

**ND Medicaid
 Professional Services Fee Schedule
 as of 7/1/2021**

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

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

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

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

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

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

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

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

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

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Code	Modifier	Medicaid Fee
15787		\$36.75
15819		\$780.13
15820		\$580.28
15821		\$617.73
15822		\$461.64
15823		\$621.93
15830		\$1,139.57
15832		\$895.62
15840		\$989.77
15841		\$1,735.25
15842		\$2,628.77
15845		\$993.62
15851		\$108.85
15852		\$44.45
15860		\$102.55
15920		\$611.78
15922		\$779.43
15931		\$681.43
15933		\$842.43
15934		\$921.52
15935		\$1,129.07
15936		\$876.72
15937		\$1,018.12
15940		\$682.83
15941		\$904.37
15944		\$898.07
15945		\$996.77
15946		\$1,573.21
15950		\$598.13
15951		\$880.92
15952		\$895.27
15953		\$986.62
15956		\$1,135.02

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Code	Modifier	Medicaid Fee
15958		\$1,158.47
16000		\$73.85
16020		\$85.05
16025		\$155.05
16030		\$193.19
16035		\$186.89
16036		\$75.25
17000		\$66.50
17003		\$6.65
17004		\$167.30
17106		\$342.29
17107		\$446.94
17108		\$629.63
17110		\$115.50
17111		\$134.75
17250		\$91.00
17260		\$99.75
17261		\$149.80
17262		\$179.89
17263		\$194.59
17264		\$208.59
17266		\$237.29
17270		\$150.85
17271		\$167.30
17272		\$190.04
17273		\$211.04
17274		\$246.74
17276		\$285.59
17280		\$142.10
17281		\$180.94
17282		\$207.19
17283		\$244.99
17284		\$278.59

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Code	Modifier	Medicaid Fee
17286		\$356.64
17311		\$680.38
17312		\$414.39
17313		\$639.43
17314		\$396.89
17315		\$77.35
17340		\$51.80
17360		\$123.20
19000		\$108.85
19001		\$26.60
19020		\$481.94
19030		\$171.85
19081		\$584.13
19082		\$469.69
19083		\$584.83
19084		\$461.29
19085		\$902.27
19086		\$716.43
19100		\$157.85
19101		\$340.89
19105		\$2,781.72
19110		\$498.39
19112		\$472.14
19120		\$508.19
19125		\$558.93
19126		\$151.90
19281		\$250.24
19282		\$179.19
19283		\$276.14
19284		\$211.39
19285		\$440.64
19286		\$373.09
19287		\$758.08

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Code	Modifier	Medicaid Fee
19288		\$600.23
19294		\$155.75
19296		\$4,305.93
19297		\$89.60
19298		\$1,014.62
19300		\$576.78
19301		\$633.83
19302		\$870.43
19303		\$919.77
19305		\$1,101.07
19306		\$1,173.17
19307		\$1,139.22
19316		\$772.08
19318		\$1,067.47
19325		\$601.63
19328		\$542.48
19330		\$631.38
19340		\$739.53
19342		\$745.13
19350		\$825.63
19355		\$752.13
19357		\$1,143.42
19361		\$1,521.76
19364		\$2,654.67
19367		\$1,725.45
19368		\$2,119.19
19369		\$1,969.04
19370		\$655.88
19371		\$696.48
19380		\$789.93
19396		\$290.14
20100		\$579.58
20101		\$614.23

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Code	Modifier	Medicaid Fee
20102		\$635.58
20103		\$580.98
20150		\$977.17
20200		\$227.49
20205		\$311.14
20206		\$247.44
20220		\$255.14
20225		\$421.04
20240		\$139.65
20245		\$336.34
20250		\$377.64
20251		\$410.89
20500		\$119.35
20501		\$149.10
20520		\$219.09
20525		\$486.14
20526		\$79.80
20527		\$85.40
20550		\$55.65
20551		\$57.05
20552		\$53.90
20553		\$61.95
20555		\$327.24
20600		\$51.45
20604		\$80.85
20605		\$53.55
20606		\$88.55
20610		\$63.35
20611		\$98.35
20612		\$63.00
20615		\$258.29
20650		\$219.09
20660		\$225.39

