\$559.25
31573		\$302.62
31574		\$1,017.27
31575		\$136.52
31576		\$284.44
31577		\$291.21
31578		\$322.93
31579		\$208.16
31580		\$1,341.63
31584		\$1,471.38
31587		\$1,255.37
31590		\$974.86
31591		\$1,146.66
31592		\$1,789.68
31600		\$302.97
31601		\$455.53
31603		\$318.30
31605		\$327.21
31610		\$995.17
31611		\$560.32
31612		\$97.31
31613		\$441.98
31614		\$743.17
31615		\$180.00
31622		\$258.06
31623		\$287.29
31624		\$266.26

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
31625		\$365.71
31626		\$834.06
31627		\$1,157.00
31628		\$389.94
31629		\$475.84
31630		\$198.18
31631		\$225.98
31632		\$66.65
31633		\$82.34
31634		\$1,611.81
31635		\$303.33
31636		\$216.71
31637		\$76.99
31638		\$247.37
31640		\$248.79
31641		\$254.85
31643		\$171.09
31645		\$284.79
31646		\$142.22
31647		\$206.38
31648		\$197.47
31649		\$67.37
31651		\$76.63
31652		\$1,336.64
31653		\$1,388.68
31654		\$125.47
31660		\$198.89
31661		\$201.74
31717		\$303.33
31720		\$49.54
31725		\$79.84
31730		\$1,137.39

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
31750		\$1,411.49
31755		\$1,814.98
31760		\$1,339.14
31766		\$1,717.67
31770		\$1,286.74
31775		\$1,356.25
31780		\$1,225.43
31781		\$1,465.67
31785		\$1,096.05
31786		\$1,397.24
31800		\$740.32
31805		\$801.27
31820		\$465.51
31825		\$640.88
31830		\$522.54
32035		\$724.64
32036		\$781.31
32096		\$779.17
32097		\$781.31
32098		\$741.75
32100		\$790.22
32110		\$1,437.16
32120		\$854.38
32124		\$903.21
32140		\$966.30
32141		\$1,476.37
32150		\$990.18
32151		\$980.20
32160		\$784.16
32200		\$1,114.94
32215		\$786.30
32220		\$1,561.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
32225		\$974.50
32310		\$898.58
32320		\$1,566.19
32400		\$176.08
32408		\$918.54
32440		\$1,522.70
32442		\$2,936.69
32445		\$3,403.98
32480		\$1,437.51
32482		\$1,536.60
32484		\$1,389.04
32486		\$2,254.83
32488		\$2,308.65
32491		\$1,432.17
32501		\$232.40
32503		\$1,737.64
32504		\$1,976.09
32505		\$909.27
32506		\$149.70
32507		\$149.70
32540		\$1,677.40
32550		\$836.92
32551		\$153.27
32552		\$187.13
32553		\$540.72
32554		\$246.66
32555		\$334.34
32556		\$789.51
32557		\$709.67
32560		\$268.40
32561		\$96.59
32562		\$86.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
32601		\$297.98
32604		\$461.23
32606		\$444.83
32607		\$297.98
32608		\$365.35
32609		\$249.51
32650		\$656.20
32651		\$1,065.75
32652		\$1,613.24
32653		\$1,032.96
32654		\$1,149.87
32655		\$933.51
32656		\$786.30
32658		\$699.69
32659		\$719.29
32661		\$779.89
32662		\$872.56
32663		\$1,355.18
32664		\$826.94
32665		\$1,194.42
32666		\$849.39
32667		\$149.70
32668		\$149.70
32669		\$1,301.00
32670		\$1,553.71
32671		\$1,711.62
32672		\$1,464.60
32673		\$1,179.10
32674		\$204.95
32701		\$205.31
32800		\$927.81
32810		\$880.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
32815		\$2,716.41
32820		\$1,298.15
32851		\$3,155.19
32852		\$3,417.17
32853		\$4,399.51
32854		\$4,660.78
32900		\$1,399.73
32905		\$1,294.58
32906		\$1,593.63
32940		\$1,198.34
32960		\$131.17
32994		\$5,271.36
32997		\$341.47
32998		\$3,345.88
33016		\$227.05
33017		\$238.10
33018		\$278.38
33019		\$211.37
33020		\$803.77
33025		\$750.30
33030		\$1,931.89
33031		\$2,386.71
33050		\$980.56
33120		\$2,014.94
33130		\$1,326.66
33140		\$1,504.88
33141		\$125.82
33202		\$751.73
33203		\$785.95
33206		\$450.54
33207		\$471.57
33208		\$510.42

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33210		\$156.83
33211		\$163.25
33212		\$317.94
33213		\$332.56
33214		\$474.78
33215		\$306.54
33216		\$369.63
33217		\$366.06
33218		\$388.52
33220		\$372.48
33221		\$356.44
33222		\$342.54
33223		\$406.34
33224		\$500.80
33225		\$451.96
33226		\$476.56
33227		\$335.76
33228		\$350.73
33229		\$371.05
33230		\$379.61
33231		\$395.65
33233		\$234.18
33234		\$479.05
33235		\$630.54
33236		\$770.62
33237		\$825.15
33238		\$930.30
33240		\$361.78
33241		\$214.58
33243		\$1,338.42
33244		\$854.03
33249		\$900.36

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33250		\$1,411.85
33251		\$1,574.39
33254		\$1,318.82
33255		\$1,575.10
33256		\$1,863.81
33257		\$569.23
33258		\$634.46
33259		\$826.22
33261		\$1,560.49
33262		\$369.27
33263		\$383.53
33264		\$399.92
33265		\$1,322.03
33266		\$1,781.48
33267		\$1,013.71
33268		\$125.82
33269		\$803.05
33270		\$554.62
33271		\$443.77
33272		\$342.89
33273		\$392.44
33274		\$472.99
33275		\$490.82
33285		\$4,643.32
33286		\$134.02
33289		\$323.29
33300		\$2,346.07
33305		\$3,925.81
33310		\$1,138.46
33315		\$1,848.84
33320		\$1,038.66
33321		\$1,155.22

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33322		\$1,347.69
33330		\$1,381.91
33335		\$1,806.43
33340		\$759.93
33361		\$1,163.06
33362		\$1,267.85
33363		\$1,312.76
33364		\$1,311.69
33365		\$1,371.57
33366		\$1,511.30
33367		\$584.91
33368		\$708.60
33369		\$935.29
33370		\$129.39
33390		\$1,860.61
33391		\$2,205.28
33404		\$1,693.08
33405		\$2,191.02
33406		\$2,773.80
33410		\$2,450.87
33411		\$3,228.26
33412		\$3,026.16
33413		\$3,103.15
33414		\$2,066.27
33415		\$1,955.42
33416		\$1,955.06
33417		\$1,616.45
33418		\$1,737.64
33419		\$407.05
33420		\$1,406.86
33422		\$1,612.53
33425		\$2,630.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33426		\$2,298.67
33427		\$2,354.27
33430		\$2,703.94
33440		\$3,272.10
33460		\$2,310.07
33463		\$2,974.12
33464		\$2,353.20
33465		\$2,654.04
33468		\$2,356.41
33471		\$1,286.74
33474		\$2,101.91
33475		\$2,244.85
33476		\$1,478.15
33477		\$1,301.71
33478		\$1,526.62
33496		\$1,612.88
33500		\$1,512.37
33501		\$1,085.00
33502		\$1,243.61
33503		\$1,293.51
33504		\$1,423.97
33505		\$1,977.52
33506		\$1,972.53
33507		\$1,657.44
33508		\$15.33
33509		\$165.74
33510		\$1,868.45
33511		\$2,050.94
33512		\$2,337.52
33513		\$2,389.20
33514		\$2,516.10
33516		\$2,604.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33517		\$178.58
33518		\$393.15
33519		\$519.69
33521		\$623.05
33522		\$699.69
33523		\$791.65
33530		\$501.86
33533		\$1,808.92
33534		\$2,122.94
33535		\$2,360.33
33536		\$2,539.26
33542		\$2,527.86
33545		\$2,953.09
33548		\$2,845.80
33572		\$220.28
33600		\$1,664.92
33602		\$1,616.80
33606		\$1,720.88
33608		\$1,742.63
33610		\$1,719.10
33611		\$1,877.72
33612		\$1,927.26
33615		\$1,928.69
33617		\$2,087.30
33619		\$2,654.75
33620		\$1,587.93
33621		\$901.43
33622		\$3,289.92
33641		\$1,580.09
33645		\$1,669.20
33647		\$1,750.11
33660		\$1,692.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33665		\$1,841.72
33670		\$1,892.69
33675		\$1,897.32
33676		\$1,947.22
33677		\$2,021.36
33681		\$1,787.18
33684		\$1,818.19
33688		\$1,809.28
33690		\$1,171.26
33692		\$1,878.43
33694		\$1,877.72
33697		\$1,977.16
33702		\$1,499.18
33710		\$1,973.95
33720		\$1,499.89
33724		\$1,483.85
33726		\$1,955.06
33730		\$1,936.17
33732		\$1,597.56
33735		\$1,262.15
33736		\$1,367.65
33737		\$1,262.15
33741		\$722.50
33745		\$1,032.24
33746		\$412.76
33750		\$1,224.01
33755		\$1,282.11
33762		\$1,242.54
33764		\$1,282.11
33766		\$1,291.02
33767		\$1,376.56
33768		\$397.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33770		\$2,033.48
33771		\$2,088.37
33774		\$1,743.69
33775		\$1,793.60
33776		\$1,896.25
33777		\$1,824.96
33778		\$2,264.45
33779		\$2,230.23
33780		\$2,273.36
33781		\$2,216.69
33782		\$3,095.31
33783		\$3,343.74
33786		\$2,189.96
33788		\$1,481.71
33800		\$955.97
33802		\$1,058.26
33803		\$1,115.65
33813		\$1,207.26
33814		\$1,479.22
33820		\$940.64
33822		\$990.90
33824		\$1,150.23
33840		\$1,206.19
33845		\$1,298.50
33851		\$1,237.91
33852		\$1,358.74
33853		\$1,773.99
33858		\$3,261.76
33859		\$2,345.36
33863		\$3,021.52
33864		\$3,087.47
33866		\$881.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33871		\$3,128.10
33875		\$2,636.93
33877		\$3,446.04
33880		\$1,709.83
33881		\$1,466.03
33883		\$1,065.75
33884		\$371.76
33886		\$920.68
33889		\$753.15
33891		\$907.13
33894		\$943.13
33895		\$750.30
33897		\$558.18
33900		\$569.23
33901		\$748.16
33902		\$722.50
33903		\$851.53
33904		\$285.86
33910		\$2,543.19
33915		\$1,331.65
33916		\$4,008.50
33917		\$1,416.48
33920		\$1,746.19
33922		\$1,348.76
33924		\$272.68
33925		\$1,652.80
33926		\$2,319.34
33927		\$2,433.40
33935		\$4,745.26
33945		\$4,686.09
33946		\$299.41
33947		\$330.77

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33948		\$233.11
33949		\$226.69
33951		\$405.63
33952		\$411.33
33953		\$452.32
33954		\$455.88
33955		\$791.29
33956		\$799.49
33957		\$176.44
33958		\$176.44
33959		\$223.49
33962		\$223.49
33963		\$446.97
33964		\$471.57
33965		\$176.44
33966		\$227.41
33967		\$248.44
33968		\$32.79
33969		\$260.91
33970		\$340.04
33971		\$690.06
33973		\$480.12
33974		\$870.78
33975		\$1,243.97
33976		\$1,513.79
33977		\$1,080.36
33978		\$1,277.47
33979		\$1,859.54
33980		\$1,706.63
33981		\$793.07
33982		\$1,863.46
33983		\$2,212.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
33984		\$271.61
33985		\$491.17
33986		\$501.51
33987		\$198.54
33988		\$742.46
33989		\$471.57
33990		\$347.53
33991		\$435.57
33992		\$180.00
33993		\$160.75
33995		\$346.10
33997		\$152.20
34001		\$870.78
34051		\$969.87
34101		\$573.87
34111		\$576.36
34151		\$1,331.30
34201		\$974.86
34203		\$906.07
34401		\$1,440.37
34421		\$662.97
34451		\$1,363.38
34471		\$1,027.25
34490		\$631.25
34501		\$855.09
34502		\$1,489.20
34510		\$972.36
34520		\$943.13
34530		\$899.29
34701		\$1,182.66
34702		\$1,759.02
34703		\$1,312.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
34704		\$2,180.33
34705		\$1,455.69
34706		\$2,162.51
34707		\$1,114.94
34708		\$1,721.24
34709		\$305.82
34710		\$760.64
34711		\$278.73
34712		\$630.90
34713		\$116.91
34714		\$256.64
34715		\$283.72
34716		\$355.37
34717		\$419.88
34718		\$1,177.31
34808		\$191.41
34812		\$194.97
34813		\$223.13
34820		\$317.23
34830		\$1,670.98
34831		\$1,829.95
34832		\$1,795.73
34833		\$369.63
34834		\$122.26
35001		\$1,078.22
35002		\$1,083.22
35005		\$949.55
35011		\$968.80
35013		\$1,219.02
35021		\$1,225.08
35022		\$1,398.31
35045		\$933.15

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
35081		\$1,647.81
35082		\$2,058.43
35091		\$1,690.23
35092		\$2,455.14
35102		\$1,784.33
35103		\$2,111.54
35111		\$1,262.15
35112		\$1,550.15
35121		\$1,499.18
35122		\$1,791.46
35131		\$1,314.19
35132		\$1,550.15
35141		\$1,043.65
35142		\$1,261.08
35151		\$1,181.59
35152		\$1,327.38
35180		\$749.23
35182		\$1,734.07
35184		\$918.54
35188		\$1,244.33
35189		\$1,432.17
35190		\$737.83
35201		\$903.57
35206		\$764.20
35207		\$771.69
35211		\$1,345.91
35216		\$2,048.45
35221		\$1,426.11
35226		\$800.20
35231		\$1,247.53
35236		\$963.10
35241		\$1,392.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
35246		\$1,513.08
35251		\$1,689.52
35256		\$979.49
35261		\$934.22
35266		\$828.01
35271		\$1,341.99
35276		\$1,415.42
35281		\$1,556.56
35286		\$892.16
35301		\$1,078.94
35302		\$1,068.24
35303		\$1,180.17
35304		\$1,210.82
35305		\$1,165.91
35306		\$419.88
35311		\$1,501.67
35321		\$859.02
35331		\$1,395.10
35341		\$1,319.53
35351		\$1,225.08
35355		\$979.85
35361		\$1,444.64
35363		\$1,539.81
35371		\$779.17
35372		\$931.02
35390		\$150.77
35400		\$139.37
35500		\$300.12
35501		\$1,383.69
35506		\$1,208.68
35508		\$1,262.50
35509		\$1,338.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
35510		\$1,166.98
35511		\$1,063.25
35512		\$1,143.81
35515		\$1,262.50
35516		\$1,157.71
35518		\$1,084.28
35521		\$1,167.33
35522		\$1,110.30
35523		\$1,209.75
35525		\$1,079.65
35526		\$1,672.05
35531		\$1,847.06
35533		\$1,430.03
35535		\$1,802.86
35536		\$1,602.90
35537		\$1,973.24
35538		\$2,210.98
35539		\$2,074.83
35540		\$2,311.86
35556		\$1,328.44
35558		\$1,177.67
35560		\$1,616.45
35563		\$1,257.51
35565		\$1,248.60
35566		\$1,581.16
35570		\$1,398.66
35571		\$1,260.01
35572		\$325.78
35583		\$1,373.71
35585		\$1,587.93
35587		\$1,301.00
35600		\$177.51

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
35601		\$1,335.57
35606		\$1,119.93
35612		\$995.17
35616		\$1,046.15
35621		\$1,046.15
35623		\$1,248.96
35626		\$1,530.54
35631		\$1,757.95
35632		\$1,711.97
35633		\$1,881.28
35634		\$1,675.97
35636		\$1,513.08
35637		\$1,572.96
35638		\$1,651.38
35642		\$943.13
35645		\$902.14
35646		\$1,623.58
35647		\$1,478.50
35650		\$970.94
35654		\$1,298.86
35656		\$1,025.12
35661		\$1,035.81
35663		\$1,158.07
35665		\$1,120.28
35666		\$1,234.70
35671		\$1,088.56
35681		\$75.56
35682		\$332.56
35683		\$385.31
35685		\$186.77
35686		\$151.49
35691		\$901.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
35693		\$799.85
35694		\$940.64
35695		\$976.28
35697		\$138.65
35700		\$143.29
35701		\$441.63
35702		\$402.06
35703		\$403.49
35800		\$731.41
35820		\$1,942.94
35840		\$1,190.50
35860		\$809.83
35870		\$1,186.94
35875		\$569.59
35876		\$901.08
35879		\$880.76
35881		\$977.71
35883		\$1,140.25
35884		\$1,175.53
35901		\$459.45
35903		\$548.20
35905		\$1,593.28
35907		\$1,806.78
36002		\$155.76
36005		\$271.61
36010		\$573.51
36011		\$854.74
36012		\$885.04
36013		\$837.99
36014		\$834.78
36015		\$905.35
36100		\$591.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
36140		\$540.36
36160		\$596.68
36200		\$624.12
36215		\$1,097.47
36216		\$1,120.64
36217		\$1,883.42
36218		\$218.85
36221		\$1,044.01
36222		\$1,280.33
36223		\$1,729.44
36224		\$2,150.39
36225		\$1,631.42
36226		\$2,090.15
36227		\$245.59
36228		\$1,324.52
36245		\$1,318.46
36246		\$874.34
36247		\$1,505.24
36248		\$122.97
36251		\$1,365.16
36252		\$1,460.33
36253		\$2,144.69
36254		\$2,092.65
36260		\$653.71
36261		\$413.11
36262		\$316.87
36400		\$28.52
36405		\$24.59
36406		\$18.18
36410		\$18.18
36415		\$3.21
36416		\$7.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
36420		\$45.98
36425		\$39.92
36430		\$41.35
36440		\$51.33
36450		\$173.94
36455		\$120.48
36456		\$99.80
36460		\$343.96
36465		\$1,399.38
36466		\$1,508.45
36470		\$120.12
36471		\$207.80
36473		\$1,292.44
36474		\$268.40
36475		\$1,136.68
36476		\$292.99
36478		\$1,030.46
36479		\$310.10
36481		\$1,857.40
36482		\$1,782.90
36483		\$138.30
36500		\$177.15
36510		\$89.47
36511		\$112.63
36512		\$109.43
36513		\$107.64
36514		\$598.46
36516		\$1,876.65
36522		\$1,447.85
36555		\$199.25
36556		\$224.20
36557		\$1,225.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
36558		\$881.11
36560		\$1,303.14
36561		\$1,039.73
36563		\$1,187.29
36565		\$859.73
36566		\$4,555.63
36568		\$91.96
36569		\$93.03
36570		\$1,546.23
36571		\$1,338.07
36572		\$398.50
36573		\$409.55
36575		\$153.62
36576		\$359.65
36578		\$452.32
36580		\$200.67
36581		\$828.36
36582		\$929.95
36583		\$1,215.10
36584		\$348.60
36585		\$1,229.35
36589		\$169.31
36590		\$227.76
36591		\$28.16
36592		\$30.65
36593		\$34.93
36595		\$627.69
36596		\$120.12
36597		\$116.20
36598		\$127.96
36600		\$28.87
36620		\$44.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
36625		\$104.44
36640		\$119.41
36660		\$69.86
36680		\$58.46
36800		\$121.19
36810		\$212.44
36815		\$129.39
36818		\$663.69
36819		\$701.47
36820		\$696.48
36821		\$636.24
36823		\$1,383.34
36825		\$763.85
36830		\$641.23
36831		\$593.47
36832		\$728.20
36833		\$776.68
36835		\$476.56
36836		\$7,472.72
36837		\$10,633.97
36838		\$1,089.99
36860		\$239.17
36861		\$134.38
36901		\$746.74
36902		\$1,281.75
36903		\$4,579.52
36904		\$1,922.27
36905		\$2,423.42
36906		\$5,802.10
36907		\$624.84
36908		\$1,508.45
36909		\$2,043.46

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
37140		\$2,271.58
37145		\$2,108.69
37160		\$2,165.72
37180		\$2,081.24
37181		\$2,271.58
37182		\$814.46
37183		\$6,294.70
37184		\$1,805.71
37185		\$493.67
37186		\$1,255.02
37187		\$1,806.07
37188		\$1,562.27
37191		\$2,175.34
37192		\$1,338.07
37193		\$1,590.78
37197		\$1,653.52
37200		\$214.22
37211		\$374.62
37212		\$329.35
37213		\$224.56
37214		\$118.69
37215		\$950.98
37216		\$1,000.17
37217		\$1,034.38
37218		\$795.57
37220		\$2,660.45
37221		\$3,272.81
37222		\$643.73
37223		\$1,350.90
37224		\$3,105.29
37225		\$9,375.39
37226		\$8,725.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
37227		\$12,010.89
37228		\$4,416.98
37229		\$9,522.60
37230		\$9,533.65
37231		\$12,615.05
37232		\$864.72
37233		\$1,093.91
37234		\$3,883.04
37235		\$4,237.33
37236		\$2,917.45
37237		\$1,370.50
37238		\$3,687.35
37239		\$1,830.67
37241		\$4,995.12
37242		\$7,635.61
37243		\$9,285.57
37244		\$7,075.29
37246		\$1,927.26
37247		\$591.33
37248		\$1,440.72
37249		\$463.01
37252		\$1,017.63
37253		\$177.51
37500		\$605.23
37565		\$724.64
37600		\$750.30
37605		\$704.32
37606		\$721.07
37607		\$365.35
37609		\$322.58
37615		\$518.26
37616		\$1,082.15