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Code	Modifier	Medicaid Fee
20661		\$492.44
20662		\$509.94
20663		\$470.04
20664		\$834.73
20665		\$114.80
20670		\$387.09
20680		\$616.68
20690		\$582.03
20692		\$1,096.52
20693		\$436.79
20694		\$431.19
20696		\$1,163.37
20697		\$2,141.94
20700		\$80.15
20701		\$60.55
20702		\$134.05
20703		\$96.60
20704		\$139.65
20705		\$115.50
20802		\$2,658.52
20805		\$3,156.56
20808		\$3,808.24
20816		\$1,990.74
20822		\$1,720.20
20824		\$1,994.24
20827		\$1,766.40
20838		\$2,700.52
20900		\$413.69
20902		\$269.84
20910		\$466.54
20912		\$470.04
20920		\$387.79
20922		\$593.93

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Code	Modifier	Medicaid Fee
20924		\$498.74
20931		\$102.90
20932		\$727.98
20933		\$667.78
20934		\$727.63
20937		\$157.50
20938		\$171.85
20939		\$65.45
20950		\$278.24
20955		\$2,406.88
20956		\$2,556.68
20957		\$2,663.42
20962		\$2,585.03
20969		\$2,642.77
20970		\$2,757.57
20972		\$2,749.87
20973		\$2,903.52
20974		\$80.50
20975		\$169.05
20979		\$54.25
20982		\$4,014.04
20983		\$5,921.13
20985		\$139.65
21010		\$741.28
21011		\$374.14
21012		\$330.39
21013		\$537.58
21014		\$510.64
21015		\$687.73
21016		\$977.17
21025		\$803.58
21026		\$550.18
21029		\$773.48

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Code	Modifier	Medicaid Fee
21030		\$482.99
21031		\$396.19
21032		\$392.69
21034		\$1,293.91
21040		\$489.64
21044		\$848.38
21045		\$1,178.77
21046		\$1,016.37
21047		\$1,250.86
21048		\$1,028.97
21049		\$1,184.37
21050		\$873.58
21060		\$791.68
21070		\$614.93
21073		\$381.84
21076		\$869.38
21077		\$2,126.19
21079		\$1,454.21
21080		\$1,681.00
21081		\$1,548.36
21082		\$1,417.46
21083		\$1,353.76
21084		\$1,546.26
21085		\$678.28
21086		\$1,584.40
21087		\$1,584.40
21100		\$657.63
21110		\$889.32
21116		\$222.59
21120		\$690.18
21121		\$661.48
21122		\$762.28
21123		\$876.37

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Code	Modifier	Medicaid Fee
21125		\$2,899.67
21127		\$4,306.63
21141		\$1,332.41
21142		\$1,367.76
21143		\$1,416.06
21145		\$1,549.06
21146		\$1,616.95
21147		\$1,702.35
21150		\$1,616.25
21151		\$1,776.90
21154		\$1,910.60
21155		\$2,116.39
21159		\$2,531.83
21160		\$2,743.92
21172		\$1,972.89
21175		\$2,160.49
21179		\$1,486.06
21180		\$1,659.30
21181		\$725.53
21182		\$2,063.19
21183		\$2,244.49
21184		\$2,413.53
21188		\$1,608.20
21193		\$1,231.61
21194		\$1,423.41
21195		\$1,368.46
21196		\$1,391.21
21198		\$1,064.32
21199		\$1,017.77
21206		\$996.07
21208		\$1,750.65
21209		\$808.83
21210		\$1,951.89

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Code	Modifier	Medicaid Fee
21215		\$4,382.92
21230		\$733.23
21235		\$731.13
21240		\$1,051.37
21242		\$1,010.77
21243		\$1,603.30
21244		\$1,012.17
21245		\$1,265.56
21246		\$849.78
21247		\$1,579.85
21248		\$1,014.62
21249		\$1,372.31
21255		\$1,364.61
21256		\$1,211.32
21260		\$1,367.76
21261		\$2,405.48
21263		\$2,227.69
21267		\$1,600.85
21268		\$1,998.79
21270		\$1,008.32
21275		\$827.38
21280		\$577.48
21282		\$391.29
21295		\$190.74
21296		\$407.74
21310		\$135.10
21315		\$290.14
21320		\$265.99
21325		\$448.69
21330		\$535.83
21335		\$713.98
21336		\$648.53
21337		\$422.79

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Code	Modifier	Medicaid Fee
21338		\$673.73
21339		\$758.43
21340		\$730.78
21343		\$1,074.47
21344		\$1,364.61
21345		\$789.23
21346		\$1,011.47
21347		\$1,023.72
21348		\$1,061.87
21355		\$442.74
21356		\$509.94
21360		\$508.54
21365		\$1,070.97
21366		\$1,247.36
21385		\$733.23
21386		\$677.93
21387		\$764.73
21390		\$793.08
21395		\$988.37
21400		\$209.29
21401		\$523.59
21406		\$573.98
21407		\$634.53
21408		\$884.07
21421		\$678.98
21422		\$637.33
21423		\$796.58
21431		\$711.18
21432		\$715.73
21433		\$1,691.50
21435		\$1,373.71
21436		\$1,986.89
21440		\$691.58

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21445		\$814.78
21450		\$615.63
21451		\$797.63
21452		\$792.03
21453		\$1,114.72
21454		\$489.29
21461		\$2,018.04
21462		\$2,204.24
21465		\$799.38
21470		\$1,146.57
21480		\$139.30
21485		\$1,003.42
21490		\$787.13
21497		\$734.63
21501		\$487.54
21502		\$491.04
21510		\$438.54
21550		\$275.09
21552		\$432.24
21554		\$706.63
21555		\$436.79
21556		\$516.59
21557		\$923.62
21558		\$1,292.86
21600		\$543.53
21601		\$1,125.92
21602		\$1,528.06
21603		\$1,660.70
21610		\$1,123.47
21615		\$582.03
21616		\$668.48
21620		\$491.74
21627		\$527.08

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as of 7/1/2021**

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Code	Modifier	Medicaid Fee
21630		\$1,150.77
21632		\$1,157.07
21685		\$969.82
21700		\$334.94
21705		\$498.74
21720		\$503.29
21725		\$532.33
21740		\$975.77
21750		\$645.73
21811		\$564.18
21812		\$683.88
21813		\$929.22
21820		\$148.05
21825		\$528.48
21920		\$267.04
21925		\$482.64
21930		\$501.19
21931		\$454.64
21932		\$641.18
21933		\$712.93
21935		\$990.47
21936		\$1,356.21
22010		\$926.77
22015		\$913.12
22100		\$831.58
22101		\$834.03
22102		\$802.18
22103		\$133.00
22110		\$1,000.27
22112		\$1,062.22
22114		\$1,062.22
22116		\$131.60
22206		\$2,312.38