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
37617		\$1,287.10
37618		\$386.38
37619		\$1,689.16
37650		\$441.63
37660		\$1,290.66
37700		\$240.95
37718		\$379.25
37722		\$450.54
37735		\$558.89
37760		\$553.55
37761		\$527.17
37765		\$431.29
37766		\$505.07
37780		\$229.55
37785		\$355.37
37788		\$1,270.70
37790		\$491.88
38100		\$1,137.04
38101		\$1,146.30
38102		\$256.28
38115		\$1,269.99
38120		\$1,049.00
38200		\$132.24
38205		\$86.61
38206		\$85.90
38207		\$45.62
38208		\$28.87
38209		\$12.12
38210		\$80.55
38211		\$73.07
38212		\$48.12
38213		\$12.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
38214		\$41.35
38215		\$48.12
38220		\$163.61
38221		\$170.02
38222		\$184.28
38230		\$201.39
38232		\$193.55
38240		\$247.01
38241		\$182.50
38242		\$129.39
38243		\$126.54
38300		\$352.87
38305		\$497.59
38308		\$468.00
38380		\$583.85
38381		\$788.80
38382		\$675.81
38500		\$344.68
38505		\$185.70
38510		\$542.86
38520		\$472.99
38525		\$441.63
38530		\$570.30
38531		\$448.40
38542		\$534.30
38550		\$525.75
38555		\$1,021.55
38562		\$715.01
38564		\$701.47
38570		\$520.04
38571		\$669.03
38572		\$913.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
38573		\$1,184.09
38700		\$827.65
38720		\$1,360.17
38724		\$1,479.93
38740		\$700.40
38745		\$877.55
38746		\$204.95
38747		\$259.13
38760		\$837.99
38765		\$1,307.41
38770		\$812.32
38780		\$1,045.79
38790		\$82.69
38792		\$86.61
38794		\$285.86
38900		\$133.66
39000		\$481.19
39010		\$773.11
39200		\$846.54
39220		\$1,114.58
39401		\$299.05
39402		\$389.59
39501		\$840.12
39503		\$5,588.95
39540		\$851.89
39541		\$918.90
39545		\$879.69
39560		\$797.00
39561		\$1,236.48
40490		\$129.03
40510		\$512.91
40520		\$529.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
40525		\$567.45
40527		\$648.00
40530		\$584.91
40650		\$503.65
40652		\$544.28
40654		\$613.07
40700		\$1,026.54
40701		\$1,209.75
40702		\$1,016.92
40720		\$1,044.36
40761		\$1,096.05
40800		\$214.58
40801		\$305.11
40804		\$197.47
40805		\$298.70
40806		\$105.86
40808		\$179.64
40810		\$230.26
40812		\$296.91
40814		\$393.15
40816		\$422.74
40818		\$387.45
40819		\$283.37
40820		\$275.17
40830		\$238.46
40831		\$312.95
40840		\$903.21
40842		\$968.09
40843		\$1,243.26
40844		\$1,556.21
40845		\$1,534.11
41000		\$155.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
41005		\$254.50
41006		\$357.86
41007		\$345.03
41008		\$412.04
41009		\$445.55
41010		\$231.68
41015		\$418.81
41016		\$492.24
41017		\$492.24
41018		\$552.48
41019		\$504.00
41100		\$198.18
41105		\$198.18
41108		\$178.58
41110		\$243.80
41112		\$358.22
41113		\$383.53
41114		\$641.59
41115		\$277.67
41116		\$353.94
41120		\$1,106.03
41130		\$1,360.17
41135		\$2,227.02
41140		\$2,248.77
41145		\$2,829.05
41150		\$2,261.60
41153		\$2,450.15
41155		\$3,065.72
41250		\$299.76
41251		\$331.13
41252		\$344.32
41510		\$480.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
41512		\$697.91
41520		\$387.45
41530		\$981.63
41800		\$309.03
41805		\$331.84
41806		\$435.92
41822		\$373.55
41823		\$555.69
41825		\$233.82
41826		\$320.08
41827		\$454.10
41828		\$368.20
41830		\$492.95
41872		\$495.45
41874		\$401.35
42000		\$170.02
42100		\$154.34
42104		\$229.55
42106		\$268.40
42107		\$475.84
42120		\$1,044.01
42140		\$331.84
42145		\$711.45
42160		\$245.23
42180		\$268.75
42182		\$345.39
42200		\$948.13
42205		\$983.77
42210		\$1,098.54
42215		\$721.07
42220		\$594.90
42225		\$1,020.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
42226		\$944.92
42227		\$879.69
42235		\$775.97
42260		\$898.22
42280		\$187.49
42281		\$237.74
42300		\$227.41
42305		\$437.35
42310		\$181.07
42320		\$275.88
42330		\$245.94
42335		\$457.67
42340		\$562.82
42400		\$102.65
42405		\$318.66
42408		\$576.00
42409		\$419.88
42410		\$647.29
42415		\$1,084.64
42420		\$1,214.03
42425		\$861.87
42426		\$1,376.56
42440		\$429.51
42450		\$495.45
42500		\$473.71
42505		\$602.38
42507		\$515.41
42509		\$846.18
42510		\$630.18
42550		\$165.03
42600		\$576.36
42650		\$78.06

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
42660		\$119.76
42665		\$399.92
42700		\$203.17
42720		\$463.37
42725		\$816.96
42800		\$166.46
42804		\$229.19
42806		\$255.21
42808		\$243.80
42809		\$213.86
42810		\$410.97
42815		\$559.96
42820		\$301.19
42821		\$315.09
42825		\$279.45
42826		\$265.55
42830		\$221.35
42831		\$240.95
42835		\$206.73
42836		\$254.85
42842		\$1,049.71
42844		\$1,425.40
42845		\$2,265.52
42860		\$202.46
42870		\$619.13
42890		\$1,464.60
42892		\$1,920.84
42894		\$2,434.83
42900		\$340.40
42950		\$835.13
42953		\$999.45
42955		\$794.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
42960		\$166.10
42961		\$434.85
42962		\$536.80
42970		\$425.94
42971		\$468.72
42972		\$523.25
42975		\$97.66
43020		\$566.02
43030		\$538.22
43045		\$1,275.34
43100		\$655.49
43101		\$983.77
43107		\$2,897.48
43108		\$4,274.76
43112		\$3,364.06
43113		\$4,184.94
43116		\$4,777.34
43117		\$3,158.40
43118		\$3,490.24
43121		\$2,762.39
43122		\$2,494.71
43123		\$4,337.49
43124		\$3,675.23
43130		\$805.91
43135		\$1,425.40
43180		\$558.89
43191		\$158.26
43192		\$172.52
43193		\$172.16
43194		\$192.83
43195		\$188.20
43196		\$198.89

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43197		\$201.39
43198		\$223.49
43200		\$279.45
43201		\$274.81
43202		\$379.96
43204		\$136.52
43205		\$142.22
43206		\$319.01
43210		\$426.66
43211		\$236.32
43212		\$187.84
43213		\$1,321.67
43214		\$194.97
43215		\$415.61
43216		\$435.21
43217		\$445.19
43220		\$967.37
43226		\$408.83
43227		\$632.32
43229		\$756.36
43231		\$159.33
43232		\$199.25
43233		\$228.12
43235		\$303.69
43236		\$425.59
43237		\$197.11
43238		\$233.47
43239		\$398.85
43240		\$393.15
43241		\$142.58
43242		\$264.48
43243		\$238.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43244		\$246.66
43245		\$631.25
43246		\$199.96
43247		\$403.49
43248		\$436.64
43249		\$1,159.14
43250		\$476.20
43251		\$523.96
43252		\$355.73
43253		\$264.12
43254		\$271.61
43255		\$665.47
43257		\$232.40
43259		\$227.05
43260		\$323.65
43261		\$339.69
43262		\$358.58
43263		\$358.93
43264		\$364.99
43265		\$434.14
43266		\$217.78
43270		\$776.32
43273		\$119.05
43274		\$463.73
43275		\$377.11
43276		\$482.97
43277		\$379.61
43278		\$433.79
43279		\$1,260.36
43280		\$1,063.25
43281		\$1,509.51
43282		\$1,697.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43283		\$152.20
43284		\$648.72
43285		\$666.90
43286		\$3,102.79
43287		\$3,442.12
43288		\$3,636.02
43291		\$487.25
43300		\$646.22
43305		\$1,121.35
43310		\$1,438.94
43312		\$1,531.97
43313		\$2,851.86
43314		\$3,049.33
43320		\$1,377.63
43325		\$1,339.85
43327		\$811.61
43328		\$1,090.34
43330		\$1,318.46
43331		\$1,306.35
43332		\$1,127.77
43333		\$1,234.34
43334		\$1,206.19
43335		\$1,291.73
43336		\$1,404.72
43337		\$1,496.33
43338		\$110.14
43340		\$1,360.52
43341		\$1,363.73
43351		\$1,290.66
43352		\$1,045.43
43360		\$2,179.62
43361		\$2,647.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43400		\$1,499.53
43405		\$1,423.97
43410		\$1,060.05
43415		\$2,508.61
43420		\$1,042.58
43425		\$1,404.37
43450		\$197.82
43453		\$862.22
43460		\$213.86
43497		\$801.63
43500		\$779.17
43501		\$1,329.16
43502		\$1,503.10
43510		\$942.78
43520		\$687.93
43605		\$825.51
43610		\$969.15
43611		\$1,214.38
43620		\$1,945.80
43621		\$2,229.52
43622		\$2,263.74
43631		\$1,428.60
43632		\$2,000.33
43633		\$1,890.90
43634		\$2,083.74
43635		\$109.43
43640		\$1,177.67
43641		\$1,190.86
43644		\$1,709.83
43645		\$1,817.83
43651		\$654.42
43652		\$761.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43653		\$579.57
43752		\$40.63
43753		\$21.39
43754		\$252.36
43755		\$215.29
43756		\$296.91
43757		\$397.78
43761		\$125.82
43762		\$242.02
43763		\$357.15
43770		\$1,116.36
43771		\$1,265.35
43772		\$939.21
43773		\$1,265.35
43774		\$950.98
43775		\$1,080.36
43800		\$919.25
43810		\$1,004.09
43820		\$1,328.44
43825		\$1,294.58
43830		\$702.18
43831		\$613.43
43832		\$1,032.60
43840		\$1,343.77
43842		\$1,182.66
43843		\$1,268.56
43845		\$1,929.40
43846		\$1,629.99
43847		\$1,782.19
43848		\$1,905.52
43860		\$1,613.95
43865		\$1,680.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
43870		\$707.89
43880		\$1,569.04
43886		\$372.83
43887		\$335.76
43888		\$468.36
44005		\$1,078.22
44010		\$853.31
44015		\$137.94
44020		\$963.10
44021		\$962.03
44025		\$971.29
44050		\$926.74
44055		\$1,463.18
44100		\$107.29
44110		\$846.18
44111		\$980.56
44120		\$1,205.12
44121		\$234.89
44125		\$1,163.41
44126		\$2,423.07
44127		\$2,794.47
44128		\$235.61
44130		\$1,301.00
44139		\$117.62
44140		\$1,326.31
44141		\$1,793.95
44143		\$1,633.91
44144		\$1,743.34
44145		\$1,633.91
44146		\$2,080.53
44147		\$1,903.02
44150		\$1,841.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
44151		\$2,120.09
44155		\$2,055.58
44156		\$2,266.95
44157		\$2,152.89
44158		\$2,206.35
44160		\$1,229.35
44180		\$910.34
44186		\$646.93
44187		\$1,096.05
44188		\$1,212.25
44202		\$1,371.22
44203		\$235.25
44204		\$1,520.92
44205		\$1,323.81
44206		\$1,723.02
44207		\$1,795.38
44208		\$1,957.91
44210		\$1,768.29
44211		\$2,135.42
44212		\$2,027.42
44213		\$182.85
44227		\$1,639.26
44300		\$834.06
44310		\$1,033.31
44312		\$599.17
44314		\$1,005.16
44316		\$1,395.10
44320		\$1,191.22
44322		\$1,010.86
44340		\$631.96
44345		\$1,047.57
44346		\$1,176.25

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
44360		\$144.71
44361		\$159.68
44363		\$192.83
44364		\$205.66
44365		\$183.21
44366		\$241.31
44369		\$247.01
44370		\$268.40
44372		\$239.88
44373		\$192.12
44376		\$285.51
44377		\$300.48
44378		\$386.02
44379		\$410.62
44380		\$207.80
44381		\$1,059.33
44382		\$318.30
44384		\$155.41
44385		\$228.48
44386		\$330.77
44388		\$330.42
44389		\$434.14
44390		\$424.52
44391		\$677.23
44392		\$404.56
44394		\$459.45
44401		\$2,550.67
44402		\$263.05
44403		\$305.82
44404		\$444.48
44405		\$589.55
44406		\$230.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
44407		\$276.60
44408		\$232.75
44500		\$19.60
44602		\$1,383.34
44603		\$1,595.06
44604		\$1,042.22
44605		\$1,282.46
44615		\$1,059.33
44620		\$861.51
44625		\$1,006.58
44626		\$1,571.18
44640		\$1,378.35
44650		\$1,423.61
44660		\$1,330.94
44661		\$1,528.05
44680		\$1,062.54
44700		\$1,000.52
44701		\$164.32
44705		\$116.20
44720		\$265.55
44721		\$371.05
44800		\$773.83
44820		\$843.69
44850		\$742.82
44900		\$778.46
44950		\$636.95
44955		\$81.98
44960		\$868.28
44970		\$600.95
45000		\$435.57
45005		\$331.84
45020		\$582.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
45100		\$309.74
45108		\$376.75
45110		\$1,822.11
45111		\$1,084.64
45112		\$1,829.60
45113		\$1,884.84
45114		\$1,785.75
45116		\$1,560.13
45119		\$1,898.39
45120		\$1,579.02
45121		\$1,721.60
45123		\$1,120.64
45126		\$2,736.02
45130		\$1,089.99
45135		\$1,314.54
45136		\$1,807.14
45150		\$426.30
45160		\$1,017.99
45171		\$631.61
45172		\$838.70
45190		\$713.59
45300		\$135.80
45303		\$1,028.32
45305		\$191.76
45307		\$223.49
45308		\$214.58
45309		\$220.99
45315		\$237.39
45317		\$232.40
45320		\$233.11
45321		\$101.58
45327		\$114.77

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
45330		\$197.47
45331		\$305.11
45332		\$292.64
45333		\$349.67
45334		\$525.75
45335		\$311.17
45337		\$114.77
45338		\$315.80
45340		\$489.39
45341		\$124.75
45342		\$171.45
45346		\$2,469.40
45347		\$155.05
45349		\$199.61
45350		\$718.58
45378		\$355.37
45379		\$455.17
45380		\$456.60
45381		\$466.22
45382		\$703.97
45384		\$512.56
45385		\$474.78
45386		\$646.58
45388		\$2,634.08
45389		\$291.21
45390		\$333.98
45391		\$259.49
45392		\$305.82
45393		\$252.00
45395		\$1,958.98
45397		\$2,130.07
45398		\$877.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
45400		\$1,137.39
45402		\$1,512.72
45500		\$573.87
45505		\$616.64
45520		\$173.94
45540		\$1,058.62
45541		\$946.34
45550		\$1,461.40
45560		\$702.18
45562		\$1,135.61
45563		\$1,641.75
45800		\$1,259.30
45805		\$1,453.91
45820		\$1,262.50
45825		\$1,524.13
45900		\$213.51
45905		\$173.94
45910		\$196.40
45915		\$367.13
45990		\$105.15
46020		\$117.27
46030		\$270.89
46040		\$574.58
46045		\$448.76
46050		\$250.22
46060		\$499.73
46070		\$278.73
46080		\$300.83
46083		\$218.50
46200		\$499.01
46220		\$264.83
46221		\$297.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
46230		\$327.21
46250		\$498.66
46255		\$542.14
46257		\$431.29
46258		\$486.18
46260		\$491.88
46261		\$540.36
46262		\$591.69
46270		\$556.76
46275		\$588.48
46280		\$494.38
46285		\$585.98
46288		\$572.44
46320		\$224.20
46500		\$333.27
46505		\$327.92
46600		\$126.54
46601		\$155.41
46604		\$702.54
46606		\$298.34
46607		\$215.29
46608		\$309.39
46610		\$294.42
46611		\$236.67
46612		\$353.94
46614		\$178.93
46615		\$187.13
46700		\$670.10
46705		\$578.50
46706		\$180.36
46707		\$510.78
46710		\$1,104.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
46712		\$2,186.39
46715		\$559.61
46716		\$1,236.13
46730		\$1,974.67
46735		\$2,265.88
46740		\$2,150.75
46742		\$2,477.96
46744		\$3,479.55
46746		\$3,829.57
46748		\$4,146.44
46750		\$761.35
46751		\$673.67
46753		\$622.34
46754		\$366.06
46760		\$1,128.48
46761		\$927.45
46900		\$251.29
46910		\$276.60
46916		\$275.53
46917		\$475.84
46922		\$331.84
46924		\$582.06
46930		\$227.41
46940		\$280.16
46942		\$267.33
46945		\$352.16
46946		\$393.86
46947		\$393.51
46948		\$455.88
47000		\$321.15
47001		\$100.87
47010		\$1,204.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
47015		\$1,155.22
47100		\$847.25
47120		\$2,304.37
47122		\$3,360.14
47125		\$3,019.03
47130		\$3,241.80
47135		\$5,301.66
47140		\$3,510.91
47141		\$4,193.14
47142		\$4,605.18
47146		\$317.94
47147		\$370.70
47300		\$1,128.84
47350		\$1,355.53
47360		\$1,845.99
47361		\$2,964.14
47362		\$1,420.76
47370		\$1,240.05
47371		\$1,243.26
47380		\$1,428.25
47381		\$1,459.26
47382		\$3,928.30
47383		\$6,417.67
47400		\$2,113.68
47420		\$1,318.46
47425		\$1,351.61
47460		\$1,256.44
47480		\$877.19
47490		\$341.82
47531		\$456.24
47532		\$894.66
47533		\$1,246.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
47534		\$1,363.02
47535		\$949.91
47536		\$681.51
47537		\$528.24
47538		\$4,064.11
47539		\$4,522.84
47540		\$4,563.48
47541		\$1,237.20
47542		\$531.81
47543		\$415.61
47544		\$895.73
47550		\$159.68
47552		\$276.24
47553		\$276.24
47554		\$446.26
47555		\$328.99
47556		\$372.83
47562		\$656.20
47563		\$714.66
47564		\$1,108.52
47570		\$769.55
47600		\$1,060.76
47605		\$1,117.08
47610		\$1,237.91
47612		\$1,256.44
47620		\$1,355.53
47700		\$1,053.63
47701		\$1,713.40
47711		\$1,540.17
47712		\$1,963.26
47715		\$1,317.04
47720		\$1,147.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
47721		\$1,340.92
47740		\$1,300.29
47741		\$1,458.19
47760		\$2,217.76
47765		\$2,919.23
47780		\$2,430.55
47785		\$3,176.93
47800		\$1,546.23
47801		\$1,107.81
47802		\$1,507.02
47900		\$1,364.80
48000		\$1,850.63
48001		\$2,261.60
48020		\$1,168.40
48100		\$881.47
48102		\$544.28
48105		\$2,794.47
48120		\$1,101.39
48140		\$1,546.58
48145		\$1,608.60
48146		\$1,862.03
48148		\$1,237.55
48150		\$3,066.08
48152		\$2,837.96
48153		\$3,052.18
48154		\$2,849.72
48155		\$1,806.78
48400		\$103.72
48500		\$1,141.67
48510		\$1,089.99
48520		\$1,087.85
48540		\$1,288.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
48545		\$1,329.87
48547		\$1,762.59
48548		\$1,645.67
48552		\$228.12
48554		\$2,607.70
48556		\$1,281.39
49000		\$764.20
49002		\$1,030.46
49010		\$908.56
49013		\$442.70
49014		\$369.27
49020		\$1,577.95
49040		\$998.03
49060		\$1,087.14
49062		\$763.13
49082		\$223.84
49083		\$311.88
49084		\$105.15
49180		\$183.92
49185		\$1,363.38
49203		\$1,188.72
49204		\$1,512.72
49205		\$1,734.78
49215		\$2,188.89
49250		\$595.96
49255		\$794.14
49320		\$328.64
49321		\$345.03
49322		\$374.62
49323		\$636.24
49324		\$383.53
49325		\$408.83

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
49326		\$182.50
49327		\$126.18
49400		\$156.12
49402		\$847.25
49405		\$949.19
49406		\$949.55
49407		\$799.85
49411		\$511.13
49412		\$79.84
49418		\$1,053.27
49419		\$417.75
49421		\$220.28
49422		\$216.36
49423		\$635.17
49424		\$195.33
49425		\$776.32
49426		\$667.61
49427		\$38.85
49428		\$427.73
49429		\$453.75
49435		\$114.42
49436		\$572.08
49440		\$890.74
49441		\$1,009.79
49442		\$851.89
49446		\$856.52
49450		\$643.01
49451		\$686.50
49452		\$832.64
49460		\$756.72
49465		\$145.43
49491		\$794.86

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
49492		\$952.05
49495		\$409.19
49496		\$614.50
49500		\$418.81
49501		\$605.59
49505		\$522.89
49507		\$587.41
49520		\$631.25
49521		\$713.59
49525		\$573.51
49540		\$677.95
49550		\$577.07
49553		\$631.61
49555		\$603.45
49557		\$720.00
49591		\$336.48
49592		\$466.93
49593		\$562.82
49594		\$731.41
49595		\$756.36
49596		\$1,004.44
49600		\$731.77
49605		\$4,800.86
49606		\$1,121.00
49610		\$691.49
49611		\$610.58
49613		\$414.89
49614		\$561.39
49615		\$627.69
49616		\$841.91
49617		\$869.35
49618		\$1,216.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
49621		\$733.19
49622		\$904.64
49623		\$194.62
49650		\$434.14
49651		\$566.38
49900		\$822.30
49904		\$1,387.97
49905		\$344.68
50010		\$747.81
50020		\$1,025.83
50040		\$934.22
50045		\$941.00
50060		\$1,147.37
50065		\$1,215.81
50070		\$1,192.64
50075		\$1,464.60
50080		\$704.68
50081		\$1,133.83
50100		\$1,071.10
50120		\$957.75
50125		\$990.90
50130		\$1,041.16
50135		\$1,129.55
50200		\$550.34
50205		\$749.95
50220		\$1,056.13
50225		\$1,206.54
50230		\$1,283.53
50234		\$1,308.84
50236		\$1,473.51
50240		\$1,334.86
50250		\$1,225.79

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
50280		\$967.02
50290		\$907.85
50320		\$1,515.93
50327		\$210.65
50328		\$184.28
50329		\$175.37
50340		\$957.75
50360		\$2,405.24
50365		\$2,874.32
50370		\$1,210.82
50380		\$2,030.98
50382		\$1,074.30
50384		\$917.11
50385		\$1,078.94
50386		\$798.06
50387		\$596.68
50389		\$446.62
50390		\$95.17
50391		\$127.60
50396		\$117.98
50400		\$1,163.06
50405		\$1,403.30
50430		\$673.67
50431		\$345.39
50432		\$970.58
50433		\$1,209.04
50434		\$971.65
50435		\$644.80
50436		\$150.06
50437		\$250.22
50500		\$1,241.12
50520		\$1,147.73

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
50525		\$1,451.42
50526		\$1,553.36
50540		\$1,154.86
50541		\$923.89
50542		\$1,175.53
50543		\$1,498.82
50544		\$1,247.53
50545		\$1,340.21
50546		\$1,209.75
50547		\$1,608.25
50548		\$1,346.98
50551		\$368.91
50553		\$395.29
50555		\$419.88
50557		\$427.37
50561		\$484.40
50562		\$578.14
50570		\$489.03
50572		\$528.60
50574		\$562.46
50575		\$710.02
50576		\$561.03
50580		\$604.16
50590		\$763.13
50592		\$3,039.35
50593		\$4,068.38
50600		\$945.27
50605		\$998.03
50606		\$513.27
50610		\$952.05
50620		\$911.06
50630		\$900.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
50650		\$1,044.36
50660		\$1,150.58
50684		\$134.38
50686		\$148.28
50688		\$79.13
50690		\$125.11
50693		\$1,064.32
50694		\$1,192.29
50695		\$1,429.67
50700		\$934.58
50705		\$1,977.16
50706		\$896.09
50715		\$1,210.11
50722		\$1,030.82
50725		\$1,109.95
50727		\$519.33
50728		\$709.67
50740		\$1,210.11
50750		\$1,160.56
50760		\$1,133.83
50770		\$1,160.56
50780		\$1,114.23
50782		\$1,082.86
50783		\$1,134.90
50785		\$1,220.80
50800		\$934.94
50810		\$1,391.89
50815		\$1,234.34
50820		\$1,320.96
50825		\$1,654.59
50830		\$1,808.92
50840		\$1,241.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$1,266.07
50860		\$953.83
50900		\$852.24
50920		\$890.74
50930		\$1,109.59
50940		\$897.51
50945		\$977.00
50947		\$1,390.11
50948		\$1,279.26
50951		\$385.67
50953		\$408.12
50955		\$434.50
50957		\$438.78
50961		\$396.36
50970		\$369.27
50972		\$357.15
50974		\$470.50
50976		\$463.73
50980		\$355.01
51020		\$479.41
51030		\$482.26
51040		\$297.98
51045		\$506.50
51050		\$479.77
51060		\$592.40
51065		\$589.55
51080		\$417.03
51100		\$76.28
51101		\$162.89
51102		\$250.93
51500		\$646.93
51520		\$605.23

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
51525		\$867.93
51530		\$779.17
51535		\$789.15
51550		\$968.44
51555		\$1,266.78
51565		\$1,297.79
51570		\$1,479.57
51575		\$1,826.39
51580		\$1,903.74
51585		\$2,116.89
51590		\$1,935.46
51595		\$2,190.67
51596		\$2,363.54
51597		\$2,303.30
51600		\$226.69
51605		\$38.85
51610		\$135.80
51700		\$79.84
51701		\$45.98
51702		\$64.52
51703		\$156.48
51705		\$101.23
51710		\$141.86
51715		\$387.45
51720		\$91.25
51725		\$240.95
51725	26	\$76.63
51725	TC	\$164.32
51726		\$318.66
51726	26	\$85.55
51726	TC	\$233.11
51727		\$386.38

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
51727	26	\$106.57
51727	TC	\$279.80
51728		\$386.02
51728	26	\$104.79
51728	TC	\$281.23
51729		\$407.41
51729	26	\$126.54
51729	TC	\$280.87
51736		\$13.90
51736	26	\$8.55
51736	TC	\$5.35
51741		\$14.26
51741	26	\$8.55
51741	TC	\$5.70
51784		\$66.65
51784	26	\$37.78
51784	TC	\$28.87
51785		\$457.67
51785	26	\$88.75
51785	TC	\$368.91
51792		\$288.00
51792	26	\$54.89
51792	TC	\$233.11
51797		\$204.60
51797	26	\$40.28
51797	TC	\$164.32
51798		\$11.05
51800		\$1,046.86
51820		\$1,094.98
51840		\$708.96
51841		\$819.45
51845		\$591.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
51860		\$752.80
51865		\$903.93
51880		\$471.21
51900		\$833.71
51920		\$773.47
51925		\$1,098.90
51940		\$1,648.17
51960		\$1,393.67
51980		\$723.21
51990		\$752.44
51992		\$841.55
52000		\$253.43
52001		\$454.81
52005		\$319.37
52007		\$476.91
52010		\$401.71
52204		\$398.85
52214		\$794.86
52224		\$829.07
52234		\$245.59
52235		\$288.00
52240		\$390.66
52250		\$239.17
52260		\$210.65
52265		\$393.51
52270		\$442.70
52275		\$566.38
52276		\$263.76
52277		\$322.58
52281		\$342.54
52282		\$335.41
52283		\$369.27

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
52284		\$2,854.36
52285		\$366.06
52287		\$408.12
52290		\$243.45
52300		\$279.80
52301		\$289.43
52305		\$278.02
52310		\$333.98
52315		\$488.68
52317		\$932.09
52318		\$471.21
52320		\$245.59
52325		\$319.37
52327		\$258.06
52330		\$633.75
52332		\$423.09
52334		\$182.85
52341		\$283.72
52342		\$308.32
52343		\$343.25
52344		\$367.49
52345		\$392.79
52346		\$444.12
52351		\$301.90
52352		\$353.23
52353		\$390.66
52354		\$415.25
52355		\$465.15
52356		\$413.82
52400		\$481.19
52402		\$264.83
52441		\$1,352.68

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
52442		\$928.88
52450		\$482.97
52500		\$501.15
52601		\$735.69
52630		\$413.47
52640		\$329.71
52647		\$1,646.39
52648		\$1,697.00
52649		\$835.49
52700		\$450.18
53000		\$151.49
53010		\$304.04
53020		\$96.95
53025		\$69.51
53040		\$399.92
53060		\$194.26
53080		\$428.79
53085		\$658.34
53200		\$161.47
53210		\$785.23
53215		\$936.36
53220		\$459.81
53230		\$617.71
53235		\$643.73
53240		\$433.07
53250		\$404.20
53260		\$212.44
53265		\$235.61
53270		\$217.43
53275		\$266.62
53400		\$809.83
53405		\$882.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
53410		\$988.76
53415		\$1,138.11
53420		\$849.75
53425		\$944.56
53430		\$981.27
53431		\$1,160.92
53440		\$762.06
53442		\$797.35
53444		\$802.34
53445		\$767.77
53446		\$652.28
53447		\$816.24
53448		\$1,285.32
53449		\$623.41
53450		\$417.03
53460		\$465.51
53500		\$757.79
53502		\$494.02
53505		\$493.67
53510		\$642.30
53515		\$804.48
53520		\$568.52
53600		\$91.25
53601		\$88.40
53605		\$64.16
53620		\$177.86
53621		\$170.38
53660		\$78.77
53661		\$77.35
53665		\$38.14
53850		\$1,505.95
53852		\$1,468.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
53854		\$1,778.63
53855		\$699.33
53860		\$2,557.09
54000		\$169.66
54001		\$206.02
54015		\$308.68
54050		\$150.77
54055		\$143.64
54056		\$151.13
54057		\$149.35
54060		\$203.17
54065		\$231.68
54100		\$212.08
54105		\$285.15
54110		\$633.03
54111		\$807.69
54112		\$946.34
54115		\$468.36
54120		\$641.23
54125		\$833.71
54130		\$1,202.62
54135		\$1,518.43
54150		\$153.62
54160		\$228.48
54161		\$200.67
54162		\$265.55
54163		\$223.84
54164		\$198.54
54200		\$120.83
54205		\$541.07
54220		\$227.76
54230		\$109.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
54231		\$147.21
54235		\$92.32
54240		\$110.14
54240	26	\$65.94
54240	TC	\$44.20
54250		\$124.75
54250	26	\$109.78
54250	TC	\$14.97
54300		\$654.42
54304		\$756.72
54308		\$726.06
54312		\$828.72
54316		\$1,003.37
54318		\$722.14
54322		\$790.22
54324		\$977.35
54326		\$951.69
54328		\$945.27
54332		\$1,019.06
54336		\$1,197.63
54340		\$578.86
54344		\$953.47
54348		\$1,019.06
54352		\$1,422.90
54360		\$730.70
54380		\$809.11
54385		\$941.00
54390		\$1,251.10
54400		\$540.36
54401		\$677.95
54405		\$817.67
54406		\$741.03

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
54408		\$801.27
54410		\$873.99
54411		\$1,041.16
54415		\$540.72
54416		\$727.49
54417		\$908.92
54420		\$711.81
54430		\$648.36
54435		\$422.74
54437		\$688.99
54438		\$1,346.62
54450		\$69.86
54500		\$75.21
54505		\$213.51
54512		\$545.35
54520		\$333.98
54522		\$596.32
54530		\$517.55
54535		\$753.87
54550		\$499.73
54560		\$697.19
54600		\$460.87
54620		\$302.62
54640		\$436.28
54650		\$722.50
54660		\$366.42
54670		\$417.75
54680		\$797.00
54690		\$663.33
54692		\$763.49
54700		\$216.36
54800		\$125.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
54830		\$380.32
54840		\$328.99
54860		\$427.37
54861		\$577.79
54865		\$368.20
54900		\$810.54
54901		\$1,068.96
55000		\$124.75
55040		\$345.03
55041		\$521.11
55060		\$388.16
55100		\$239.17
55110		\$395.65
55120		\$362.85
55150		\$502.58
55175		\$373.19
55180		\$698.97
55200		\$397.78
55250		\$349.31
55300		\$186.77
55400		\$507.57
55500		\$399.21
55520		\$460.16
55530		\$359.29
55535		\$438.78
55540		\$554.97
55550		\$437.71
55600		\$430.22
55605		\$533.59
55650		\$727.85
55680		\$354.66
55700		\$251.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
55705		\$268.75
55706		\$382.81
55720		\$459.45
55725		\$605.94
55801		\$1,105.67
55810		\$1,314.90
55812		\$1,616.45
55815		\$1,769.00
55821		\$847.61
55831		\$869.35
55840		\$1,178.03
55842		\$1,178.38
55845		\$1,369.08
55860		\$883.97
55862		\$1,104.60
55865		\$1,343.77
55866		\$1,203.69
55867		\$1,057.20
55870		\$181.07
55873		\$6,132.52
55874		\$3,097.09
55875		\$794.50
55876		\$157.55
55880		\$988.76
55920		\$474.78
56405		\$154.34
56420		\$196.04
56440		\$184.63
56441		\$191.41
56442		\$48.48
56501		\$203.53
56515		\$289.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
56605		\$100.52
56606		\$39.56
56620		\$605.59
56625		\$685.43
56630		\$981.27
56631		\$1,206.90
56632		\$1,465.32
56633		\$1,255.37
56634		\$1,316.33
56637		\$1,539.81
56640		\$1,549.79
56700		\$209.94
56740		\$322.58
56800		\$259.49
56805		\$1,185.87
56810		\$278.38
56820		\$129.74
56821		\$173.59
57000		\$207.80
57010		\$470.50
57020		\$130.81
57022		\$186.42
57023		\$326.50
57061		\$176.44
57065		\$258.06
57100		\$107.29
57105		\$185.35
57106		\$552.84
57107		\$1,480.29
57109		\$1,755.10
57110		\$920.32
57111		\$1,755.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
57120		\$544.64
57130		\$241.66
57135		\$259.13
57150		\$60.95
57155		\$414.89
57156		\$240.24
57160		\$77.35
57170		\$80.91
57180		\$210.30
57200		\$342.18
57210		\$404.56
57220		\$357.51
57230		\$430.93
57240		\$627.33
57250		\$629.47
57260		\$793.43
57265		\$886.82
57267		\$251.29
57268		\$521.11
57270		\$829.43
57280		\$981.99
57282		\$708.60
57283		\$713.23
57284		\$846.54
57285		\$707.17
57287		\$762.78
57288		\$759.57
57289		\$811.25
57291		\$562.82
57292		\$843.69
57295		\$515.05
57296		\$974.15

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
57300		\$627.69
57305		\$999.10
57307		\$1,111.73
57308		\$681.87
57310		\$506.50
57311		\$569.59
57320		\$578.86
57330		\$782.02
57335		\$1,197.99
57400		\$130.81
57410		\$106.93
57415		\$180.71
57420		\$137.23
57421		\$183.57
57423		\$943.85
57425		\$988.40
57426		\$890.03
57452		\$131.53
57454		\$174.30
57455		\$167.17
57456		\$157.55
57460		\$330.77
57461		\$367.84
57465		\$56.32
57500		\$162.18
57505		\$163.61
57510		\$174.30
57511		\$209.23
57513		\$216.36
57520		\$367.49
57522		\$315.09
57530		\$385.31

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
57531		\$1,790.39
57540		\$806.98
57545		\$849.04
57550		\$444.12
57555		\$633.39
57556		\$601.67
57558		\$165.39
57700		\$370.70
57720		\$345.74
57800		\$81.27
58100		\$105.51
58110		\$50.97
58120		\$309.03
58140		\$948.13
58145		\$580.99
58146		\$1,171.61
58150		\$1,028.68
58152		\$1,255.02
58180		\$972.36
58200		\$1,362.31
58210		\$1,843.50
58240		\$2,967.70
58260		\$854.74
58262		\$943.13
58263		\$1,010.86
58267		\$1,088.21
58270		\$911.41
58275		\$1,006.94
58280		\$1,077.51
58285		\$1,442.15
58290		\$1,168.05
58291		\$1,261.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
58292		\$1,328.80
58294		\$1,234.70
58300		\$116.56
58301		\$114.42
58340		\$261.98
58346		\$517.90
58353		\$1,000.88
58356		\$1,797.16
58400		\$476.56
58410		\$831.21
58520		\$814.82
58540		\$932.80
58541		\$745.67
58542		\$845.83
58543		\$857.95
58544		\$923.17
58545		\$913.91
58546		\$1,128.13
58548		\$1,906.23
58550		\$896.44
58552		\$996.24
58553		\$1,134.19
58554		\$1,319.89
58555		\$382.81
58558		\$1,430.74
58559		\$285.51
58560		\$314.02
58561		\$358.93
58562		\$453.75
58563		\$2,283.34
58570		\$821.95
58571		\$923.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
58572		\$1,053.27
58573		\$1,233.99
58575		\$1,956.84
58580		\$3,304.18
58600		\$379.61
58605		\$345.39
58611		\$75.92
58615		\$259.84
58660		\$688.28
58661		\$661.55
58662		\$722.86
58670		\$380.32
58671		\$380.32
58672		\$741.39
58673		\$804.48
58674		\$826.22
58700		\$812.32
58720		\$772.04
58740		\$915.33
58760		\$836.56
58770		\$877.91
58800		\$376.40
58805		\$440.20
58820		\$350.38
58822		\$729.63
58825		\$723.93
58900		\$449.47
58920		\$728.92
58925		\$779.53
58940		\$567.45
58943		\$1,188.01
58950		\$1,172.32

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
58951		\$1,461.40
58952		\$1,669.91
58953		\$2,024.92
58954		\$2,188.17
58956		\$1,377.99
58957		\$1,609.32
58958		\$1,680.25
58960		\$1,013.00
59000		\$118.34
59001		\$172.87
59012		\$194.97
59015		\$156.12
59020		\$71.64
59020	26	\$36.00
59020	TC	\$35.64
59025		\$49.54
59025	26	\$28.52
59025	TC	\$21.03
59030		\$108.36
59050		\$48.48
59051		\$40.28
59070		\$397.43
59072		\$503.65
59074		\$380.68
59076		\$503.65
59100		\$844.76
59120		\$806.62
59121		\$806.62
59130		\$934.58
59136		\$886.46
59140		\$416.32
59150		\$782.74

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
59151		\$765.99
59160		\$280.52
59200		\$109.43
59300		\$234.89
59320		\$147.21
59325		\$233.47
59350		\$269.47
59400		\$2,377.80
59409		\$782.38
59410		\$1,038.66
59412		\$99.80
59414		\$87.68
59425		\$561.75
59426		\$1,027.25
59430		\$267.68
59510		\$2,610.20
59514		\$879.33
59515		\$1,270.70
59525		\$464.44
59610		\$2,469.40
59612		\$876.48
59614		\$1,109.95
59618		\$2,635.86
59620		\$907.49
59622		\$1,318.82
59812		\$367.13
59820		\$447.33
59821		\$439.13
59830		\$463.01
59840		\$252.71
59841		\$428.44
59850		\$388.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
59851		\$428.08
59852		\$589.19
59855		\$421.31
59856		\$491.17
59857		\$571.01
59866		\$230.97
59870		\$542.14
59871		\$129.74
60000		\$194.62
60100		\$114.42
60200		\$678.30
60210		\$713.95
60212		\$1,017.99
60220		\$716.44
60225		\$946.70
60240		\$922.82
60252		\$1,327.73
60254		\$1,680.61
60260		\$1,096.76
60270		\$1,363.73
60271		\$1,061.83
60280		\$470.14
60281		\$615.92
60300		\$112.99
60500		\$972.72
60502		\$1,299.93
60505		\$1,403.65
60512		\$238.81
60520		\$1,042.22
60521		\$1,100.32
60522		\$1,331.65
60540		\$1,072.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
60545		\$1,237.91
60600		\$1,337.00
60605		\$1,571.89
60650		\$1,180.52
61000		\$109.43
61001		\$103.72
61020		\$103.01
61026		\$106.22
61050		\$82.34
61055		\$118.69
61070		\$56.67
61105		\$461.59
61107		\$296.20
61108		\$893.95
61120		\$738.54
61140		\$1,239.69
61150		\$1,312.40
61151		\$970.94
61154		\$1,249.67
61156		\$1,198.70
61210		\$347.53
61215		\$515.05
61250		\$851.89
61253		\$970.94
61304		\$1,588.64
61305		\$1,941.16
61312		\$1,998.19
61313		\$1,922.63
61314		\$1,768.65
61315		\$2,000.69
61316		\$83.05
61320		\$1,830.31

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
61321		\$2,054.15
61322		\$2,301.52
61323		\$2,304.37
61330		\$1,739.77
61333		\$1,946.51
61340		\$1,400.09
61343		\$2,124.37
61345		\$1,976.81
61450		\$1,854.90
61458		\$1,951.85
61460		\$2,037.04
61500		\$1,291.37
61501		\$1,129.20
61510		\$2,136.13
61512		\$2,464.41
61514		\$1,857.75
61516		\$1,814.98
61517		\$82.34
61518		\$2,675.07
61519		\$2,838.32
61520		\$3,618.20
61521		\$3,048.97
61522		\$2,114.03
61524		\$2,016.37
61526		\$3,295.27
61530		\$2,951.31
61531		\$1,199.77
61533		\$1,483.49
61534		\$1,606.11
61535		\$987.69
61536		\$2,483.30
61537		\$2,362.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
61538		\$2,556.73
61539		\$2,278.00
61540		\$2,102.63
61541		\$2,079.10
61543		\$2,101.20
61544		\$1,835.30
61545		\$3,070.36
61546		\$2,228.45
61548		\$1,533.40
61550		\$1,175.89
61552		\$1,449.99
61556		\$1,658.86
61557		\$1,642.47
61558		\$1,827.10
61559		\$2,323.98
61563		\$1,917.64
61564		\$2,324.33
61566		\$2,163.22
61567		\$2,463.34
61570		\$1,814.98
61571		\$1,928.33
61575		\$2,414.15
61576		\$4,066.60
61580		\$2,530.35
61581		\$2,808.38
61582		\$3,127.74
61583		\$2,880.02
61584		\$2,850.43
61585		\$3,210.79
61586		\$2,526.79
61590		\$3,066.08
61591		\$3,098.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
61592		\$3,102.79
61595		\$2,402.75
61596		\$2,501.84
61597		\$2,889.64
61598		\$2,798.39
61600		\$2,164.29
61601		\$2,398.47
61605		\$2,225.96
61606		\$2,874.67
61607		\$2,662.95
61608		\$3,194.75
61611		\$441.98
61613		\$3,194.40
61615		\$2,763.82
61616		\$3,276.73
61618		\$1,271.41
61619		\$1,421.47
61623		\$556.76
61624		\$1,117.79
61626		\$878.26
61630		\$1,333.79
61635		\$1,442.50
61640		\$467.65
61641		\$164.32
61642		\$328.64
61645		\$816.60
61650		\$552.12
61651		\$236.67
61680		\$2,165.72
61682		\$3,973.57
61684		\$2,736.02
61686		\$4,296.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
61690		\$2,107.62
61692		\$3,495.59
61697		\$4,047.71
61698		\$4,423.75
61700		\$3,263.19
61702		\$3,851.67
61703		\$1,324.52
61705		\$2,506.12
61708		\$2,451.94
61710		\$2,069.84
61711		\$2,484.37
61720		\$1,238.98
61735		\$1,551.22
61736		\$902.50
61737		\$1,073.95
61750		\$1,367.65
61751		\$1,354.82
61760		\$1,540.17
61770		\$1,571.18
61781		\$223.49
61782		\$174.65
61783		\$221.70
61790		\$868.28
61791		\$1,100.68
61796		\$993.75
61797		\$207.09
61798		\$1,339.14
61799		\$286.22
61800		\$144.00
61850		\$964.52
61860		\$1,515.93
61863		\$1,466.03

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
61864		\$267.33
61867		\$2,201.72
61868		\$471.57
61880		\$582.78
61885		\$525.75
61886		\$873.99
61888		\$392.08
61889		\$1,296.01
61891		\$615.57
61892		\$855.81
62000		\$1,012.64
62005		\$1,239.69
62010		\$1,495.97
62100		\$1,544.80
62115		\$1,645.32
62117		\$1,899.81
62120		\$2,054.51
62121		\$1,567.61
62140		\$1,008.01
62141		\$1,120.64
62142		\$878.26
62143		\$1,024.40
62145		\$1,376.92
62146		\$1,218.66
62147		\$1,385.83
62148		\$119.05
62160		\$178.22
62161		\$1,479.93
62162		\$1,831.38
62164		\$2,032.41
62165		\$1,505.59
62180		\$1,552.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
62190		\$913.55
62192		\$957.75
62194		\$491.88
62200		\$1,338.42
62201		\$1,193.35
62220		\$947.41
62223		\$1,021.91
62225		\$533.94
62230		\$826.22
62252		\$84.48
62252	26	\$43.84
62252	TC	\$40.63
62256		\$605.23
62258		\$1,089.27
62263		\$672.24
62264		\$461.59
62267		\$280.16
62268		\$259.84
62269		\$265.90
62270		\$137.59
62272		\$182.50
62273		\$175.37
62280		\$343.96
62281		\$252.00
62282		\$331.49
62284		\$201.03
62287		\$581.71
62290		\$369.63
62291		\$340.40
62292		\$592.76
62294		\$931.73
62302		\$271.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
62303		\$276.60
62304		\$269.82
62305		\$293.70
62320		\$171.45
62321		\$276.24
62322		\$144.36
62323		\$272.68
62324		\$144.00
62325		\$266.97
62326		\$145.07
62327		\$283.37
62328		\$244.16
62329		\$299.05
62350		\$402.06
62351		\$896.09
62355		\$279.09
62360		\$321.51
62361		\$431.65
62362		\$387.80
62365		\$299.05
62367		\$32.79
62368		\$45.27
62369		\$96.59
62370		\$96.95
63001		\$1,207.61
63003		\$1,210.82
63005		\$1,180.17
63011		\$1,093.55
63012		\$1,179.10
63015		\$1,449.28
63016		\$1,495.97
63017		\$1,241.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
63020		\$1,089.27
63030		\$910.34
63035		\$225.98
63040		\$1,365.16
63042		\$1,285.32
63045		\$1,267.14
63046		\$1,214.38
63047		\$1,097.47
63048		\$203.17
63050		\$1,463.89
63051		\$1,673.48
63052		\$249.51
63053		\$221.35
63055		\$1,587.57
63056		\$1,467.46
63057		\$308.68
63064		\$1,739.06
63066		\$194.62
63075		\$1,338.78
63076		\$235.61
63077		\$1,498.11
63078		\$195.68
63081		\$1,726.94
63082		\$255.57
63085		\$1,886.98
63086		\$183.57
63087		\$2,360.69
63088		\$248.44
63090		\$1,921.20
63091		\$171.45
63101		\$2,268.73
63102		\$2,245.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$283.37
63170		\$1,550.51
63172		\$1,374.42
63173		\$1,675.62
63185		\$1,139.53
63190		\$1,251.10
63191		\$1,348.40
63197		\$1,662.07
63200		\$1,493.12
63250		\$2,849.37
63251		\$2,914.95
63252		\$2,914.24
63265		\$1,630.70
63266		\$1,677.40
63267		\$1,351.61
63268		\$1,380.48
63270		\$2,011.02
63271		\$2,012.81
63272		\$1,828.88
63273		\$1,812.49
63275		\$1,759.38
63276		\$1,741.91
63277		\$1,533.04
63278		\$1,552.64
63280		\$2,053.44
63281		\$2,034.55
63282		\$1,923.70
63283		\$1,848.13
63285		\$2,521.44
63286		\$2,496.49
63287		\$2,642.63
63290		\$2,686.83