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
22207		\$2,275.98
22208		\$547.73
22210		\$1,703.40
22212		\$1,439.86
22214		\$1,443.01
22216		\$341.24
22220		\$1,541.36
22222		\$1,638.30
22224		\$1,530.16
22226		\$339.84
22310		\$304.49
22315		\$869.03
22318		\$1,534.36
22319		\$1,700.60
22325		\$1,391.91
22326		\$1,419.91
22327		\$1,448.26
22328		\$262.14
22505		\$127.05
22510		\$1,954.34
22511		\$1,948.74
22512		\$843.13
22513		\$6,805.56
22514		\$6,781.76
22515		\$3,658.10
22526		\$2,305.03
22527		\$1,924.25
22532		\$1,699.55
22533		\$1,591.05
22534		\$337.74
22548		\$1,823.80
22551		\$1,605.75
22552		\$368.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
22554		\$1,194.52
22556		\$1,580.90
22558		\$1,458.76
22585		\$305.89
22586		\$1,886.80
22590		\$1,489.21
22595		\$1,423.06
22600		\$1,229.16
22610		\$1,213.07
22612		\$1,513.01
22614		\$365.04
22630		\$1,488.86
22632		\$296.79
22633		\$1,752.40
22634		\$462.69
22800		\$1,301.61
22802		\$2,016.29
22804		\$2,319.03
22808		\$1,735.95
22810		\$1,969.74
22812		\$2,134.94
22818		\$2,085.24
22819		\$2,399.88
22830		\$786.78
22840		\$709.43
22842		\$711.88
22843		\$762.28
22844		\$928.87
22845		\$677.58
22846		\$704.18
22847		\$771.03
22848		\$338.79
22849		\$1,243.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
22850		\$703.83
22852		\$677.93
22853		\$241.14
22854		\$311.84
22855		\$1,055.22
22856		\$1,543.46
22857		\$1,715.30
22858		\$475.29
22859		\$311.84
22861		\$2,142.99
22862		\$2,145.44
22864		\$1,915.50
22865		\$2,095.04
22867		\$936.92
22868		\$227.49
22869		\$436.79
22870		\$118.65
22900		\$546.33
22901		\$643.63
22902		\$471.09
22903		\$425.94
22904		\$1,003.77
22905		\$1,267.66
23000		\$578.53
23020		\$676.88
23030		\$453.94
23031		\$438.89
23035		\$669.53
23040		\$704.53
23044		\$553.33
23065		\$228.54
23066		\$586.93
23071		\$408.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
23073		\$676.53
23075		\$521.84
23076		\$528.83
23077		\$1,086.02
23078		\$1,382.46
23100		\$499.44
23101		\$451.49
23105		\$631.03
23106		\$495.94
23107		\$650.98
23120		\$578.88
23125		\$696.83
23130		\$608.63
23140		\$547.03
23145		\$683.53
23146		\$613.88
23150		\$647.83
23155		\$781.88
23156		\$667.08
23170		\$555.78
23172		\$561.38
23174		\$749.33
23180		\$649.23
23182		\$660.43
23184		\$727.28
23190		\$566.28
23195		\$732.88
23200		\$1,462.96
23210		\$1,715.30
23220		\$1,876.30
23330		\$306.94
23333		\$466.54
23334		\$1,040.52

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
23335		\$1,234.76
23350		\$169.40
23395		\$1,251.21
23397		\$1,103.87
23400		\$950.92
23405		\$610.38
23406		\$746.88
23410		\$803.58
23412		\$834.38
23415		\$685.63
23420		\$952.67
23430		\$731.13
23440		\$740.58
23450		\$924.32
23455		\$970.52
23460		\$1,063.27
23462		\$1,040.52
23465		\$1,090.92
23466		\$1,091.97
23470		\$1,170.37
23472		\$1,408.71
23473		\$1,569.71
23474		\$1,692.55
23480		\$803.23
23485		\$926.77
23490		\$842.08
23491		\$991.87
23500		\$222.59
23505		\$357.34
23515		\$707.33
23520		\$240.79
23525		\$395.14
23530		\$566.98