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
63295		\$313.31
63300		\$1,780.05
63301		\$2,135.06
63302		\$2,109.76
63303		\$2,234.51
63304		\$2,270.87
63305		\$2,413.44
63306		\$2,372.81
63307		\$2,321.84
63308		\$306.54
63600		\$1,066.11
63610		\$553.55
63620		\$1,096.40
63621		\$238.46
63650		\$2,447.30
63655		\$832.64
63661		\$713.59
63662		\$842.26
63663		\$943.13
63664		\$876.48
63685		\$365.71
63688		\$377.11
63700		\$1,286.03
63702		\$1,401.51
63704		\$1,630.35
63706		\$1,805.00
63707		\$933.15
63709		\$1,105.31
63710		\$1,077.51
63740		\$971.65
63741		\$681.15
63744		\$673.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
63746		\$606.30
64400		\$116.20
64405		\$75.56
64408		\$85.55
64415		\$141.51
64416		\$79.13
64417		\$168.60
64418		\$90.54
64420		\$101.94
64421		\$34.22
64425		\$116.20
64430		\$103.01
64435		\$84.48
64445		\$168.60
64446		\$77.35
64447		\$121.90
64448		\$73.43
64449		\$63.09
64450		\$78.42
64451		\$240.60
64454		\$233.47
64455		\$51.68
64461		\$140.79
64462		\$74.85
64463		\$245.23
64479		\$278.38
64480		\$141.15
64483		\$259.13
64484		\$117.27
64486		\$117.62
64487		\$229.90
64488		\$145.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
64489		\$376.04
64490		\$199.96
64491		\$100.87
64492		\$101.58
64493		\$184.63
64494		\$94.46
64495		\$94.46
64505		\$146.50
64510		\$153.62
64517		\$202.81
64520		\$242.73
64530		\$243.45
64553		\$2,692.53
64555		\$2,298.67
64561		\$777.75
64566		\$123.68
64568		\$607.73
64569		\$760.28
64570		\$726.78
64575		\$312.60
64580		\$317.23
64581		\$662.62
64582		\$867.57
64583		\$881.83
64584		\$744.60
64585		\$253.07
64590		\$274.10
64595		\$242.73
64600		\$484.40
64605		\$672.24
64610		\$795.21
64611		\$131.53

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
64612		\$140.44
64615		\$152.91
64616		\$136.87
64617		\$169.31
64620		\$215.64
64624		\$410.62
64625		\$497.94
64628		\$455.53
64629		\$209.23
64630		\$263.05
64632		\$93.74
64633		\$461.23
64634		\$272.68
64635		\$465.51
64636		\$256.28
64640		\$259.13
64642		\$153.62
64643		\$94.10
64644		\$180.36
64645		\$121.90
64646		\$161.11
64647		\$183.57
64650		\$92.67
64653		\$108.71
64680		\$366.06
64681		\$484.04
64702		\$531.45
64704		\$336.12
64708		\$517.19
64712		\$606.66
64713		\$802.70
64714		\$770.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$527.17
64718		\$621.63
64719		\$421.67
64721		\$460.87
64722		\$373.19
64726		\$280.16
64727		\$181.78
64732		\$454.46
64734		\$513.27
64736		\$343.25
64738		\$468.00
64740		\$479.41
64742		\$512.20
64744		\$504.36
64746		\$429.15
64755		\$911.41
64760		\$522.18
64763		\$516.84
64766		\$636.60
64771		\$593.47
64772		\$571.73
64774		\$436.99
64776		\$410.26
64778		\$178.93
64782		\$468.72
64783		\$213.51
64784		\$737.83
64786		\$996.24
64787		\$235.61
64788		\$414.18
64790		\$849.04
64792		\$1,064.68

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
64795		\$191.05
64802		\$836.20
64804		\$1,167.33
64809		\$1,065.39
64818		\$789.87
64820		\$783.45
64821		\$712.88
64822		\$715.01
64823		\$807.33
64831		\$712.52
64832		\$331.84
64834		\$749.59
64835		\$829.07
64836		\$829.07
64837		\$359.65
64840		\$974.86
64856		\$1,020.13
64857		\$1,066.82
64858		\$1,184.44
64859		\$244.52
64861		\$1,482.78
64862		\$1,381.55
64864		\$879.33
64865		\$1,118.50
64866		\$1,272.13
64868		\$1,025.47
64872		\$114.42
64874		\$171.09
64876		\$193.90
64885		\$1,097.83
64886		\$1,317.04
64890		\$1,088.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
64891		\$1,157.00
64892		\$1,060.40
64893		\$1,129.55
64895		\$1,332.37
64896		\$1,435.73
64897		\$1,273.91
64898		\$1,379.06
64901		\$586.70
64902		\$679.73
64905		\$1,018.70
64907		\$1,306.70
64910		\$778.82
64911		\$1,039.73
64912		\$912.48
64913		\$172.87
65091		\$781.67
65093		\$775.61
65101		\$893.59
65103		\$919.97
65105		\$1,001.23
65110		\$1,375.49
65112		\$1,572.96
65114		\$1,641.40
65125		\$479.41
65130		\$896.44
65135		\$906.78
65140		\$973.43
65150		\$739.61
65155		\$1,011.93
65175		\$820.16
65205		\$29.94
65210		\$39.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
65220		\$62.38
65222		\$70.57
65235		\$756.00
65260		\$1,014.07
65265		\$1,140.60
65270		\$300.83
65272		\$553.90
65273		\$391.01
65275		\$613.79
65280		\$690.06
65285		\$1,135.61
65286		\$729.63
65290		\$504.72
65400		\$720.36
65410		\$148.63
65420		\$565.67
65426		\$701.47
65430		\$119.05
65435		\$85.55
65436		\$400.99
65450		\$341.47
65600		\$457.31
65710		\$1,178.74
65730		\$1,291.73
65750		\$1,299.57
65755		\$1,294.94
65756		\$1,210.11
65770		\$1,446.07
65772		\$474.06
65775		\$593.83
65778		\$1,414.70
65779		\$1,214.38

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
65780		\$691.49
65781		\$1,362.31
65782		\$1,176.96
65785		\$2,296.17
65800		\$124.04
65810		\$478.34
65815		\$671.89
65820		\$857.59
65850		\$869.00
65855		\$254.50
65860		\$319.01
65865		\$494.74
65870		\$614.50
65875		\$655.49
65880		\$688.28
65900		\$1,024.76
65920		\$816.96
65930		\$662.62
66020		\$207.09
66030		\$186.77
66130		\$734.98
66150		\$906.42
66155		\$905.71
66160		\$1,017.27
66170		\$1,126.70
66172		\$1,231.14
66174		\$643.37
66175		\$746.38
66179		\$1,112.44
66180		\$1,172.32
66183		\$1,060.40
66184		\$817.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
66185		\$877.55
66225		\$962.74
66250		\$786.30
66500		\$412.76
66505		\$448.04
66600		\$942.42
66605		\$1,124.92
66625		\$442.34
66630		\$583.85
66635		\$589.19
66680		\$538.58
66682		\$744.24
66700		\$469.43
66710		\$459.09
66711		\$523.25
66720		\$485.82
66740		\$455.88
66761		\$311.88
66762		\$495.45
66770		\$548.91
66820		\$493.31
66821		\$347.88
66825		\$867.93
66830		\$728.92
66840		\$712.88
66850		\$810.54
66852		\$861.87
66920		\$769.91
66930		\$881.11
66940		\$806.62
66982		\$765.63
66984		\$559.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
66985		\$792.01
66986		\$928.16
66989		\$877.55
66990		\$89.82
66991		\$702.54
67005		\$490.82
67010		\$561.03
67015		\$626.62
67025		\$770.62
67027		\$870.42
67028		\$117.27
67030		\$578.86
67031		\$403.49
67036		\$920.32
67039		\$984.84
67040		\$1,062.19
67041		\$1,171.61
67042		\$1,171.26
67043		\$1,234.70
67101		\$347.88
67105		\$306.89
67107		\$1,151.29
67108		\$1,218.31
67110		\$922.82
67113		\$1,362.31
67115		\$514.34
67120		\$697.91
67121		\$927.81
67141		\$280.87
67145		\$252.36
67208		\$621.63
67210		\$532.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
67218		\$1,428.25
67220		\$548.56
67221		\$281.94
67225		\$29.94
67227		\$305.82
67228		\$350.73
67229		\$1,187.29
67250		\$946.70
67255		\$710.74
67311		\$469.07
67312		\$682.22
67314		\$469.07
67316		\$731.05
67318		\$706.10
67320		\$208.87
67331		\$199.61
67332		\$214.58
67334		\$196.75
67335		\$191.41
67340		\$297.63
67343		\$691.49
67345		\$248.08
67346		\$196.04
67400		\$1,083.93
67405		\$946.34
67412		\$1,037.95
67413		\$1,009.79
67414		\$1,510.23
67415		\$104.79
67416		\$125.47
67420		\$1,812.84
67430		\$1,447.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
67440		\$1,404.72
67445		\$1,588.64
67450		\$1,454.98
67500		\$79.13
67505		\$89.47
67515		\$53.47
67550		\$1,134.54
67560		\$1,157.00
67570		\$1,329.87
67700		\$301.90
67710		\$258.42
67715		\$280.16
67800		\$134.38
67801		\$170.02
67805		\$211.72
67808		\$379.25
67810		\$195.68
67820		\$19.96
67825		\$141.15
67830		\$285.51
67835		\$454.81
67840		\$296.20
67850		\$228.83
67875		\$192.12
67880		\$488.68
67882		\$595.96
67900		\$677.59
67901		\$833.71
67902		\$746.74
67903		\$629.11
67904		\$771.69
67906		\$518.97

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
67908		\$566.74
67909		\$574.22
67911		\$574.58
67912		\$952.76
67914		\$513.98
67915		\$334.34
67916		\$640.16
67917		\$653.71
67921		\$504.00
67922		\$324.36
67923		\$640.52
67924		\$681.15
67930		\$387.80
67935		\$624.48
67938		\$289.78
67950		\$610.58
67961		\$614.50
67966		\$808.76
67971		\$737.83
67973		\$947.41
67974		\$945.63
67975		\$698.97
68020		\$126.54
68040		\$64.52
68100		\$189.63
68110		\$249.15
68115		\$350.73
68130		\$577.79
68135		\$163.96
68200		\$43.13
68320		\$778.46
68325		\$674.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
68326		\$661.91
68328		\$723.57
68330		\$652.28
68335		\$664.04
68340		\$633.75
68360		\$567.81
68362		\$673.31
68371		\$424.52
68400		\$314.73
68420		\$350.38
68440		\$109.07
68500		\$1,102.82
68505		\$1,098.19
68510		\$472.99
68520		\$766.70
68525		\$262.69
68530		\$455.88
68540		\$1,019.41
68550		\$1,269.28
68700		\$619.13
68705		\$276.24
68720		\$840.48
68745		\$845.47
68750		\$891.81
68760		\$232.04
68761		\$153.62
68770		\$645.15
68801		\$101.23
68810		\$168.60
68811		\$139.01
68815		\$396.36
68816		\$915.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
68840		\$139.37
68841		\$39.56
68850		\$60.59
69000		\$196.40
69005		\$229.90
69020		\$248.79
69100		\$101.58
69105		\$154.34
69110		\$497.23
69120		\$407.41
69140		\$951.69
69145		\$437.35
69150		\$1,046.15
69155		\$1,682.74
69200		\$83.76
69205		\$99.45
69209		\$16.04
69210		\$49.19
69220		\$81.62
69222		\$229.19
69300		\$681.87
69310		\$1,175.53
69320		\$1,635.69
69420		\$202.46
69421		\$158.61
69424		\$135.80
69433		\$213.51
69436		\$166.10
69440		\$726.42
69450		\$576.00
69501		\$741.03
69502		\$982.70

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
69505		\$1,290.31
69511		\$1,319.53
69530		\$1,749.04
69535		\$2,759.90
69540		\$225.27
69550		\$1,117.43
69552		\$1,654.94
69554		\$2,618.75
69601		\$1,060.05
69602		\$1,135.97
69603		\$1,346.98
69604		\$1,160.21
69610		\$400.28
69620		\$785.59
69631		\$933.51
69632		\$1,132.76
69633		\$1,099.61
69635		\$1,336.29
69636		\$1,477.79
69637		\$1,471.38
69641		\$1,089.63
69642		\$1,395.81
69643		\$1,277.12
69644		\$1,577.59
69645		\$1,548.72
69646		\$1,641.75
69650		\$839.77
69660		\$963.45
69661		\$1,254.66
69662		\$1,200.13
69666		\$844.76
69667		\$845.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
69670		\$985.55
69676		\$873.63
69700		\$694.70
69705		\$2,955.94
69706		\$3,052.54
69711		\$875.06
69714		\$511.13
69716		\$640.16
69717		\$578.86
69719		\$663.33
69720		\$1,240.05
69725		\$1,929.04
69726		\$493.67
69727		\$549.63
69728		\$611.65
69729		\$691.85
69730		\$707.53
69740		\$1,203.33
69745		\$1,284.25
69801		\$240.24
69805		\$1,065.04
69806		\$957.04
69905		\$959.89
69910		\$1,027.25
69915		\$1,549.79
69930		\$1,257.16
69950		\$1,792.88
69955		\$2,027.78
69960		\$1,937.60
69970		\$2,190.31
69990		\$205.66
70010		\$59.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70015		\$178.93
70015	26	\$59.17
70015	TC	\$119.76
70030		\$34.57
70030	26	\$9.27
70030	TC	\$25.31
70100		\$40.99
70100	26	\$9.27
70100	TC	\$31.72
70110		\$45.98
70110	26	\$12.48
70110	TC	\$33.51
70120		\$40.99
70120	26	\$9.27
70120	TC	\$31.72
70130		\$66.30
70130	26	\$17.11
70130	TC	\$49.19
70134		\$65.58
70134	26	\$18.18
70134	TC	\$47.41
70140		\$34.22
70140	26	\$10.34
70140	TC	\$23.88
70150		\$49.90
70150	26	\$13.19
70150	TC	\$36.71
70160		\$40.63
70160	26	\$8.91
70160	TC	\$31.72
70170	26	\$14.97
70190		\$39.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70190	26	\$11.41
70190	TC	\$28.52
70200		\$50.97
70200	26	\$14.26
70200	TC	\$36.71
70210		\$34.22
70210	26	\$8.91
70210	TC	\$25.31
70220		\$39.92
70220	26	\$11.05
70220	TC	\$28.87
70240		\$34.93
70240	26	\$9.62
70240	TC	\$25.31
70250		\$38.14
70250	26	\$9.27
70250	TC	\$28.87
70260		\$47.41
70260	26	\$14.26
70260	TC	\$33.15
70300		\$13.54
70300	26	\$5.35
70300	TC	\$8.20
70310		\$41.70
70310	26	\$8.20
70310	TC	\$33.51
70320		\$55.96
70320	26	\$11.41
70320	TC	\$44.55
70328		\$36.71
70328	26	\$9.27
70328	TC	\$27.45

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70330		\$56.32
70330	26	\$12.12
70330	TC	\$44.20
70332		\$89.82
70332	26	\$27.09
70332	TC	\$62.73
70336		\$294.42
70336	26	\$72.71
70336	TC	\$221.70
70350		\$17.11
70350	26	\$8.91
70350	TC	\$8.20
70355		\$18.89
70355	26	\$10.34
70355	TC	\$8.55
70360		\$33.51
70360	26	\$9.27
70360	TC	\$24.24
70370		\$106.22
70370	26	\$15.33
70370	TC	\$90.89
70371		\$114.77
70371	26	\$42.77
70371	TC	\$72.00
70380		\$39.92
70380	26	\$8.55
70380	TC	\$31.37
70390		\$125.82
70390	26	\$18.89
70390	TC	\$106.93
70450		\$116.20
70450	26	\$42.06

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70450	TC	\$74.14
70460		\$162.18
70460	26	\$55.96
70460	TC	\$106.22
70470		\$190.69
70470	26	\$62.73
70470	TC	\$127.96
70480		\$173.94
70480	26	\$63.80
70480	TC	\$110.14
70481		\$198.89
70481	26	\$55.96
70481	TC	\$142.93
70482		\$232.04
70482	26	\$62.38
70482	TC	\$169.66
70486		\$140.79
70486	26	\$42.42
70486	TC	\$98.38
70487		\$166.81
70487	26	\$55.96
70487	TC	\$110.85
70488		\$203.17
70488	26	\$62.73
70488	TC	\$140.44
70490		\$164.67
70490	26	\$63.80
70490	TC	\$100.87
70491		\$202.81
70491	26	\$68.44
70491	TC	\$134.38
70492		\$244.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70492	26	\$79.84
70492	TC	\$164.32
70496		\$275.88
70496	26	\$86.61
70496	TC	\$189.27
70498		\$275.88
70498	26	\$86.61
70498	TC	\$189.27
70540		\$250.58
70540	26	\$66.30
70540	TC	\$184.28
70542		\$297.98
70542	26	\$80.20
70542	TC	\$217.78
70543		\$375.69
70543	26	\$105.86
70543	TC	\$269.82
70544		\$238.10
70544	26	\$59.53
70544	TC	\$178.58
70545		\$251.29
70545	26	\$59.17
70545	TC	\$192.12
70546		\$364.64
70546	26	\$73.07
70546	TC	\$291.57
70547		\$238.46
70547	26	\$59.53
70547	TC	\$178.93
70548		\$271.61
70548	26	\$74.14
70548	TC	\$197.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
70549		\$382.10
70549	26	\$89.11
70549	TC	\$292.99
70551		\$216.00
70551	26	\$73.43
70551	TC	\$142.58
70552		\$299.05
70552	26	\$88.40
70552	TC	\$210.65
70553		\$352.16
70553	26	\$113.35
70553	TC	\$238.81
70554		\$419.88
70554	26	\$104.44
70554	TC	\$315.45
70555	26	\$124.04
70557	26	\$156.83
70558	26	\$173.23
70559	26	\$162.89
71045		\$27.45
71045	26	\$9.27
71045	TC	\$18.18
71046		\$35.64
71046	26	\$11.05
71046	TC	\$24.59
71047		\$44.91
71047	26	\$13.90
71047	TC	\$31.01
71048		\$49.19
71048	26	\$15.68
71048	TC	\$33.51
71100		\$39.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
71100	26	\$11.41
71100	TC	\$27.80
71101		\$44.91
71101	26	\$13.54
71101	TC	\$31.37
71110		\$46.69
71110	26	\$14.61
71110	TC	\$32.08
71111		\$55.60
71111	26	\$16.04
71111	TC	\$39.56
71120		\$35.64
71120	26	\$9.98
71120	TC	\$25.66
71130		\$43.84
71130	26	\$11.05
71130	TC	\$32.79
71250		\$145.78
71250	26	\$53.47
71250	TC	\$92.32
71260		\$183.21
71260	26	\$57.74
71260	TC	\$125.47
71270		\$216.36
71270	26	\$61.66
71270	TC	\$154.69
71271		\$150.77
71271	26	\$53.47
71271	TC	\$97.31
71275		\$279.09
71275	26	\$89.82
71275	TC	\$189.27

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
71550		\$317.59
71550	26	\$72.36
71550	TC	\$245.23
71551		\$416.32
71551	26	\$85.55
71551	TC	\$330.77
71552		\$499.01
71552	26	\$113.35
71552	TC	\$387.09
71555		\$369.63
71555	26	\$88.75
71555	TC	\$280.87
72020		\$26.02
72020	26	\$8.20
72020	TC	\$17.82
72040		\$42.06
72040	26	\$11.41
72040	TC	\$30.65
72050		\$56.67
72050	26	\$13.90
72050	TC	\$42.77
72052		\$65.94
72052	26	\$14.97
72052	TC	\$50.97
72070		\$34.93
72070	26	\$10.34
72070	TC	\$24.59
72072		\$41.70
72072	26	\$11.41
72072	TC	\$30.30
72074		\$47.05
72074	26	\$12.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
72074	TC	\$34.57
72080		\$36.71
72080	26	\$10.69
72080	TC	\$26.02
72081		\$45.27
72081	26	\$13.19
72081	TC	\$32.08
72082		\$74.50
72082	26	\$15.68
72082	TC	\$58.81
72083		\$84.12
72083	26	\$18.18
72083	TC	\$65.94
72084		\$105.51
72084	26	\$21.03
72084	TC	\$84.48
72100		\$42.42
72100	26	\$11.41
72100	TC	\$31.01
72110		\$54.54
72110	26	\$13.19
72110	TC	\$41.35
72114		\$65.58
72114	26	\$15.33
72114	TC	\$50.26
72120		\$43.13
72120	26	\$11.41
72120	TC	\$31.72
72125		\$142.22
72125	26	\$49.19
72125	TC	\$93.03
72126		\$185.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
72126	26	\$60.24
72126	TC	\$125.11
72127		\$217.07
72127	26	\$62.38
72127	TC	\$154.69
72128		\$142.22
72128	26	\$49.19
72128	TC	\$93.03
72129		\$186.42
72129	26	\$60.24
72129	TC	\$126.18
72130		\$219.21
72130	26	\$62.73
72130	TC	\$156.48
72131		\$141.51
72131	26	\$49.19
72131	TC	\$92.32
72132		\$185.70
72132	26	\$60.24
72132	TC	\$125.47
72133		\$217.78
72133	26	\$62.73
72133	TC	\$155.05
72141		\$209.94
72141	26	\$73.43
72141	TC	\$136.52
72142		\$304.75
72142	26	\$88.75
72142	TC	\$216.00
72146		\$209.94
72146	26	\$73.43
72146	TC	\$136.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
72147		\$302.26
72147	26	\$88.40
72147	TC	\$213.86
72148		\$210.65
72148	26	\$73.43
72148	TC	\$137.23
72149		\$299.41
72149	26	\$88.40
72149	TC	\$211.01
72156		\$353.94
72156	26	\$113.35
72156	TC	\$240.60
72157		\$354.66
72157	26	\$113.35
72157	TC	\$241.31
72158		\$353.23
72158	26	\$113.35
72158	TC	\$239.88
72159		\$383.53
72159	26	\$89.47
72159	TC	\$294.06
72170		\$29.58
72170	26	\$8.91
72170	TC	\$20.67
72190		\$44.91
72190	26	\$12.83
72190	TC	\$32.08
72191		\$277.67
72191	26	\$88.40
72191	TC	\$189.27
72192		\$145.78
72192	26	\$53.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
72192	TC	\$91.96
72193		\$246.66
72193	26	\$57.39
72193	TC	\$189.27
72194		\$249.86
72194	26	\$60.24
72194	TC	\$189.63
72195		\$253.78
72195	26	\$72.36
72195	TC	\$181.43
72196		\$297.98
72196	26	\$85.90
72196	TC	\$212.08
72197		\$373.90
72197	26	\$108.36
72197	TC	\$265.55
72198		\$374.26
72198	26	\$88.40
72198	TC	\$285.86
72200		\$34.93
72200	26	\$8.55
72200	TC	\$26.38
72202		\$41.70
72202	26	\$11.41
72202	TC	\$30.30
72220		\$34.57
72220	26	\$8.91
72220	TC	\$25.66
72240		\$121.55
72240	26	\$45.98
72240	TC	\$75.56
72255		\$126.54

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
72255	26	\$47.76
72255	TC	\$78.77
72265		\$116.20
72265	26	\$41.35
72265	TC	\$74.85
72270		\$174.65
72270	26	\$68.79
72270	TC	\$105.86
72285		\$136.52
72285	26	\$58.10
72285	TC	\$78.42
72295		\$117.62
72295	26	\$41.35
72295	TC	\$76.28
73000		\$34.22
73000	26	\$8.55
73000	TC	\$25.66
73010		\$24.95
73010	26	\$9.27
73010	TC	\$15.68
73020		\$22.81
73020	26	\$7.84
73020	TC	\$14.97
73030		\$36.71
73030	26	\$9.62
73030	TC	\$27.09
73040		\$140.08
73040	26	\$27.80
73040	TC	\$112.28
73050		\$30.30
73050	26	\$9.62
73050	TC	\$20.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73060		\$34.22
73060	26	\$8.55
73060	TC	\$25.66
73070		\$31.01
73070	26	\$8.55
73070	TC	\$22.46
73080		\$34.57
73080	26	\$8.91
73080	TC	\$25.66
73085		\$118.69
73085	26	\$28.16
73085	TC	\$90.54
73090		\$31.01
73090	26	\$8.20
73090	TC	\$22.81
73092		\$33.51
73092	26	\$8.20
73092	TC	\$25.31
73100		\$36.00
73100	26	\$8.55
73100	TC	\$27.45
73110		\$43.49
73110	26	\$8.91
73110	TC	\$34.57
73115		\$144.36
73115	26	\$28.16
73115	TC	\$116.20
73120		\$33.15
73120	26	\$8.55
73120	TC	\$24.59
73130		\$39.21
73130	26	\$8.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73130	TC	\$30.30
73140		\$40.28
73140	26	\$7.13
73140	TC	\$33.15
73200		\$161.47
73200	26	\$49.19
73200	TC	\$112.28
73201		\$222.42
73201	26	\$57.39
73201	TC	\$165.03
73202		\$249.51
73202	26	\$60.24
73202	TC	\$189.27
73206		\$277.67
73206	26	\$88.40
73206	TC	\$189.27
73218		\$312.24
73218	26	\$67.01
73218	TC	\$245.23
73219		\$369.63
73219	26	\$80.20
73219	TC	\$289.43
73220		\$456.60
73220	26	\$106.22
73220	TC	\$350.38
73221		\$223.49
73221	26	\$67.37
73221	TC	\$156.12
73222		\$348.60
73222	26	\$80.55
73222	TC	\$268.04
73223		\$430.93

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73223	26	\$106.57
73223	TC	\$324.36
73225		\$379.96
73225	26	\$85.90
73225	TC	\$294.06
73501		\$34.93
73501	26	\$9.62
73501	TC	\$25.31
73502		\$49.90
73502	26	\$11.41
73502	TC	\$38.50
73503		\$63.09
73503	26	\$13.90
73503	TC	\$49.19
73521		\$43.84
73521	26	\$11.41
73521	TC	\$32.44
73522		\$57.03
73522	26	\$14.97
73522	TC	\$42.06
73523		\$65.58
73523	26	\$15.68
73523	TC	\$49.90
73525		\$139.01
73525	26	\$28.87
73525	TC	\$110.14
73551		\$31.01
73551	26	\$8.55
73551	TC	\$22.46
73552		\$37.78
73552	26	\$9.27
73552	TC	\$28.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73560		\$36.36
73560	26	\$8.55
73560	TC	\$27.80
73562		\$43.13
73562	26	\$9.62
73562	TC	\$33.51
73564		\$49.54
73564	26	\$11.76
73564	TC	\$37.78
73565		\$42.42
73565	26	\$8.91
73565	TC	\$33.51
73580		\$135.45
73580	26	\$31.01
73580	TC	\$104.44
73590		\$33.51
73590	26	\$8.20
73590	TC	\$25.31
73592		\$33.51
73592	26	\$8.20
73592	TC	\$25.31
73600		\$34.57
73600	26	\$8.55
73600	TC	\$26.02
73610		\$39.21
73610	26	\$8.91
73610	TC	\$30.30
73615		\$137.94
73615	26	\$28.16
73615	TC	\$109.78
73620		\$29.94
73620	26	\$7.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73620	TC	\$22.10
73630		\$36.36
73630	26	\$8.55
73630	TC	\$27.80
73650		\$30.30
73650	26	\$8.20
73650	TC	\$22.10
73660		\$31.01
73660	26	\$6.77
73660	TC	\$24.24
73700		\$141.86
73700	26	\$49.19
73700	TC	\$92.67
73701		\$183.21
73701	26	\$57.39
73701	TC	\$125.82
73702		\$214.93
73702	26	\$59.88
73702	TC	\$155.05
73706		\$282.30
73706	26	\$93.03
73706	TC	\$189.27
73718		\$247.72
73718	26	\$66.65
73718	TC	\$181.07
73719		\$291.21
73719	26	\$80.20
73719	TC	\$211.01
73720		\$374.26
73720	26	\$106.22
73720	TC	\$268.04
73721		\$223.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
73721	26	\$67.01
73721	TC	\$156.12
73722		\$348.95
73722	26	\$80.55
73722	TC	\$268.40
73723		\$429.51
73723	26	\$106.22
73723	TC	\$323.29
73725		\$371.41
73725	26	\$88.75
73725	TC	\$282.66
74018		\$31.72
74018	26	\$9.27
74018	TC	\$22.46
74019		\$39.21
74019	26	\$11.76
74019	TC	\$27.45
74021		\$45.62
74021	26	\$13.54
74021	TC	\$32.08
74022		\$52.75
74022	26	\$16.04
74022	TC	\$36.71
74150		\$149.70
74150	26	\$58.81
74150	TC	\$90.89
74160		\$252.00
74160	26	\$62.73
74160	TC	\$189.27
74170		\$258.42
74170	26	\$68.79
74170	TC	\$189.63

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
74174		\$419.88
74174	26	\$108.00
74174	TC	\$311.88
74175		\$278.73
74175	26	\$89.47
74175	TC	\$189.27
74176		\$200.32
74176	26	\$86.26
74176	TC	\$114.06
74177		\$337.19
74177	26	\$90.18
74177	TC	\$247.01
74178		\$377.82
74178	26	\$99.09
74178	TC	\$278.73
74181		\$216.71
74181	26	\$72.36
74181	TC	\$144.36
74182		\$336.12
74182	26	\$85.55
74182	TC	\$250.58
74183		\$375.33
74183	26	\$108.36
74183	TC	\$266.97
74185		\$373.55
74185	26	\$88.40
74185	TC	\$285.15
74190	26	\$22.81
74210		\$103.01
74210	26	\$29.23
74210	TC	\$73.78
74220		\$105.51

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	\$29.94
74220	TC	\$75.56
74221		\$118.69
74221	26	\$34.57
74221	TC	\$84.12
74230		\$135.09
74230	26	\$26.38
74230	TC	\$108.71
74235	26	\$59.17
74240		\$132.24
74240	26	\$39.92
74240	TC	\$92.32
74246		\$150.06
74246	26	\$44.20
74246	TC	\$105.86
74248		\$88.40
74248	26	\$34.57
74248	TC	\$53.82
74250		\$131.53
74250	26	\$39.92
74250	TC	\$91.60
74251		\$247.72
74251	26	\$58.10
74251	TC	\$189.63
74261		\$231.33
74261	26	\$118.69
74261	TC	\$112.63
74262		\$313.31
74262	26	\$123.68
74262	TC	\$189.63
74263		\$731.41
74263	26	\$113.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
74263	TC	\$618.06
74270		\$165.39
74270	26	\$51.33
74270	TC	\$114.06
74280		\$238.10
74280	26	\$62.02
74280	TC	\$176.08
74283		\$272.32
74283	26	\$103.72
74283	TC	\$168.60
74290		\$92.67
74290	26	\$16.04
74290	TC	\$76.63
74300	26	\$13.54
74301	26	\$10.34
74328	26	\$23.88
74329	26	\$24.24
74330	26	\$28.52
74340	26	\$26.73
74355	26	\$37.78
74360	26	\$27.45
74363	26	\$43.13
74400		\$145.07
74400	26	\$24.24
74400	TC	\$120.83
74410		\$150.77
74410	26	\$23.88
74410	TC	\$126.89
74415		\$165.74
74415	26	\$24.24
74415	TC	\$141.51
74420		\$81.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
74420	26	\$25.31
74420	TC	\$56.32
74425		\$146.14
74425	26	\$24.95
74425	TC	\$121.19
74430		\$43.49
74430	26	\$15.68
74430	TC	\$27.80
74440		\$103.72
74440	26	\$18.53
74440	TC	\$85.19
74445	26	\$55.25
74450	26	\$16.40
74455		\$111.92
74455	26	\$16.40
74455	TC	\$95.53
74470	26	\$26.02
74485		\$126.54
74485	26	\$40.63
74485	TC	\$85.90
74712		\$393.86
74712	26	\$148.63
74712	TC	\$245.23
74713		\$219.57
74713	26	\$91.96
74713	TC	\$127.60
74740		\$101.94
74740	26	\$18.89
74740	TC	\$83.05
74742	26	\$30.30
74775	26	\$31.01
75557		\$307.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	\$115.13
75557	TC	\$192.48
75559		\$413.11
75559	26	\$142.58
75559	TC	\$270.54
75561		\$403.13
75561	26	\$127.25
75561	TC	\$275.88
75563		\$469.07
75563	26	\$145.07
75563	TC	\$324.00
75565		\$50.26
75565	26	\$12.12
75565	TC	\$38.14
75571		\$109.07
75571	26	\$28.87
75571	TC	\$80.20
75572		\$248.44
75572	26	\$85.90
75572	TC	\$162.54
75573		\$314.38
75573	26	\$125.11
75573	TC	\$189.27
75574		\$306.89
75574	26	\$117.62
75574	TC	\$189.27
75580		\$964.88
75580	26	\$36.36
75580	TC	\$928.52
75600		\$195.68
75600	26	\$23.52
75600	TC	\$172.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
75605		\$126.18
75605	26	\$53.82
75605	TC	\$72.36
75625		\$130.81
75625	26	\$67.01
75625	TC	\$63.80
75630		\$163.25
75630	26	\$94.81
75630	TC	\$68.44
75635		\$306.18
75635	26	\$116.56
75635	TC	\$189.63
75705		\$256.28
75705	26	\$114.42
75705	TC	\$141.86
75710		\$155.76
75710	26	\$82.34
75710	TC	\$73.43
75716		\$168.95
75716	26	\$92.67
75716	TC	\$76.28
75726		\$179.29
75726	26	\$96.59
75726	TC	\$82.69
75731		\$161.82
75731	26	\$56.67
75731	TC	\$105.15
75733		\$178.93
75733	26	\$63.45
75733	TC	\$115.49
75736		\$150.06
75736	26	\$53.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
75736	TC	\$96.59
75741		\$137.59
75741	26	\$62.02
75741	TC	\$75.56
75743		\$155.76
75743	26	\$78.77
75743	TC	\$76.99
75746		\$142.22
75746	26	\$54.54
75746	TC	\$87.68
75756		\$169.66
75756	26	\$55.96
75756	TC	\$113.70
75774		\$101.94
75774	26	\$47.41
75774	TC	\$54.54
75801	26	\$42.42
75803	26	\$58.10
75805	26	\$40.28
75807	26	\$54.18
75809		\$86.97
75809	26	\$23.88
75809	TC	\$63.09
75810	26	\$49.19
75820		\$114.77
75820	26	\$50.61
75820	TC	\$64.16
75822		\$139.37
75822	26	\$69.86
75822	TC	\$69.51
75825		\$119.05
75825	26	\$53.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
75825	TC	\$65.58
75827		\$124.75
75827	26	\$54.18
75827	TC	\$70.57
75831		\$126.54
75831	26	\$53.11
75831	TC	\$73.43
75833		\$152.91
75833	26	\$69.86
75833	TC	\$83.05
75840		\$136.87
75840	26	\$56.67
75840	TC	\$80.20
75842		\$168.24
75842	26	\$74.14
75842	TC	\$94.10
75860		\$132.59
75860	26	\$54.89
75860	TC	\$77.70
75870		\$163.61
75870	26	\$58.81
75870	TC	\$104.79
75872		\$136.87
75872	26	\$56.67
75872	TC	\$80.20
75880		\$114.77
75880	26	\$34.93
75880	TC	\$79.84
75885		\$143.64
75885	26	\$66.65
75885	TC	\$76.99
75887		\$145.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
75887	26	\$67.72
75887	TC	\$78.06
75889		\$130.46
75889	26	\$53.11
75889	TC	\$77.35
75891		\$131.17
75891	26	\$53.47
75891	TC	\$77.70
75893		\$109.78
75893	26	\$25.66
75893	TC	\$84.12
75894	26	\$69.86
75898	26	\$88.75
75901		\$246.30
75901	26	\$23.17
75901	TC	\$223.13
75902		\$95.88
75902	26	\$18.89
75902	TC	\$76.99
75956	26	\$324.00
75957	26	\$277.67
75958	26	\$184.28
75959	26	\$161.47
75970	26	\$38.85
75984		\$101.58
75984	26	\$38.85
75984	TC	\$62.73
75989		\$118.69
75989	26	\$57.03
75989	TC	\$61.66
76000		\$45.27
76000	26	\$15.68

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
76000	TC	\$29.58
76010		\$31.72
76010	26	\$9.27
76010	TC	\$22.46
76080		\$63.09
76080	26	\$25.66
76080	TC	\$37.43
76098		\$44.20
76098	26	\$15.68
76098	TC	\$28.52
76100		\$95.17
76100	26	\$29.23
76100	TC	\$65.94
76120		\$124.40
76120	26	\$19.60
76120	TC	\$104.79
76125	26	\$13.19
76145		\$963.45
76376		\$25.31
76376	26	\$9.98
76376	TC	\$15.33
76377		\$79.84
76377	26	\$39.21
76377	TC	\$40.63
76380		\$137.94
76380	26	\$47.05
76380	TC	\$90.89
76391		\$224.20
76391	26	\$54.54
76391	TC	\$169.66
76506		\$120.48
76506	26	\$31.37

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	\$89.11
76510		\$73.07
76510	26	\$40.99
76510	TC	\$32.08
76511		\$60.24
76511	26	\$37.43
76511	TC	\$22.81
76512		\$50.61
76512	26	\$32.08
76512	TC	\$18.53
76513		\$79.49
76513	26	\$33.86
76513	TC	\$45.62
76514		\$11.76
76514	26	\$8.20
76514	TC	\$3.56
76516		\$49.19
76516	26	\$23.52
76516	TC	\$25.66
76519		\$71.29
76519	26	\$31.72
76519	TC	\$39.56
76529		\$90.89
76529	26	\$33.51
76529	TC	\$57.39
76536		\$118.34
76536	26	\$28.16
76536	TC	\$90.18
76604		\$59.53
76604	26	\$28.52
76604	TC	\$31.01
76641		\$109.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	26	\$36.36
76641	TC	\$73.43
76642		\$90.18
76642	26	\$33.86
76642	TC	\$56.32
76700		\$124.04
76700	26	\$39.92
76700	TC	\$84.12
76705		\$93.39
76705	26	\$29.23
76705	TC	\$64.16
76706		\$113.35
76706	26	\$27.09
76706	TC	\$86.26
76770		\$115.49
76770	26	\$36.36
76770	TC	\$79.13
76775		\$62.02
76775	26	\$28.52
76775	TC	\$33.51
76776		\$157.90
76776	26	\$37.43
76776	TC	\$120.48
76800		\$163.96
76800	26	\$60.95
76800	TC	\$103.01
76801		\$125.11
76801	26	\$49.19
76801	TC	\$75.92
76802		\$64.52
76802	26	\$41.70
76802	TC	\$22.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$144.36
76805	26	\$49.54
76805	TC	\$94.81
76810		\$93.39
76810	26	\$49.19
76810	TC	\$44.20
76811		\$186.42
76811	26	\$94.81
76811	TC	\$91.60
76812		\$203.88
76812	26	\$88.75
76812	TC	\$115.13
76813		\$124.40
76813	26	\$59.17
76813	TC	\$65.23
76814		\$79.13
76814	26	\$49.19
76814	TC	\$29.94
76815		\$86.26
76815	26	\$32.44
76815	TC	\$53.82
76816		\$116.56
76816	26	\$42.42
76816	TC	\$74.14
76817		\$98.38
76817	26	\$37.43
76817	TC	\$60.95
76818		\$123.68
76818	26	\$52.75
76818	TC	\$70.93
76819		\$89.11
76819	26	\$38.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
76819	TC	\$50.97
76820		\$47.41
76820	26	\$24.95
76820	TC	\$22.46
76821		\$94.10
76821	26	\$34.93
76821	TC	\$59.17
76825		\$279.09
76825	26	\$82.69
76825	TC	\$196.40
76826		\$167.17
76826	26	\$40.99
76826	TC	\$126.18
76827		\$73.78
76827	26	\$28.87
76827	TC	\$44.91
76828		\$52.04
76828	26	\$27.80
76828	TC	\$24.24
76830		\$127.60
76830	26	\$34.57
76830	TC	\$93.03
76831		\$124.04
76831	26	\$36.00
76831	TC	\$88.04
76856		\$112.28
76856	26	\$34.22
76856	TC	\$78.06
76857		\$51.33
76857	26	\$24.59
76857	TC	\$26.73
76870		\$107.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
76870	26	\$31.72
76870	TC	\$75.56
76872		\$145.78
76872	26	\$33.51
76872	TC	\$112.28
76873		\$184.99
76873	26	\$79.49
76873	TC	\$105.51
76881		\$56.32
76881	26	\$44.91
76881	TC	\$11.41
76882		\$43.84
76882	26	\$34.22
76882	TC	\$9.62
76883		\$75.21
76883	26	\$59.88
76883	TC	\$15.33
76885		\$127.96
76885	26	\$36.71
76885	TC	\$91.25
76886		\$107.29
76886	26	\$31.01
76886	TC	\$76.28
76932	26	\$36.00
76936		\$271.61
76936	26	\$94.10
76936	TC	\$177.51
76937		\$41.35
76937	26	\$14.26
76937	TC	\$27.09
76940	26	\$100.16
76941	26	\$67.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
76942		\$60.95
76942	26	\$31.37
76942	TC	\$29.58
76945	26	\$33.15
76946		\$34.57
76946	26	\$19.25
76946	TC	\$15.33
76948		\$85.55
76948	26	\$33.51
76948	TC	\$52.04
76965		\$98.38
76965	26	\$69.86
76965	TC	\$28.52
76975	26	\$42.42
76977		\$7.13
76977	26	\$2.85
76977	TC	\$4.28
76978		\$271.96
76978	26	\$80.20
76978	TC	\$191.76
76979		\$177.86
76979	26	\$42.06
76979	TC	\$135.80
76981		\$110.50
76981	26	\$29.58
76981	TC	\$80.91
76982		\$99.09
76982	26	\$29.58
76982	TC	\$69.51
76983		\$64.16
76983	26	\$25.66
76983	TC	\$38.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
76984	26	\$30.65
76987	26	\$95.17
76988	26	\$60.59
76989	26	\$35.29
76998	26	\$60.59
77001		\$106.57
77001	26	\$18.18
77001	TC	\$88.40
77002		\$123.68
77002	26	\$27.80
77002	TC	\$95.88
77003		\$112.28
77003	26	\$29.58
77003	TC	\$82.69
77011		\$237.74
77011	26	\$63.80
77011	TC	\$173.94
77012		\$148.99
77012	26	\$72.36
77012	TC	\$76.63
77013	26	\$187.84
77014		\$127.60
77014	26	\$46.69
77014	TC	\$80.91
77021		\$456.60
77021	26	\$73.07
77021	TC	\$383.53
77022	26	\$208.87
77046		\$234.54
77046	26	\$71.29
77046	TC	\$163.25
77047		\$243.09

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77047	26	\$79.13
77047	TC	\$163.96
77048		\$372.83
77048	26	\$103.72
77048	TC	\$269.11
77049		\$380.68
77049	26	\$113.70
77049	TC	\$266.97
77053		\$56.32
77053	26	\$17.82
77053	TC	\$38.50
77054		\$73.07
77054	26	\$22.10
77054	TC	\$50.97
77063		\$55.60
77063	26	\$29.94
77063	TC	\$25.66
77065		\$132.95
77065	26	\$39.92
77065	TC	\$93.03
77066		\$167.88
77066	26	\$49.19
77066	TC	\$118.69
77067		\$136.16
77067	26	\$37.78
77067	TC	\$98.38
77071		\$57.03
77072		\$27.45
77072	26	\$9.62
77072	TC	\$17.82
77073		\$47.41
77073	26	\$13.54

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77073	TC	\$33.86
77074		\$68.79
77074	26	\$21.74
77074	TC	\$47.05
77075		\$105.86
77075	26	\$27.45
77075	TC	\$78.42
77076		\$114.06
77076	26	\$34.93
77076	TC	\$79.13
77077		\$49.54
77077	26	\$17.11
77077	TC	\$32.44
77078		\$103.37
77078	26	\$12.48
77078	TC	\$90.89
77080		\$40.28
77080	26	\$9.98
77080	TC	\$30.30
77081		\$33.15
77081	26	\$10.34
77081	TC	\$22.81
77084		\$324.72
77084	26	\$79.49
77084	TC	\$245.23
77085		\$54.89
77085	26	\$15.33
77085	TC	\$39.56
77086		\$34.93
77086	26	\$8.55
77086	TC	\$26.38
77089		\$42.42