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
23532		\$616.33
23540		\$236.24
23545		\$346.49
23550		\$563.83
23552		\$643.98
23570		\$234.84
23575		\$408.44
23585		\$953.72
23600		\$334.94
23605		\$470.04
23615		\$865.53
23616		\$1,203.62
23620		\$271.24
23625		\$380.44
23630		\$765.78
23650		\$321.99
23655		\$404.94
23660		\$576.78
23665		\$430.49
23670		\$853.28
23675		\$548.08
23680		\$907.17
23700		\$192.14
23800		\$1,002.37
23802		\$1,250.16
23900		\$1,346.76
23920		\$1,095.12
23921		\$465.14
23930		\$372.39
23931		\$313.94
23935		\$505.39
24000		\$471.44
24006		\$700.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
24065		\$265.99
24066		\$634.53
24071		\$394.79
24073		\$674.08
24075		\$541.43
24076		\$531.98
24077		\$994.67
24079		\$1,273.26
24100		\$415.09
24101		\$498.04
24102		\$609.68
24105		\$356.99
24110		\$572.93
24115		\$723.43
24116		\$841.38
24120		\$525.68
24125		\$613.18
24126		\$639.78
24130		\$505.04
24134		\$733.23
24136		\$622.63
24138		\$676.18
24140		\$691.23
24145		\$585.53
24147		\$621.23
24149		\$1,154.27
24150		\$1,501.11
24152		\$1,307.56
24155		\$833.68
24160		\$1,226.71
24164		\$708.38
24200		\$223.29
24201		\$557.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
24220		\$197.74
24300		\$432.59
24301		\$736.03
24305		\$572.58
24310		\$468.29
24320		\$764.73
24330		\$704.53
24331		\$769.98
24332		\$605.83
24340		\$609.33
24341		\$734.98
24342		\$761.23
24343		\$703.48
24344		\$1,072.02
24345		\$698.93
24346		\$1,079.02
24357		\$418.24
24358		\$521.84
24359		\$651.68
24360		\$883.02
24361		\$984.17
24362		\$1,035.27
24363		\$1,411.16
24365		\$630.68
24366		\$669.88
24370		\$1,495.86
24371		\$1,721.25
24400		\$809.53
24410		\$1,032.82
24420		\$1,035.97
24430		\$1,030.72
24435		\$1,057.32
24470		\$660.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
24495		\$754.23
24498		\$847.33
24500		\$362.59
24505		\$501.89
24515		\$863.08
24516		\$841.03
24530		\$383.59
24535		\$618.08
24538		\$770.33
24545		\$908.22
24546		\$1,012.87
24560		\$334.94
24565		\$539.33
24566		\$710.83
24575		\$719.23
24576		\$352.79
24577		\$554.38
24579		\$817.58
24582		\$803.23
24586		\$1,062.57
24587		\$1,061.17
24600		\$369.59
24605		\$473.89
24615		\$700.68
24620		\$554.03
24635		\$664.98
24640		\$104.65
24650		\$266.34
24655		\$443.44
24665		\$649.93
24666		\$721.33
24670		\$293.99
24675		\$458.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
24685		\$645.38
24800		\$816.53
24802		\$979.27
24900		\$721.68
24920		\$718.53
24925		\$560.68
24930		\$758.08
24931		\$909.62
24935		\$1,188.22
25000		\$342.99
25001		\$343.69
25020		\$718.18
25023		\$1,281.31
25024		\$766.13
25025		\$1,157.77
25028		\$668.13
25031		\$364.34
25035		\$577.48
25040		\$552.63
25065		\$263.89
25066		\$358.74
25071		\$412.99
25073		\$524.99
25075		\$529.88
25076		\$509.24
25077		\$863.78
25078		\$1,122.07
25085		\$444.84
25100		\$346.49
25101		\$401.44
25105		\$482.29
25107		\$610.38
25109		\$529.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
25110		\$341.94
25111		\$322.34
25112		\$385.69
25115		\$745.48
25116		\$596.38
25118		\$379.74
25119		\$493.84
25120		\$496.64
25125		\$586.93
25126		\$590.78
25130		\$447.64
25135		\$553.68
25136		\$492.09
25145		\$514.14
25150		\$560.68
25151		\$578.18
25170		\$1,427.26
25210		\$487.89
25215		\$611.43
25230		\$428.74
25240		\$425.94
25246		\$202.64
25248		\$412.64
25250		\$527.08
25251		\$705.93
25259		\$427.69
25260		\$625.78
25263		\$624.38
25265		\$739.53
25270		\$489.29
25272		\$551.93
25274		\$656.23
25275		\$662.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
25280		\$559.63
25290		\$432.59