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77092		\$9.98
77261		\$73.43
77262		\$111.92
77263		\$174.30
77280		\$286.58
77280	26	\$39.56
77280	TC	\$247.01
77285		\$469.79
77285	26	\$59.53
77285	TC	\$410.26
77290		\$480.83
77290	26	\$85.90
77290	TC	\$394.93
77293		\$438.42
77293	26	\$109.78
77293	TC	\$328.64
77295		\$504.72
77295	26	\$235.61
77295	TC	\$269.11
77300		\$69.15
77300	26	\$34.22
77300	TC	\$34.93
77301		\$1,946.15
77301	26	\$438.78
77301	TC	\$1,507.38
77306		\$155.76
77306	26	\$76.99
77306	TC	\$78.77
77307		\$301.55
77307	26	\$159.33
77307	TC	\$142.22
77316		\$258.42

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77316	26	\$76.99
77316	TC	\$181.43
77317		\$339.69
77317	26	\$100.52
77317	TC	\$239.17
77318		\$481.90
77318	26	\$158.61
77318	TC	\$323.29
77321		\$98.73
77321	26	\$52.40
77321	TC	\$46.34
77331		\$67.72
77331	26	\$47.76
77331	TC	\$19.96
77332		\$39.92
77332	26	\$24.95
77332	TC	\$14.97
77333		\$145.78
77333	26	\$41.35
77333	TC	\$104.44
77334		\$131.88
77334	26	\$63.09
77334	TC	\$68.79
77336		\$90.54
77338		\$489.03
77338	26	\$235.25
77338	TC	\$253.78
77370		\$145.43
77372		\$1,027.97
77373		\$1,067.53
77401		\$43.49
77417		\$14.26

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77427		\$197.82
77431		\$111.21
77432		\$439.13
77435		\$663.33
77469		\$330.06
77470		\$145.78
77470	26	\$111.57
77470	TC	\$34.22
77600		\$562.46
77600	26	\$74.14
77600	TC	\$488.32
77605		\$1,019.77
77605	26	\$99.80
77605	TC	\$919.97
77610		\$734.62
77610	26	\$72.00
77610	TC	\$662.62
77615		\$1,148.44
77615	26	\$100.52
77615	TC	\$1,047.93
77620		\$676.16
77620	26	\$81.98
77620	TC	\$594.18
77750		\$412.04
77750	26	\$274.46
77750	TC	\$137.59
77761		\$440.56
77761	26	\$211.72
77761	TC	\$228.83
77762		\$578.50
77762	26	\$316.16
77762	TC	\$262.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
77763		\$815.53
77763	26	\$475.49
77763	TC	\$340.04
77767		\$263.76
77767	26	\$57.74
77767	TC	\$206.02
77768		\$384.95
77768	26	\$76.99
77768	TC	\$307.96
77770		\$366.42
77770	26	\$106.93
77770	TC	\$259.49
77771		\$635.53
77771	26	\$208.87
77771	TC	\$426.66
77772		\$945.99
77772	26	\$294.06
77772	TC	\$651.93
77778		\$961.31
77778	26	\$480.83
77778	TC	\$480.48
77789		\$139.01
77789	26	\$62.73
77789	TC	\$76.28
77790		\$18.18
78012		\$85.19
78012	26	\$8.91
78012	TC	\$76.28
78013		\$189.27
78013	26	\$18.18
78013	TC	\$171.09
78014		\$236.32

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78014	26	\$24.24
78014	TC	\$212.08
78015		\$229.19
78015	26	\$33.51
78015	TC	\$195.68
78016		\$274.10
78016	26	\$34.22
78016	TC	\$239.88
78018		\$308.68
78018	26	\$40.63
78018	TC	\$268.04
78020		\$83.05
78020	26	\$27.45
78020	TC	\$55.60
78070		\$290.50
78070	26	\$38.85
78070	TC	\$251.65
78071		\$346.81
78071	26	\$58.10
78071	TC	\$288.71
78072		\$432.72
78072	26	\$76.28
78072	TC	\$356.44
78075		\$440.91
78075	26	\$36.71
78075	TC	\$404.20
78102		\$172.16
78102	26	\$26.02
78102	TC	\$146.14
78103		\$184.99
78103	26	\$31.01
78103	TC	\$153.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78104		\$248.79
78104	26	\$38.50
78104	TC	\$210.30
78110		\$72.36
78110	26	\$7.84
78110	TC	\$64.52
78111		\$76.99
78111	26	\$9.27
78111	TC	\$67.72
78120		\$74.14
78120	26	\$9.62
78120	TC	\$64.52
78121		\$80.91
78121	26	\$13.19
78121	TC	\$67.72
78122		\$104.44
78122	26	\$21.39
78122	TC	\$83.05
78130		\$130.10
78130	26	\$25.31
78130	TC	\$104.79
78140		\$115.13
78140	26	\$25.31
78140	TC	\$89.82
78185		\$167.88
78185	26	\$16.75
78185	TC	\$151.13
78191		\$130.10
78191	26	\$25.31
78191	TC	\$104.79
78195		\$350.02
78195	26	\$57.74

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78195	TC	\$292.28
78201		\$189.98
78201	26	\$21.03
78201	TC	\$168.95
78202		\$207.45
78202	26	\$24.24
78202	TC	\$183.21
78215		\$195.68
78215	26	\$23.88
78215	TC	\$171.80
78216		\$135.80
78216	26	\$27.45
78216	TC	\$108.36
78226		\$321.86
78226	26	\$36.00
78226	TC	\$285.86
78227		\$432.36
78227	26	\$43.84
78227	TC	\$388.52
78230		\$176.44
78230	26	\$22.10
78230	TC	\$154.34
78231		\$109.43
78231	26	\$21.74
78231	TC	\$87.68
78232		\$107.64
78232	26	\$19.60
78232	TC	\$88.04
78258		\$212.79
78258	26	\$34.93
78258	TC	\$177.86
78261		\$199.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78261	26	\$28.52
78261	TC	\$171.09
78262		\$244.52
78262	26	\$33.86
78262	TC	\$210.65
78264		\$327.21
78264	26	\$38.50
78264	TC	\$288.71
78265		\$387.09
78265	26	\$47.41
78265	TC	\$339.69
78266		\$439.84
78266	26	\$50.61
78266	TC	\$389.23
78267		\$11.06
78268		\$94.41
78278		\$345.03
78278	26	\$48.12
78278	TC	\$296.91
78282	26	\$15.68
78290		\$326.85
78290	26	\$33.15
78290	TC	\$293.70
78291		\$260.91
78291	26	\$43.49
78291	TC	\$217.43
78300		\$224.91
78300	26	\$30.65
78300	TC	\$194.26
78305		\$273.74
78305	26	\$40.63
78305	TC	\$233.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78306		\$292.64
78306	26	\$41.70
78306	TC	\$250.93
78315		\$342.89
78315	26	\$49.54
78315	TC	\$293.35
78350		\$33.51
78350	26	\$11.41
78350	TC	\$22.10
78351		\$15.33
78414	26	\$21.74
78428		\$186.06
78428	26	\$37.43
78428	TC	\$148.63
78429	26	\$82.34
78430	26	\$78.06
78431	26	\$91.25
78432	26	\$96.95
78433	26	\$105.86
78434	26	\$30.30
78445		\$208.52
78445	26	\$24.95
78445	TC	\$183.57
78451		\$335.41
78451	26	\$66.65
78451	TC	\$268.75
78452		\$464.80
78452	26	\$78.77
78452	TC	\$386.02
78453		\$289.43
78453	26	\$48.12
78453	TC	\$241.31

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78454		\$431.29
78454	26	\$66.30
78454	TC	\$364.99
78456		\$308.68
78456	26	\$48.48
78456	TC	\$260.20
78457		\$164.32
78457	26	\$35.64
78457	TC	\$128.67
78458		\$207.09
78458	26	\$44.55
78458	TC	\$162.54
78459		\$974.24
78459	26	\$75.56
78459	TC	\$902.43
78466		\$184.28
78466	26	\$34.22
78466	TC	\$150.06
78468		\$194.26
78468	26	\$38.50
78468	TC	\$155.76
78469		\$220.64
78469	26	\$44.55
78469	TC	\$176.08
78472		\$225.63
78472	26	\$47.41
78472	TC	\$178.22
78473		\$286.58
78473	26	\$70.93
78473	TC	\$215.64
78481		\$176.44
78481	26	\$47.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78481	TC	\$128.67
78483		\$238.10
78483	26	\$71.29
78483	TC	\$166.81
78491		\$882.87
78491	26	\$73.43
78491	TC	\$813.10
78492		\$1,464.61
78492	26	\$87.33
78492	TC	\$1,381.64
78494		\$227.05
78494	26	\$57.74
78494	TC	\$169.31
78496		\$43.84
78496	26	\$24.24
78496	TC	\$19.60
78579		\$187.13
78579	26	\$23.88
78579	TC	\$163.25
78580		\$234.54
78580	26	\$36.00
78580	TC	\$198.54
78582		\$328.64
78582	26	\$51.68
78582	TC	\$276.95
78597		\$199.25
78597	26	\$35.29
78597	TC	\$163.96
78598		\$299.41
78598	26	\$40.63
78598	TC	\$258.77
78600		\$180.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78600	26	\$21.39
78600	TC	\$159.33
78601		\$215.29
78601	26	\$24.59
78601	TC	\$190.69
78605		\$200.32
78605	26	\$26.38
78605	TC	\$173.94
78606		\$323.65
78606	26	\$31.01
78606	TC	\$292.64
78608		\$1,557.22
78608	26	\$71.64
78608	TC	\$1,489.16
78609		\$74.85
78609	26	\$74.85
78610		\$175.01
78610	26	\$14.61
78610	TC	\$160.40
78630		\$333.63
78630	26	\$33.15
78630	TC	\$300.48
78635		\$334.34
78635	26	\$30.30
78635	TC	\$304.04
78645		\$319.37
78645	26	\$27.09
78645	TC	\$292.28
78650		\$268.40
78650	26	\$25.31
78650	TC	\$243.09
78660		\$152.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78660	26	\$22.10
78660	TC	\$130.46
78700		\$170.38
78700	26	\$21.74
78700	TC	\$148.63
78701		\$224.20
78701	26	\$24.24
78701	TC	\$199.96
78707		\$231.68
78707	26	\$45.98
78707	TC	\$185.70
78708		\$183.92
78708	26	\$58.10
78708	TC	\$125.82
78709		\$366.42
78709	26	\$68.08
78709	TC	\$298.34
78725		\$119.41
78725	26	\$18.18
78725	TC	\$101.23
78730		\$72.36
78730	26	\$7.49
78730	TC	\$64.87
78740		\$216.36
78740	26	\$27.09
78740	TC	\$189.27
78761		\$212.08
78761	26	\$35.29
78761	TC	\$176.79
78800		\$249.86
78800	26	\$31.37
78800	TC	\$218.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78801		\$271.25
78801	26	\$35.29
78801	TC	\$235.96
78802		\$306.54
78802	26	\$38.50
78802	TC	\$268.04
78803		\$377.47
78803	26	\$52.04
78803	TC	\$325.43
78804		\$640.52
78804	26	\$48.48
78804	TC	\$592.04
78808		\$41.70
78811		\$1,396.60
78811	26	\$73.07
78811	TC	\$1,327.18
78812		\$1,577.86
78812	26	\$93.39
78812	TC	\$1,489.16
78813		\$1,578.89
78813	26	\$94.46
78813	TC	\$1,489.16
78814		\$1,590.06
78814	26	\$106.22
78814	TC	\$1,489.16
78815		\$1,601.06
78815	26	\$117.62
78815	TC	\$1,489.16
78816		\$1,601.92
78816	26	\$118.69
78816	TC	\$1,489.16
78830		\$475.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
78830	26	\$70.22
78830	TC	\$404.91
78831		\$701.83
78831	26	\$87.33
78831	TC	\$614.50
78832		\$899.29
78832	26	\$100.52
78832	TC	\$798.78
78835		\$98.02
78835	26	\$22.10
78835	TC	\$75.92
79005		\$141.51
79005	26	\$87.33
79005	TC	\$54.18
79101		\$154.34
79101	26	\$97.66
79101	TC	\$56.67
79200		\$139.01
79200	26	\$83.05
79200	TC	\$55.96
79300	26	\$66.65
79403		\$209.94
79403	26	\$110.85
79403	TC	\$99.09
79440		\$125.11
79440	26	\$83.05
79440	TC	\$42.06
79445	26	\$112.99
80047		\$13.73
80048		\$8.46
80051		\$7.01
80053		\$10.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
80180		\$18.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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 1/1/2024**

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
80503		\$28.16
80504		\$55.25
80505		\$99.45
80506		\$44.55
81000		\$4.02
81001		\$3.17
81002		\$3.48
81003		\$2.25
81005		\$2.17
81007		\$29.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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 1/1/2024**

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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81220		\$556.60
81221		\$97.22
81222		\$435.07
81223		\$499.00
81224		\$168.75
81225		\$291.36
81226		\$450.91
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81
81231		\$174.81
81232		\$174.81
81233		\$175.40
81234		\$137.00
81235		\$324.58
81236		\$282.88
81237		\$175.40
81238		\$600.00
81239		\$274.83
81240		\$65.69
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81252		\$101.12
81253		\$61.52
81254		\$35.00
81255		\$51.45
81256		\$65.36
81257		\$102.26
81258		\$375.25
81259		\$600.00
81260		\$39.31
81261		\$197.99
81262		\$68.55
81263		\$294.52
81264		\$172.73
81265		\$233.07
81266		\$304.81
81267		\$207.46
81268		\$260.79
81269		\$202.40
81270		\$91.66
81271		\$137.00
81272		\$329.51
81273		\$124.87
81274		\$274.83
81275		\$193.25
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81287		\$124.64
81288		\$192.32
81289		\$185.20
81290		\$39.31
81291		\$65.34
81292		\$675.40
81293		\$331.00
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00
81300		\$238.00
81301		\$348.56
81302		\$527.87
81303		\$120.00
81304		\$150.00
81305		\$175.40
81306		\$291.36
81307		\$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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81319		\$203.50
81320		\$291.36
81321		\$600.00
81322		\$46.60
81323		\$300.00
81324		\$758.36
81325		\$769.58
81326		\$46.60
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$43.65
81333		\$137.00
81334		\$329.51
81335		\$174.81
81336		\$301.35
81337		\$185.20
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
81349		\$1,160.00
81350		\$234.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81351		\$641.85
81352		\$329.51
81353		\$308.00
81355		\$88.20
81357		\$193.25
81360		\$193.25
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56
81413		\$584.90
81414		\$584.90
81415		\$4,780.00
81416		\$12,000.00
81417		\$320.00
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81460		\$1,287.00
81465		\$936.00
81470		\$914.00
81471		\$914.00
81490		\$840.65
81493		\$1,050.00
81500		\$260.50
81503		\$897.00
81504		\$520.00
81506		\$68.92
81507		\$795.00
81508		\$54.30
81509		\$1,487.37
81510		\$55.54
81511		\$153.50
81512		\$69.52
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
81523		\$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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
81541		\$3,873.00
81542		\$3,873.00
81546		\$3,600.00
81551		\$2,030.00
81552		\$7,776.00
81554		\$5,500.00
81560		\$640.73
81595		\$3,240.00
81596		\$72.19
82009		\$4.52
82010		\$8.17
82013		\$12.29
82016		\$16.49
82017		\$16.87
82024		\$38.62
82030		\$25.80
82040		\$4.95
82042		\$7.78
82043		\$5.78
82044		\$6.23
82045		\$33.94
82075		\$30.00
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
83015		\$20.94
83018		\$21.96
83020		\$12.87
83020	26	\$18.18
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
83722		\$34.19
83727		\$17.19
83735		\$6.70
83775		\$7.37
83785		\$26.65
83789		\$24.11
83825		\$16.26
83835		\$16.94
83857		\$10.74
83861		\$22.48
83864		\$28.50
83872		\$5.86
83873		\$17.20
83874		\$12.92
83876		\$50.86
83880		\$39.26
83883		\$13.60
83885		\$24.51
83915		\$11.15
83916		\$27.39
83918		\$23.60
83919		\$16.45
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
83992		\$16.80
83993		\$19.63
84030		\$5.50
84035		\$3.98
84060		\$7.64
84066		\$9.66
84075		\$5.18
84078		\$8.26
84080		\$14.78
84081		\$16.52
84085		\$9.44
84087		\$10.73
84100		\$4.74
84105		\$5.78
84106		\$5.82
84110		\$8.44
84112		\$98.11
84119		\$13.36
84120		\$14.71
84126		\$39.11
84132		\$4.76
84133		\$4.73
84134		\$14.59
84135		\$21.27
84138		\$21.05
84140		\$20.67
84143		\$22.81
84144		\$20.86
84145		\$27.22
84146		\$19.38
84150		\$41.77
84152		\$18.39

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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	\$18.18
84166		\$17.83
84166	26	\$18.18
84181		\$17.03
84181	26	\$18.18
84182		\$29.21
84182	26	\$18.18
84202		\$14.35
84203		\$9.74
84206		\$26.69
84207		\$28.10
84210		\$14.48
84220		\$9.44
84228		\$11.63
84233		\$87.88
84234		\$64.88
84235		\$71.23
84238		\$36.57
84244		\$21.99
84252		\$20.24
84255		\$25.53
84260		\$30.98
84270		\$21.73
84275		\$13.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
84285		\$25.21
84295		\$4.81
84300		\$5.06
84302		\$4.86
84305		\$21.26
84307		\$18.28
84311		\$8.10
84315		\$3.28
84375		\$39.00
84376		\$5.50
84377		\$5.50
84378		\$11.53
84379		\$11.53
84392		\$5.49
84402		\$25.47
84403		\$25.81
84410		\$51.28
84425		\$21.23
84430		\$11.63
84431		\$35.11
84432		\$16.06
84436		\$6.87
84437		\$6.47
84439		\$9.02
84442		\$14.78
84443		\$16.80
84445		\$50.86
84446		\$14.18
84449		\$18.00
84450		\$5.18
84460		\$5.30
84466		\$12.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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		\$24.59
85097		\$72.00
85130		\$11.89
85170		\$16.30
85175		\$20.37
85210		\$12.98
85220		\$17.65
85230		\$17.90
85240		\$17.90
85244		\$20.42
85245		\$22.94

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
85370		\$12.43
85378		\$9.72
85379		\$10.18
85380		\$10.18
85384		\$9.72
85385		\$14.46
85390		\$15.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
85390	26	\$37.43
85396		\$19.96
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	\$18.18
85597		\$17.98
85598		\$17.98
85610		\$4.29
85611		\$3.94
85612		\$17.49
85613		\$9.58
85635		\$9.85
85651		\$4.27

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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		\$12.05
86021		\$15.05
86022		\$18.37
86023		\$12.46
86036		\$12.05
86037		\$12.05
86038		\$12.09
86039		\$11.16
86041		\$18.40
86042		\$18.40
86043		\$12.05
86051		\$11.53
86052		\$12.05
86053		\$37.73
86060		\$7.30
86063		\$5.77
86077		\$55.25
86078		\$55.25
86079		\$55.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
86140		\$5.18
86141		\$12.95
86146		\$25.45
86147		\$25.45
86148		\$16.07
86152		\$250.78
86153	26	\$34.57
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	\$18.18
86256		\$12.05
86256	26	\$18.18
86258		\$12.05
86277		\$15.74
86280		\$8.19
86294		\$25.57
86300		\$20.81
86301		\$20.81
86304		\$20.81
86305		\$20.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
86308		\$5.18
86309		\$6.47
86310		\$7.37
86316		\$20.81
86317		\$14.99
86318		\$18.09
86320		\$29.92
86320	26	\$18.18
86325		\$23.13
86325	26	\$18.18
86327		\$29.92
86327	26	\$22.46
86328		\$45.28
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$18.18
86335		\$29.35
86335	26	\$18.18
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 1/1/2024**

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		\$37.73
86364		\$11.53
86366		\$18.40
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
86430		\$6.14
86431		\$5.67
86480		\$61.98
86481		\$100.00
86486		\$6.42
86490		\$82.69
86510		\$7.49
86580		\$10.34
86590		\$12.66
86592		\$4.27
86593		\$4.40
86596		\$12.05
86602		\$10.18
86603		\$12.87
86606		\$15.05
86609		\$12.88
86611		\$10.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
86688		\$14.00
86689		\$19.35
86692		\$17.16
86694		\$14.39
86695		\$13.19
86696		\$19.35
86698		\$13.79
86701		\$8.89
86702		\$13.52
86703		\$13.71
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
86757		\$19.35
86759		\$18.23
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
86828		\$64.19
86829		\$64.19
86830		\$95.52
86831		\$81.88
86832		\$323.75
86833		\$325.80
86834		\$357.56
86835		\$322.96
86850		\$9.77
86880		\$5.39
86885		\$5.72
86886		\$5.18
86900		\$2.99
86901		\$2.99
86902		\$6.35
86904		\$16.34
86905		\$3.83
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
87084		\$27.07
87086		\$8.07
87088		\$8.09
87101		\$7.71
87102		\$8.41
87103		\$20.46
87106		\$10.32
87107		\$10.32
87109		\$15.39
87110		\$19.60
87116		\$10.80
87118		\$14.61
87140		\$5.57
87143		\$12.52
87147		\$5.18
87149		\$20.05
87150		\$35.09
87152		\$7.74
87153		\$115.36
87154		\$218.06
87158		\$7.74
87164		\$10.74
87164	26	\$19.60
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
87186		\$8.65
87187		\$40.17
87188		\$6.64
87190		\$7.31
87197		\$15.02
87205		\$4.27
87206		\$5.39
87207		\$5.99
87207	26	\$18.18
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
87281		\$11.98
87283		\$60.80
87285		\$12.18
87290		\$13.42
87299		\$16.10
87300		\$11.98
87301		\$11.98
87305		\$11.98
87320		\$15.00
87324		\$11.98
87327		\$13.42
87328		\$13.82
87329		\$11.98
87332		\$11.98
87335		\$12.66
87336		\$16.00
87337		\$11.98
87338		\$14.38
87339		\$16.00
87340		\$10.33
87341		\$10.33
87350		\$11.53
87380		\$18.36
87385		\$13.25
87389		\$24.08
87390		\$24.06
87391		\$21.90
87400		\$14.13
87420		\$13.91
87425		\$11.98
87426		\$35.33
87427		\$11.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
87430		\$16.81
87449		\$11.98
87451		\$10.51
87471		\$35.09
87472		\$42.84
87475		\$20.05
87476		\$35.09
87480		\$20.05
87481		\$35.09
87482		\$55.74
87483		\$416.78
87485		\$20.05
87486		\$35.09
87487		\$42.84
87490		\$22.75
87491		\$35.09
87492		\$53.47
87493		\$37.27
87495		\$30.03
87496		\$35.09
87497		\$42.84
87498		\$35.09
87500		\$35.09
87501		\$51.31
87502		\$95.80
87503		\$29.22
87505		\$128.29
87506		\$262.99
87507		\$416.78
87510		\$20.05
87511		\$35.09
87512		\$41.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
87516		\$35.09
87517		\$42.84
87520		\$31.22
87521		\$35.09
87522		\$42.84
87523		\$42.84
87525		\$29.80
87526		\$39.26
87527		\$41.76
87528		\$20.05
87529		\$35.09
87530		\$42.84
87531		\$58.00
87532		\$35.09
87533		\$41.76
87534		\$21.92
87535		\$35.09
87536		\$85.10
87537		\$21.92
87538		\$35.09
87539		\$58.62
87540		\$20.05
87541		\$35.09
87542		\$41.76
87550		\$20.05
87551		\$48.24
87552		\$42.84
87555		\$26.88
87556		\$41.68
87557		\$42.84
87560		\$27.29
87561		\$35.09

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
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
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		\$72.71
88104	26	\$27.80
88104	TC	\$44.91
88106		\$73.78
88106	26	\$19.96
88106	TC	\$53.82
88108		\$69.86
88108	26	\$23.17
88108	TC	\$46.69
88112		\$70.57
88112	26	\$28.52

**ND Medicaid
Professional Services Fee Schedule
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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
88112	TC	\$42.06
88120		\$634.10
88120	26	\$59.88
88120	TC	\$574.22
88121		\$445.55
88121	26	\$49.54
88121	TC	\$396.00
88125		\$29.58
88125	26	\$14.26
88125	TC	\$15.33
88130		\$17.98
88140		\$7.99
88141		\$23.88
88142		\$20.26
88143		\$23.04
88147		\$50.56
88148		\$17.76
88150		\$17.76
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$79.13
88160	26	\$26.38
88160	TC	\$52.75
88161		\$80.91
88161	26	\$26.02
88161	TC	\$54.89
88162		\$125.47
88162	26	\$40.28
88162	TC	\$85.19
88164		\$17.76
88165		\$42.22

**ND Medicaid
Professional Services Fee Schedule
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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
88166		\$17.76
88167		\$17.76
88172		\$58.46
88172	26	\$36.71
88172	TC	\$21.74
88173		\$170.38
88173	26	\$72.00
88173	TC	\$98.38
88174		\$25.37
88175		\$26.61
88177		\$30.65
88177	26	\$22.10
88177	TC	\$8.55
88182		\$169.31
88182	26	\$39.92
88182	TC	\$129.39
88184		\$78.77
88185		\$25.31
88187		\$36.36
88188		\$63.80
88189		\$86.26
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

**ND Medicaid
Professional Services Fee Schedule
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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
88262		\$125.49
88263		\$150.29
88264		\$144.61
88267		\$188.57
88269		\$173.66
88271		\$21.42
88272		\$40.70
88273		\$34.81
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$68.60
88285		\$26.91
88289		\$34.43
88291		\$33.86
88300		\$16.75
88300	26	\$4.63
88300	TC	\$12.12
88302		\$34.57
88302	26	\$7.13
88302	TC	\$27.45
88304		\$44.91
88304	26	\$11.76
88304	TC	\$33.15
88305		\$75.21
88305	26	\$38.50
88305	TC	\$36.71
88307		\$306.54
88307	26	\$84.48
88307	TC	\$222.06
88309		\$463.01
88309	26	\$148.99

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
88309	TC	\$314.02
88311		\$21.39
88311	26	\$12.83
88311	TC	\$8.55
88312		\$119.05
88312	26	\$27.45
88312	TC	\$91.60
88313		\$86.61
88313	26	\$12.48
88313	TC	\$74.14
88314		\$95.88
88314	26	\$21.39
88314	TC	\$74.50
88319		\$143.29
88319	26	\$27.45
88319	TC	\$115.84
88321		\$100.87
88323		\$120.12
88323	26	\$90.54
88323	TC	\$29.58
88325		\$162.18
88329		\$58.81
88331		\$107.29
88331	26	\$63.80
88331	TC	\$43.49
88332		\$57.74
88332	26	\$31.72
88332	TC	\$26.02
88333		\$97.66
88333	26	\$63.80
88333	TC	\$33.86
88334		\$59.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
88334	26	\$38.50
88334	TC	\$20.67
88341		\$91.25
88341	26	\$28.87
88341	TC	\$62.38
88342		\$105.86
88342	26	\$36.00
88342	TC	\$69.86
88344		\$178.22
88344	26	\$39.56
88344	TC	\$138.65
88346		\$161.11
88346	26	\$37.07
88346	TC	\$124.04
88348		\$500.80
88348	26	\$79.49
88348	TC	\$421.31
88350		\$123.33
88350	26	\$29.94
88350	TC	\$93.39
88355		\$148.63
88355	26	\$84.48
88355	TC	\$64.16
88356		\$246.30
88356	26	\$127.60
88356	TC	\$118.69
88358		\$147.21
88358	26	\$50.97
88358	TC	\$96.24
88360		\$125.11
88360	26	\$43.13
88360	TC	\$81.98

**ND Medicaid
Professional Services Fee Schedule
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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
88361		\$125.11
88361	26	\$45.27
88361	TC	\$79.84
88362		\$240.95
88362	26	\$113.70
88362	TC	\$127.25
88363		\$23.88
88364		\$144.71
88364	26	\$35.29
88364	TC	\$109.43
88365		\$191.05
88365	26	\$44.20
88365	TC	\$146.85
88366		\$295.49
88366	26	\$63.80
88366	TC	\$231.68
88367		\$120.48
88367	26	\$34.57
88367	TC	\$85.90
88368		\$150.42
88368	26	\$42.77
88368	TC	\$107.64
88369		\$129.39
88369	26	\$34.22
88369	TC	\$95.17
88371		\$22.23
88371	26	\$19.60
88372		\$26.22
88372	26	\$18.18
88373		\$72.71
88373	26	\$26.02
88373	TC	\$46.69

**ND Medicaid
Professional Services Fee Schedule
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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
88374		\$321.86
88374	26	\$44.20
88374	TC	\$277.67
88375		\$49.19
88377		\$420.24
88377	26	\$65.58
88377	TC	\$354.66
88380		\$129.74
88380	26	\$54.54
88380	TC	\$75.21
88381		\$213.51
88381	26	\$24.24
88381	TC	\$189.27
88387		\$35.64
88387	26	\$27.80
88387	TC	\$7.84
88388		\$38.50
88388	26	\$24.24
88388	TC	\$14.26
88720		\$5.02
88738		\$5.02
88740		\$9.37
88741		\$9.37
89049		\$294.42
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$18.18
89125		\$5.88
89160		\$4.85
89190		\$5.79

**ND Medicaid
Professional Services Fee Schedule
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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
89220		\$18.89
89230		\$2.50
90371		\$135.59
90375		\$308.67
90376		\$356.33
90471		\$17.06
90472		\$17.06
90473		\$17.06
90474		\$17.06
90785		\$15.33
90791		\$182.14
90792		\$203.53
90832		\$78.77
90833		\$72.00
90834		\$104.08
90836		\$91.25
90837		\$153.27
90838		\$120.48
90839		\$146.85
90840		\$72.36
90845		\$98.38
90846		\$99.09
90847		\$103.37
90849		\$38.85
90853		\$27.80
90865		\$170.02
90870		\$180.36
90875		\$60.95
90876		\$106.57
90880		\$108.71
90901		\$43.13
90935		\$73.43

**ND Medicaid
Professional Services Fee Schedule
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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
90937		\$104.79
90945		\$88.04
90947		\$125.47
90951		\$1,204.05
90954		\$1,033.67
90955		\$535.73
90956		\$357.51
90957		\$790.94
90958		\$514.34
90959		\$334.34
90960		\$363.57
90961		\$302.26
90962		\$208.16
90963		\$624.12
90964		\$535.37
90965		\$513.27
90966		\$301.90
90967		\$18.18
90968		\$17.82
90969		\$17.47
90970		\$9.62
90989		\$580.10
90997		\$90.18
91010		\$234.89
91010	26	\$66.30
91010	TC	\$168.60
91013		\$27.09
91013	26	\$9.27
91013	TC	\$17.82
91020		\$292.28
91020	26	\$74.85
91020	TC	\$217.43

**ND Medicaid
Professional Services Fee Schedule
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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
91022		\$181.78
91022	26	\$74.85
91022	TC	\$106.93
91030		\$152.91
91030	26	\$47.41
91030	TC	\$105.51
91034		\$204.24
91034	26	\$50.97
91034	TC	\$153.27
91035		\$491.53
91035	26	\$83.05
91035	TC	\$408.48
91037		\$178.93
91037	26	\$50.26
91037	TC	\$128.67
91038		\$435.92
91038	26	\$57.03
91038	TC	\$378.89
91040		\$561.75
91040	26	\$50.61
91040	TC	\$511.13
91065		\$89.47
91065	26	\$10.34
91065	TC	\$79.13
91110		\$794.50
91110	26	\$116.20
91110	TC	\$678.30
91111		\$914.62
91111	26	\$46.69
91111	TC	\$867.93
91112		\$1,760.09
91112	26	\$109.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
91112	TC	\$1,651.02
91113		\$973.43
91113	26	\$125.11
91113	TC	\$848.32
91117		\$139.37
91120		\$544.99
91120	26	\$49.54
91120	TC	\$495.45
91122		\$290.85
91122	26	\$90.18
91122	TC	\$200.67
91132		\$475.49
91132	26	\$27.09
91132	TC	\$448.40
91133		\$500.44
91133	26	\$34.22
91133	TC	\$466.22
91200		\$32.08
91200	26	\$11.05
91200	TC	\$21.03
92002		\$90.18
92004		\$157.55
92012		\$94.46
92014		\$132.95
92015		\$19.96
92018		\$143.64
92019		\$74.50
92020		\$28.87
92025		\$38.14
92025	26	\$20.32
92025	TC	\$17.82
92060		\$66.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92060	26	\$38.50
92060	TC	\$28.16
92065		\$43.13
92065	26	\$34.57
92065	TC	\$8.55
92071		\$38.14
92072		\$133.31
92081		\$34.93
92081	26	\$16.75
92081	TC	\$18.18
92082		\$49.19
92082	26	\$21.74
92082	TC	\$27.45
92083		\$65.94
92083	26	\$28.16
92083	TC	\$37.78
92100		\$90.18
92132		\$33.15
92132	26	\$17.11
92132	TC	\$16.04
92133		\$38.50
92133	26	\$22.46
92133	TC	\$16.04
92134		\$42.42
92134	26	\$26.02
92134	TC	\$16.40
92136		\$49.54
92136	26	\$31.72
92136	TC	\$17.82
92145		\$13.19
92145	26	\$5.70
92145	TC	\$7.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92201		\$25.66
92202		\$16.04
92227		\$17.47
92228		\$30.65
92228	26	\$17.47
92228	TC	\$13.19
92230		\$118.69
92235		\$145.43
92235	26	\$44.20
92235	TC	\$101.23
92240		\$201.03
92240	26	\$48.12
92240	TC	\$152.91
92242		\$274.10
92242	26	\$56.32
92242	TC	\$217.78
92250		\$39.21
92250	26	\$22.10
92250	TC	\$17.11
92260		\$20.67
92265		\$91.60
92265	26	\$47.76
92265	TC	\$43.84
92270		\$115.13
92270	26	\$43.49
92270	TC	\$71.64
92273		\$134.02
92273	26	\$37.78
92273	TC	\$96.24
92274		\$94.10
92274	26	\$34.57
92274	TC	\$59.53

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92283		\$57.03
92283	26	\$9.27
92283	TC	\$47.76
92284		\$48.83
92285		\$24.24
92285	26	\$3.21
92285	TC	\$21.03
92286		\$40.99
92286	26	\$22.46
92286	TC	\$18.53
92287		\$153.27
92287	26	\$38.14
92287	TC	\$115.13
92310		\$104.79
92311		\$111.21
92312		\$129.03
92313		\$105.51
92314		\$91.60
92315		\$87.33
92316		\$108.00
92317		\$91.96
92325		\$47.76
92326		\$40.99
92340		\$36.00
92341		\$41.35
92342		\$44.20
92370		\$31.72
92371		\$12.12
92502		\$98.38
92504		\$30.65
92507		\$80.55
92508		\$24.95

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92511		\$125.47
92512		\$66.65
92516		\$74.85
92517		\$81.62
92518		\$84.48
92519		\$140.79
92520		\$89.82
92521		\$140.08
92522		\$116.56
92523		\$240.24
92524		\$115.13
92526		\$89.47
92537		\$42.42
92537	26	\$32.44
92537	TC	\$9.98
92538		\$23.52
92538	26	\$16.75
92538	TC	\$6.77
92540		\$114.42
92540	26	\$80.91
92540	TC	\$33.51
92541		\$26.38
92541	26	\$22.10
92541	TC	\$4.28
92542		\$30.30
92542	26	\$26.02
92542	TC	\$4.28
92544		\$18.53
92544	26	\$14.97
92544	TC	\$3.56
92545		\$17.47
92545	26	\$13.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92545	TC	\$3.56
92546		\$134.38
92546	26	\$15.33
92546	TC	\$119.05
92547		\$11.41
92548		\$49.54
92548	26	\$34.93
92548	TC	\$14.61
92549		\$68.44
92549	26	\$47.05
92549	TC	\$21.39
92550		\$23.17
92551		\$12.48
92552		\$37.43
92553		\$45.98
92555		\$28.87
92556		\$44.91
92557		\$38.85
92558		\$9.62
92562		\$50.61
92563		\$34.93
92565		\$21.03
92567		\$17.11
92568		\$16.04
92570		\$33.86
92571		\$31.72
92572		\$49.90
92575		\$79.13
92576		\$42.06
92577		\$21.39
92579		\$47.41
92582		\$86.97

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92583		\$57.39
92584		\$119.76
92587		\$22.81
92587	26	\$18.89
92587	TC	\$3.92
92588		\$35.64
92588	26	\$30.30
92588	TC	\$5.35
92590		\$124.48
92591		\$124.48
92592		\$27.34
92593		\$27.34
92594		\$27.34
92595		\$27.34
92596		\$77.70
92597		\$75.56
92601		\$170.02
92602		\$107.64
92603		\$159.33
92604		\$96.24
92607		\$130.81
92608		\$51.33
92609		\$109.07
92610		\$89.47
92611		\$95.88
92612		\$208.52
92613		\$38.14
92614		\$155.05
92615		\$33.86
92616		\$237.03
92617		\$42.42
92620		\$93.03

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92621		\$22.81
92622		\$83.76
92623		\$21.39
92625		\$71.64
92626		\$91.60
92627		\$21.39
92640		\$115.84
92650		\$29.23
92651		\$89.47
92652		\$119.05
92653		\$88.75
92920		\$507.92
92924		\$606.30
92928		\$566.02
92933		\$634.10
92937		\$565.31
92941		\$635.17
92943		\$635.53
92950		\$340.04
92953		\$0.71
92960		\$161.47
92961		\$238.10
92970		\$180.71
92971		\$96.95
92972		\$147.92
92973		\$168.95
92974		\$154.69
92975		\$360.72
92977		\$54.18
92978	26	\$91.96
92979	26	\$73.43
92986		\$1,284.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
92987		\$1,328.09
92990		\$1,060.76
92997		\$618.42
92998		\$306.89
93000		\$14.97
93005		\$6.42
93010		\$8.20
93015		\$74.14
93016		\$21.74
93017		\$37.78
93018		\$14.26
93024		\$115.13
93024	26	\$56.67
93024	TC	\$58.46
93025		\$128.32
93025	26	\$38.14
93025	TC	\$90.18
93040		\$13.19
93041		\$6.06
93042		\$6.77
93050		\$16.40
93050	26	\$8.55
93050	TC	\$7.84
93224		\$76.63
93225		\$19.25
93226		\$38.14
93227		\$18.89
93228		\$26.02
93229		\$891.81
93242		\$12.48
93244		\$24.24
93245		\$295.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93246		\$12.48
93248		\$26.73
93260		\$80.55
93260	26	\$43.49
93260	TC	\$37.07
93261		\$74.14
93261	26	\$37.43
93261	TC	\$36.71
93264		\$52.04
93268		\$189.27
93270		\$8.55
93271		\$155.41
93272		\$24.95
93278		\$30.30
93278	26	\$12.83
93278	TC	\$17.47
93279		\$71.64
93279	26	\$32.44
93279	TC	\$39.21
93280		\$84.12
93280	26	\$38.50
93280	TC	\$45.62
93281		\$89.47
93281	26	\$43.13
93281	TC	\$46.34
93282		\$85.19
93282	26	\$43.13
93282	TC	\$42.06
93283		\$104.08
93283	26	\$58.10
93283	TC	\$45.98
93284		\$112.28

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93284	26	\$63.09
93284	TC	\$49.19
93285		\$64.16
93285	26	\$26.38
93285	TC	\$37.78
93286		\$48.83
93286	26	\$15.33
93286	TC	\$33.51
93287		\$56.67
93287	26	\$23.17
93287	TC	\$33.51
93288		\$59.88
93288	26	\$21.39
93288	TC	\$38.50
93289		\$76.63
93289	26	\$37.78
93289	TC	\$38.85
93290		\$56.67
93290	26	\$21.74
93290	TC	\$34.93
93291		\$52.75
93291	26	\$18.89
93291	TC	\$33.86
93292		\$53.82
93292	26	\$21.39
93292	TC	\$32.44
93293		\$48.12
93293	26	\$14.97
93293	TC	\$33.15
93294		\$30.65
93295		\$37.78
93296		\$23.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93297		\$26.38
93298		\$26.73
93303		\$233.47
93303	26	\$63.45
93303	TC	\$170.02
93304		\$164.67
93304	26	\$37.07
93304	TC	\$127.60
93306		\$207.45
93306	26	\$70.93
93306	TC	\$136.52
93307		\$144.71
93307	26	\$44.91
93307	TC	\$99.80
93308		\$104.08
93308	26	\$25.66
93308	TC	\$78.42
93312		\$249.86
93312	26	\$109.78
93312	TC	\$140.08
93313		\$11.41
93314		\$238.81
93314	26	\$90.18
93314	TC	\$148.63
93315	26	\$130.10
93316		\$26.02
93317	26	\$90.18
93318	26	\$104.44
93319		\$58.10
93320		\$53.47
93320	26	\$18.53
93320	TC	\$34.93

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93321		\$26.38
93321	26	\$7.13
93321	TC	\$19.25
93325		\$24.95
93325	26	\$3.21
93325	TC	\$21.74
93350		\$196.40
93350	26	\$70.93
93350	TC	\$125.47
93351		\$245.23
93351	26	\$85.19
93351	TC	\$160.04
93352		\$35.64
93355		\$228.48
93356		\$39.21
93451		\$917.83
93451	26	\$127.60
93451	TC	\$790.22
93452		\$946.70
93452	26	\$229.55
93452	TC	\$717.15
93453		\$1,202.62
93453	26	\$306.54
93453	TC	\$896.09
93454		\$949.91
93454	26	\$231.33
93454	TC	\$718.58
93455		\$1,057.55
93455	26	\$269.82
93455	TC	\$787.73
93456		\$1,181.24
93456	26	\$301.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	TC	\$879.69
93457		\$1,286.38
93457	26	\$338.62
93457	TC	\$947.77
93458		\$1,090.34
93458	26	\$285.51
93458	TC	\$804.84
93459		\$1,171.61
93459	26	\$323.65
93459	TC	\$847.97
93460		\$1,301.36
93460	26	\$362.50
93460	TC	\$938.86
93461		\$1,435.02
93461	26	\$400.64
93461	TC	\$1,034.38
93462		\$202.46
93463		\$99.09
93464		\$230.97
93464	26	\$90.18
93464	TC	\$140.79
93503		\$88.75
93505		\$674.38
93505	26	\$220.99
93505	TC	\$453.39
93563		\$50.97
93564		\$53.11
93565		\$26.02
93566		\$26.02
93567		\$36.36
93568		\$45.62
93569		\$38.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93571	26	\$70.57
93572	26	\$50.97
93573		\$64.16
93574		\$70.93
93575		\$94.81
93580		\$939.21
93581		\$1,271.41
93582		\$635.17
93583		\$712.88
93584		\$59.88
93585		\$56.32
93586		\$71.29
93587		\$105.15
93588		\$106.22
93590		\$1,081.79
93591		\$893.59
93592		\$393.51
93593	26	\$194.26
93594	26	\$303.69
93595	26	\$273.74
93596	26	\$332.91
93597	26	\$441.63
93598	26	\$72.00
93600	26	\$115.13
93602	26	\$112.63
93603	26	\$112.63
93609	26	\$269.11
93610	26	\$158.97
93612	26	\$156.48
93613		\$285.15
93615	26	\$38.14
93616	26	\$60.24

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93618	26	\$213.51
93619	26	\$378.54
93620	26	\$608.44
93621	26	\$80.91
93622	26	\$166.46
93623	26	\$83.41
93624	26	\$242.38
93631	26	\$384.24
93640	26	\$172.87
93641	26	\$302.62
93642		\$334.34
93642	26	\$247.01
93642	TC	\$87.33
93644		\$200.32
93644	26	\$146.85
93644	TC	\$53.47
93650		\$570.30
93653		\$818.03
93654		\$985.91
93655		\$300.12
93656		\$927.45
93657		\$300.12
93660		\$168.60
93660	26	\$94.46
93660	TC	\$74.14
93662	26	\$76.28
93668		\$14.97
93701		\$27.80
93702		\$136.52
93724		\$295.49
93724	26	\$246.30
93724	TC	\$49.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93740		\$7.84
93750		\$51.33
93770		\$7.84
93784		\$47.76
93786		\$23.52
93788		\$5.35
93790		\$18.53
93793		\$11.76
93797		\$17.47
93798		\$26.73
93880		\$202.10
93880	26	\$38.85
93880	TC	\$163.25
93882		\$130.81
93882	26	\$23.88
93882	TC	\$106.93
93886		\$286.93
93886	26	\$47.05
93886	TC	\$239.88
93888		\$137.94
93888	26	\$25.66
93888	TC	\$112.28
93890		\$295.13
93890	26	\$52.04
93890	TC	\$243.09
93892		\$173.23
93892	26	\$60.59
93892	TC	\$112.63
93893		\$173.94
93893	26	\$61.31
93893	TC	\$112.63
93922		\$86.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93922	26	\$12.12
93922	TC	\$74.50
93923		\$135.45
93923	26	\$21.74
93923	TC	\$113.70
93924		\$166.46
93924	26	\$24.24
93924	TC	\$142.22
93925		\$254.85
93925	26	\$38.14
93925	TC	\$216.71
93926		\$135.45
93926	26	\$23.17
93926	TC	\$112.28
93930		\$207.09
93930	26	\$38.50
93930	TC	\$168.60
93931		\$130.81
93931	26	\$23.52
93931	TC	\$107.29
93970		\$199.61
93970	26	\$33.86
93970	TC	\$165.74
93971		\$126.54
93971	26	\$21.74
93971	TC	\$104.79
93975		\$281.94
93975	26	\$56.67
93975	TC	\$225.27
93976		\$151.49
93976	26	\$39.21
93976	TC	\$112.28

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
93978		\$190.34
93978	26	\$38.14
93978	TC	\$152.20
93979		\$124.04
93979	26	\$23.52
93979	TC	\$100.52
93980		\$122.26
93980	26	\$61.31
93980	TC	\$60.95
93981		\$73.78
93981	26	\$21.74
93981	TC	\$52.04
93985		\$262.34
93985	26	\$37.78
93985	TC	\$224.56
93986		\$135.80
93986	26	\$23.52
93986	TC	\$112.28
93990		\$135.45
93990	26	\$23.17
93990	TC	\$112.28
94002		\$93.03
94003		\$65.23
94004		\$48.48
94010		\$28.16
94010	26	\$8.55
94010	TC	\$19.60
94011		\$87.33
94012		\$141.51
94013		\$19.25
94014		\$57.74
94015		\$32.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
94016		\$25.31
94060		\$40.63
94060	26	\$10.69
94060	TC	\$29.94
94070		\$64.16
94070	26	\$28.52
94070	TC	\$35.64
94150		\$26.02
94150	26	\$3.92
94150	TC	\$22.10
94200		\$15.33
94200	26	\$2.85
94200	TC	\$12.48
94375		\$40.28
94375	26	\$14.97
94375	TC	\$25.31
94450		\$86.61
94450	26	\$20.32
94450	TC	\$66.30
94452		\$51.33
94452	26	\$14.61
94452	TC	\$36.71
94453		\$69.86
94453	26	\$18.89
94453	TC	\$50.97
94610		\$57.74
94617		\$91.96
94617	26	\$32.79
94617	TC	\$59.17
94618		\$34.93
94618	26	\$22.81
94618	TC	\$12.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
94619		\$80.55
94619	26	\$23.17
94619	TC	\$57.39
94621		\$160.40
94621	26	\$69.51
94621	TC	\$90.89
94640		\$9.27
94644		\$63.09
94645		\$16.40
94660		\$65.94
94662		\$35.64
94664		\$17.82
94667		\$24.59
94668		\$38.50
94669		\$20.32
94680		\$55.25
94680	26	\$12.83
94680	TC	\$42.42
94681		\$49.19
94681	26	\$9.62
94681	TC	\$39.56
94690		\$50.26
94690	26	\$3.92
94690	TC	\$46.34
94726		\$57.03
94726	26	\$12.12
94726	TC	\$44.91
94727		\$45.98
94727	26	\$12.48
94727	TC	\$33.51
94728		\$41.70
94728	26	\$12.83

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
94728	TC	\$28.87
94729		\$59.88
94729	26	\$9.27
94729	TC	\$50.61
94760		\$2.14
94761		\$3.56
94762		\$26.73
94780		\$54.18
94781		\$21.39
95004		\$3.92
95012		\$19.60
95017		\$8.91
95018		\$21.03
95024		\$8.20
95027		\$4.99
95028		\$13.19
95044		\$4.99
95052		\$6.42
95056		\$53.82
95060		\$39.56
95065		\$29.23
95070		\$36.36
95076		\$127.25
95079		\$88.40
95115		\$10.34
95117		\$12.12
95144		\$17.47
95145		\$34.93
95146		\$64.52
95147		\$62.38
95148		\$92.32
95149		\$122.26

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95165		\$15.68
95170		\$11.76
95180		\$143.64
95249		\$64.16
95250		\$153.98
95251		\$35.64
95717		\$104.79
95718		\$137.94
95719		\$161.82
95720		\$213.15
95721		\$212.79
95722		\$258.77
95723		\$260.20
95724		\$327.57
95725		\$297.27
95726		\$415.96
95782		\$1,006.22
95782	26	\$127.60
95782	TC	\$878.62
95783		\$1,065.75
95783	26	\$139.01
95783	TC	\$926.74
95800		\$157.55
95800	26	\$41.70
95800	TC	\$115.84
95801		\$97.66
95801	26	\$41.70
95801	TC	\$55.96
95803		\$147.21
95803	26	\$44.20
95803	TC	\$103.01
95805		\$442.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95805	26	\$58.81
95805	TC	\$383.53
95806		\$96.59
95806	26	\$45.27
95806	TC	\$51.33
95807		\$409.19
95807	26	\$60.95
95807	TC	\$348.24
95808		\$581.71
95808	26	\$85.55
95808	TC	\$496.16
95810		\$642.30
95810	26	\$121.55
95810	TC	\$520.76
95811		\$671.89
95811	26	\$126.54
95811	TC	\$545.35
95812		\$366.42
95812	26	\$58.10
95812	TC	\$308.32
95813		\$454.81
95813	26	\$87.68
95813	TC	\$367.13
95816		\$406.34
95816	26	\$58.10
95816	TC	\$348.24
95819		\$471.57
95819	26	\$58.10
95819	TC	\$413.47
95822		\$441.63
95822	26	\$58.46
95822	TC	\$383.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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	\$39.92
95829		\$1,877.36
95829	26	\$337.19
95829	TC	\$1,540.17
95830		\$736.40
95836		\$108.00
95851		\$22.10
95852		\$18.18
95857		\$65.58
95860		\$118.34
95860	26	\$52.04
95860	TC	\$66.30
95861		\$169.31
95861	26	\$83.41
95861	TC	\$85.90
95863		\$219.92
95863	26	\$101.58
95863	TC	\$118.34
95864		\$246.30
95864	26	\$108.00
95864	TC	\$138.30
95865		\$157.55
95865	26	\$84.48
95865	TC	\$73.07
95866		\$133.66
95866	26	\$65.94
95866	TC	\$67.72
95867		\$112.99
95867	26	\$42.77
95867	TC	\$70.22
95868		\$147.21
95868	26	\$63.80

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95868	TC	\$83.41
95869		\$101.58
95869	26	\$20.32
95869	TC	\$81.27
95870		\$88.04
95870	26	\$19.96
95870	TC	\$68.08
95872		\$206.38
95872	26	\$153.62
95872	TC	\$52.75
95873		\$76.28
95873	26	\$19.96
95873	TC	\$56.32
95874		\$81.98
95874	26	\$19.96
95874	TC	\$62.02
95875		\$144.36
95875	26	\$59.53
95875	TC	\$84.83
95885		\$65.58
95885	26	\$18.53
95885	TC	\$47.05
95886		\$103.01
95886	26	\$46.69
95886	TC	\$56.32
95887		\$88.40
95887	26	\$38.14
95887	TC	\$50.26
95905		\$36.36
95905	26	\$2.85
95905	TC	\$33.51
95907		\$94.10

**ND Medicaid
Professional Services Fee Schedule
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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
95907	26	\$54.18
95907	TC	\$39.92
95908		\$117.27
95908	26	\$67.72
95908	TC	\$49.54
95909		\$140.79
95909	26	\$81.27
95909	TC	\$59.53
95910		\$184.28
95910	26	\$108.00
95910	TC	\$76.28
95911		\$222.42
95911	26	\$134.73
95911	TC	\$87.68
95912		\$260.20
95912	26	\$161.47
95912	TC	\$98.73
95913		\$300.48
95913	26	\$191.41
95913	TC	\$109.07
95919		\$16.04
95919	26	\$10.34
95919	TC	\$5.70
95921		\$91.96
95921	26	\$45.98
95921	TC	\$45.98
95922		\$101.94
95922	26	\$47.41
95922	TC	\$54.54
95923		\$130.10
95923	26	\$45.98
95923	TC	\$84.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95924		\$159.33
95924	26	\$89.47
95924	TC	\$69.86
95925		\$188.20
95925	26	\$28.87
95925	TC	\$159.33
95926		\$164.32
95926	26	\$28.16
95926	TC	\$136.16
95927		\$175.72
95927	26	\$27.80
95927	TC	\$147.92
95928		\$249.15
95928	26	\$80.91
95928	TC	\$168.24
95929		\$253.43
95929	26	\$80.91
95929	TC	\$172.52
95930		\$70.22
95930	26	\$19.25
95930	TC	\$50.97
95933		\$86.61
95933	26	\$32.08
95933	TC	\$54.54
95937		\$111.21
95937	26	\$35.29
95937	TC	\$75.92
95938		\$386.38
95938	26	\$46.34
95938	TC	\$340.04
95939		\$578.86
95939	26	\$121.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95939	TC	\$457.67
95940		\$33.15
95954		\$426.66
95954	26	\$111.57
95954	TC	\$315.09
95955		\$203.88
95955	26	\$54.54
95955	TC	\$149.35
95957		\$290.85
95957	26	\$104.44
95957	TC	\$186.42
95958		\$708.60
95958	26	\$229.90
95958	TC	\$478.70
95961		\$326.50
95961	26	\$162.18
95961	TC	\$164.32
95962		\$283.01
95962	26	\$175.01
95962	TC	\$108.00
95965	26	\$423.80
95966	26	\$216.36
95967	26	\$189.27
95970		\$19.25
95971		\$49.19
95972		\$58.10
95976		\$40.63
95977		\$53.82
95980		\$44.55
95981		\$39.92
95982		\$60.24
95983		\$51.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
95984		\$44.55
95990		\$94.81
95991		\$115.84
95992		\$45.27
96004		\$111.21
96020	26	\$163.96
96040		\$51.33
96105		\$101.58
96110		\$11.05
96112		\$130.81
96113		\$62.02
96116		\$96.59
96121		\$79.13
96125		\$107.64
96127		\$4.63
96130		\$124.75
96131		\$90.54
96132		\$135.09
96133		\$103.37
96136		\$44.55
96137		\$40.99
96138		\$35.64
96139		\$36.71
96146		\$2.14
96156		\$99.09
96158		\$67.72
96159		\$23.17
96160		\$2.85
96161		\$2.85
96164		\$9.98
96165		\$4.63
96167		\$72.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
96168		\$25.31
96360		\$34.22
96361		\$13.19
96365		\$67.37
96366		\$21.39
96367		\$30.30
96368		\$20.67
96369		\$148.28
96370		\$16.04
96371		\$59.88
96372		\$14.61
96373		\$18.89
96374		\$39.21
96375		\$16.04
96377		\$19.25
96401		\$76.63
96402		\$35.64
96405		\$88.75
96406		\$138.65
96409		\$106.22
96411		\$58.10
96413		\$137.59
96415		\$29.58
96416		\$135.09
96417		\$67.72
96420		\$108.36
96422		\$166.46
96423		\$76.99
96425		\$178.22
96440		\$800.92
96446		\$199.61
96450		\$173.23

**ND Medicaid
Professional Services Fee Schedule
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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
96521		\$132.95
96522		\$122.61
96523		\$26.73
96542		\$136.87
96567		\$149.70
96570		\$54.18
96571		\$25.66
96573		\$245.59
96574		\$299.76
96900		\$25.66
96910		\$125.47
96912		\$106.93
96913		\$162.18
96920		\$165.74
96921		\$181.78
96922		\$247.37
96931		\$181.78
96932		\$136.16
96933		\$45.62
96934		\$126.18
96935		\$83.05
96936		\$43.13
97010		\$6.42
97022		\$17.82
97032		\$14.97
97035		\$14.97
97110		\$31.01
97112		\$35.64
97113		\$38.85
97116		\$31.01
97129		\$23.52
97130		\$22.46

**ND Medicaid
Professional Services Fee Schedule
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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
97140		\$28.52
97150		\$18.53
97161		\$106.22
97162		\$106.22
97163		\$106.22
97164		\$73.43
97165		\$106.22
97166		\$106.22
97167		\$106.22
97168		\$73.07
97530		\$39.21
97542		\$33.51
97597		\$106.22
97598		\$46.69
97605		\$44.91
97606		\$53.82
97607		\$389.23
97608		\$390.30
97761		\$44.20
97802		\$38.50
97803		\$33.51
97804		\$17.47
98925		\$32.44
98926		\$46.69
98927		\$60.59
98928		\$74.14
98929		\$87.33
98940		\$45.06
98941		\$62.68
98942		\$81.61
99151		\$63.45
99152		\$52.75

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
99153		\$11.41
99155		\$83.05
99156		\$76.63
99157		\$63.09
99170		\$170.38
99173		\$2.85
99174		\$6.06
99175		\$31.72
99177		\$4.63
99183		\$106.93
99184		\$219.92
99188		\$28.44
99195		\$102.30
99202		\$75.21
99203		\$115.49
99204		\$171.80
99205		\$226.69
99211		\$24.24
99212		\$58.81
99213		\$93.74
99214		\$132.59
99215		\$185.35
99221		\$84.48
99222		\$132.95
99223		\$177.86
99231		\$50.61
99232		\$81.27
99233		\$122.26
99234		\$100.87
99235		\$163.61
99236		\$214.22
99238		\$83.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
99239		\$117.62
99281		\$11.76
99282		\$42.42
99283		\$72.71
99284		\$122.61
99285		\$177.86
99291		\$281.94
99292		\$122.26
99304		\$82.69
99305		\$137.23
99306		\$187.49
99307		\$40.99
99308		\$76.63
99309		\$110.14
99310		\$157.90
99315		\$84.12
99316		\$135.09
99341		\$50.61
99342		\$80.55
99344		\$148.28
99345		\$208.52
99347		\$46.34
99348		\$78.77
99349		\$131.17
99350		\$191.41
99360		\$60.24
99375		\$104.79
99378		\$104.79
99381		\$113.35
99382		\$118.34
99383		\$122.97
99384		\$138.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
99385		\$134.38
99386		\$154.69
99387		\$167.88
99391		\$101.94
99392		\$108.71
99393		\$108.36
99394		\$118.34
99395		\$120.83
99396		\$128.32
99397		\$138.65
99406		\$15.33
99407		\$28.52
99417		\$32.08
99418		\$40.63
99421		\$15.33
99422		\$30.30
99423		\$48.48
99441		\$58.46
99442		\$93.74
99443		\$132.24
99459		\$24.24
99460		\$95.53
99461		\$95.17
99462		\$42.06
99463		\$111.57
99464		\$74.85
99465		\$145.43
99466		\$238.10
99467		\$120.12
99468		\$918.18
99469		\$397.43
99471		\$794.50

**ND Medicaid
Professional Services Fee Schedule
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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
99472		\$401.71
99475		\$570.30
99476		\$343.61
99477		\$348.24
99478		\$136.87
99479		\$124.75
99480		\$120.12
0021A		\$17.06
0022A		\$17.06
0027U		\$121.91
0077U		\$43.43
0202U		\$416.78
0223U		\$416.78
0224U		\$51.43
0225U		\$416.78
0226U		\$42.28
0240U		\$142.63
0241U		\$142.63
0509T		\$79.84
0509T	26	\$22.10
0509T	TC	\$57.74
A9575		\$0.14
A9576		\$1.42
A9577		\$1.84
A9578		\$1.81
A9579		\$1.58
A9585		\$0.33
A9589		\$1,230.84
G0101		\$40.28
G0103		\$19.31
G0104		\$197.11
G0105		\$355.37

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
G0106		\$238.10
G0106	26	\$62.02
G0106	TC	\$176.08
G0108		\$57.03
G0109		\$16.04
G0121		\$355.37
G0122		\$347.17
G0122	26	\$49.19
G0122	TC	\$297.98
G0123		\$20.26
G0124		\$23.88
G0127		\$24.59
G0128		\$9.27
G0130		\$37.78
G0130	26	\$11.41
G0130	TC	\$26.38
G0141		\$23.88
G0143		\$27.05
G0144		\$43.97
G0145		\$26.49
G0147		\$17.76
G0148		\$31.94
G0166		\$110.50
G0168		\$131.53
G0179		\$43.13
G0180		\$54.54
G0181		\$107.64
G0182		\$108.36
G0237		\$11.05
G0238		\$10.69
G0239		\$13.19
G0245		\$66.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
G0246		\$40.28
G0247		\$88.75
G0248		\$103.01
G0249		\$71.29
G0250		\$8.91
G0252	26	\$74.85
G0268		\$54.54
G0270		\$33.51
G0271		\$17.47
G0277		\$180.71
G0278		\$13.19
G0279		\$55.60
G0279	26	\$29.94
G0279	TC	\$25.66
G0281		\$12.48
G0288		\$40.99
G0289		\$84.83
G0296		\$29.23
G0306		\$7.77
G0307		\$6.47
G0312		\$40.50
G0313		\$66.53
G0314		\$66.53
G0315		\$40.50
G0316		\$32.79
G0317		\$32.79
G0318		\$32.08
G0328		\$18.05
G0329		\$11.41
G0337		\$72.00
G0341		\$1,724.80
G0342		\$748.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
G0343		\$1,223.65
G0372		\$8.91
G0396		\$36.00
G0397		\$69.86
G0403		\$14.97
G0404		\$6.42
G0405		\$8.20
G0406		\$42.06
G0407		\$74.14
G0408		\$108.00
G0409		\$23.88
G0412		\$735.69
G0413		\$1,077.16
G0414		\$1,016.92
G0415		\$1,380.84
G0416		\$380.32
G0416	26	\$182.85
G0416	TC	\$197.47
G0422		\$125.11
G0423		\$125.11
G0425		\$94.81
G0426		\$133.31
G0427		\$190.69
G0429		\$102.30
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98
G0438		\$171.80
G0439		\$134.73
G0455		\$135.45
G0471		\$10.83
G0472		\$46.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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		\$59.17
G0659		\$62.14
G2082		\$873.27
G2083		\$1,240.76
G2086		\$403.84
G2087		\$364.99
G2088		\$63.09
G2212		\$33.15
G2215		\$92.16
G2251		\$14.61
G2252		\$27.45
G6001		\$191.41
G6001	26	\$33.15
G6001	TC	\$158.26
G6002		\$78.77
G6002	26	\$21.39
G6002	TC	\$57.39
G6003		\$162.54
G6004		\$137.23
G6005		\$137.59
G6006		\$136.87
G6007		\$253.43
G6008		\$189.63
G6009		\$188.91
G6010		\$187.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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Code	Modifier	Medicaid Fee
G6011		\$253.07
G6012		\$250.22
G6013		\$250.93
G6014		\$249.51
G6015		\$383.17
G6016		\$382.46
G9143		\$120.72
G9157		\$95.88
H1000		\$90.77
H1001		\$60.52
H1002		\$60.52
H1003		\$60.52
H1004		\$60.52
K1034		\$12.36
M0201		\$17.06
M0220		\$148.57
M0221		\$247.40
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		\$17.76
P3001		\$23.88
P9603		\$0.35
P9604		\$5.05
Q0035		\$18.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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Code	Modifier	Medicaid Fee
Q0035	26	\$8.55
Q0035	TC	\$9.62
Q0091		\$45.62
Q0092		\$26.02
Q0111		\$17.76
Q0112		\$5.83
Q0138		\$0.56
Q0139		\$0.56
Q0162		\$0.01
Q0164		\$0.44
Q0167		\$0.79
Q0510		\$63.19
Q0511		\$30.33
Q0512		\$20.22
Q0513		\$41.70
Q0514		\$83.39
Q2043		\$53,981.46
Q2050		\$102.24
Q3014		\$32.67
Q3027		\$54.42
Q4001		\$53.95
Q4002		\$203.87
Q4003		\$38.77
Q4004		\$134.11
Q4005		\$14.29
Q4006		\$32.19
Q4007		\$7.14
Q4008		\$16.08
Q4009		\$9.53
Q4010		\$21.47
Q4011		\$4.76
Q4012		\$10.72

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
Q4013		\$17.33
Q4014		\$29.28
Q4015		\$8.67
Q4016		\$14.65
Q4017		\$10.06
Q4018		\$16.02
Q4019		\$5.00
Q4020		\$8.02
Q4021		\$7.42
Q4022		\$13.42
Q4023		\$3.74
Q4024		\$6.67
Q4025		\$41.67
Q4026		\$130.05
Q4027		\$20.84
Q4028		\$65.01
Q4029		\$31.86
Q4030		\$83.84
Q4031		\$15.92
Q4032		\$41.92
Q4033		\$29.72
Q4034		\$73.89
Q4035		\$14.87
Q4036		\$36.95
Q4037		\$18.12
Q4038		\$45.40
Q4039		\$9.08
Q4040		\$22.72
Q4041		\$22.04
Q4042		\$37.61
Q4043		\$11.01
Q4044		\$18.83

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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Code	Modifier	Medicaid Fee
Q4045		\$12.79
Q4046		\$20.55
Q4047		\$6.37
Q4048		\$10.31
Q4049		\$2.36
Q4074		\$139.51
Q4081		\$0.82
Q4101		\$30.36
Q4102		\$12.72
Q4103		\$12.86
Q4106		\$16.25
Q4110		\$42.88
Q4111		\$7.06
Q4121		\$44.31
Q4132		\$373.33
Q4133		\$137.13
Q4137		\$99.91
Q4145		\$19.48
Q4151		\$120.84
Q4154		\$158.17
Q4159		\$460.50
Q4160		\$94.06
Q4163		\$104.78
Q4173		\$209.82
Q4174		\$291.27
Q4186		\$153.46
Q4187		\$241.75
Q4195		\$71.23
Q4196		\$109.76
Q5101		\$0.24
Q5103		\$24.80
Q5104		\$45.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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

Code	Modifier	Medicaid Fee
Q5105		\$0.81
Q5106		\$8.06
Q5107		\$31.70
Q5108		\$136.54
Q5110		\$0.36
Q5111		\$137.66
Q5112		\$58.34
Q5113		\$36.40
Q5114		\$42.60
Q5115		\$48.83
Q5116		\$33.20
Q5117		\$33.37
Q5118		\$33.69
Q5119		\$32.68
Q5120		\$89.94
Q5121		\$33.50
Q5122		\$146.65
Q5123		\$49.75
Q5125		\$12.03
Q9950		\$18.38
Q9956		\$30.52
Q9957		\$45.78
Q9958		\$0.08
Q9960		\$0.27
Q9961		\$0.15
Q9963		\$0.21
Q9965		\$1.49
Q9966		\$0.48
Q9967		\$0.17
Q9991		\$1,825.83
Q9992		\$1,825.83
R0070		\$77.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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Code	Modifier	Medicaid Fee
R0075		\$77.34
S0302		\$137.65
S0390		\$21.90
S2083		\$112.50
S5497		\$7.58
S9326		\$58.91
S9327		\$75.73
S9330		\$58.91
S9331		\$75.73
S9338		\$75.73
S9339		\$58.91
S9364		\$277.60
S9373		\$75.73
S9497		\$101.31
S9500		\$75.97
S9501		\$83.69
S9502		\$83.69
S9503		\$83.69
S9504		\$101.31
T1001		\$17.27
T1002		\$18.05
T1003		\$14.71
T1004		\$11.31
T1013		\$16.78
T1015		\$120.43
T1021		\$19.18
T1025		\$363.44
T1030		\$72.18
T1031		\$58.80
U0001		\$35.92
U0002		\$51.31
V2020		\$26.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2024**

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Code	Modifier	Medicaid Fee
V2025		\$16.84
V2104		\$7.58
V2105		\$5.05
V2111		\$2.97
V2204		\$17.70
V2299		\$18.50
V2304		\$24.07
V2430		\$37.03
V2710		\$78.23
V2715		\$3.36
V2718		\$13.07
V2744		\$7.85
V2745		\$2.11
V2760		\$2.97
V2780		\$2.53
V2784		\$8.40
V5008		\$9.90
V5020		\$33.65