25295		\$521.49
25300		\$678.98
25301		\$634.88
25310		\$613.18
25312		\$703.13
25315		\$754.58
25316		\$896.32
25320		\$969.47
25332		\$828.78
25335		\$923.62
25337		\$873.58
25350		\$665.33
25355		\$750.73
25360		\$643.98
25365		\$897.02
25370		\$989.42
25375		\$933.07
25390		\$757.03
25391		\$973.67
25392		\$990.12
25393		\$1,101.42
25394		\$768.58
25400		\$788.53
25405		\$1,015.67
25415		\$947.07
25420		\$1,137.47
25425		\$942.52
25426		\$1,095.12
25430		\$718.18
25431		\$772.43
25440		\$756.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
25441		\$917.67
25442		\$795.88
25443		\$769.98
25444		\$814.43
25445		\$708.73
25446		\$1,146.57
25447		\$817.58
25449		\$1,011.82
25450		\$608.28
25455		\$717.48
25490		\$705.58
25491		\$724.83
25492		\$887.22
25500		\$285.24
25505		\$503.64
25515		\$659.03
25520		\$573.98
25525		\$775.23
25526		\$935.52
25530		\$267.04
25535		\$495.94
25545		\$615.63
25560		\$290.84
25565		\$515.54
25574		\$664.98
25575		\$886.87
25600		\$339.84
25605		\$537.93
25606		\$657.28
25607		\$726.93
25608		\$812.33
25609		\$1,031.07
25622		\$309.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$490.34
25628		\$710.13
25630		\$307.29
25635		\$465.84
25645		\$563.13
25650		\$330.74
25651		\$485.44
25652		\$614.23
25660		\$444.49
25670		\$600.23
25671		\$527.43
25675		\$444.14
25676		\$622.28
25680		\$523.59
25685		\$721.33
25690		\$486.14
25695		\$624.73
25800		\$720.63
25805		\$830.53
25810		\$851.18
25820		\$641.53
25825		\$782.93
25830		\$1,011.12
25900		\$703.48
25905		\$689.13
25907		\$605.48
25909		\$673.03
25915		\$1,135.37
25920		\$718.18
25922		\$636.98
25924		\$701.73
25927		\$861.33
25929		\$589.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
25931		\$798.68
26010		\$344.04
26011		\$489.99
26020		\$550.18
26025		\$418.24
26030		\$484.39
26034		\$544.93
26035		\$844.88
26037		\$554.73
26040		\$314.99
26045		\$467.94
26055		\$600.58
26060		\$257.94
26070		\$321.99
26075		\$335.64
26080		\$395.84
26100		\$336.69
26105		\$338.79
26110		\$323.74
26111		\$409.49
26113		\$539.33
26115		\$561.38
26116		\$518.69
26117		\$726.23
26118		\$1,031.77
26121		\$592.53
26123		\$824.23
26125		\$260.74
26130		\$463.74
26135		\$547.73
26140		\$503.29
26145		\$509.94
26160		\$623.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
26170		\$405.64
26180		\$446.94
26185		\$549.48
26200		\$446.59
26205		\$596.73
26210		\$444.14
26215		\$559.63
26230		\$494.54
26235		\$487.54
26236		\$437.49
26250		\$1,039.47
26260		\$780.13
26262		\$619.83
26320		\$347.54
26340		\$350.69
26341		\$113.75
26350		\$757.73
26352		\$845.23
26356		\$790.63
26357		\$881.97
26358		\$971.92
26370		\$797.98
26372		\$925.72
26373		\$891.77
26390		\$876.37
26392		\$1,009.37
26410		\$611.08
26412		\$726.23
26415		\$857.13
26416		\$924.32
26418		\$632.08
26420		\$752.48
26426		\$498.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
26428		\$803.58
26432		\$550.18
26433		\$578.88
26434		\$698.93
26437		\$670.93
26440		\$666.38
26442		\$997.47
26445		\$624.03
26449		\$689.48
26450		\$459.19
26455		\$456.04
26460		\$448.69
26471		\$665.68
26474		\$655.53
26476		\$647.83
26477		\$631.38
26478		\$668.13
26479		\$679.33
26480		\$798.33
26483		\$882.67
26485		\$848.38
26489		\$972.97
26490		\$838.93
26492		\$925.37
26494		\$842.43
26496		\$904.72
26497		\$903.67
26498		\$1,170.02
26499		\$871.13
26500		\$666.73
26502		\$757.73
26508		\$680.38
26510		\$647.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
26516		\$747.23
26517		\$865.88
26518		\$876.37
26520		\$697.53
26525		\$698.93
26530		\$534.43
26531		\$622.63
26535		\$434.34
26536		\$760.53
26540		\$704.18
26541		\$836.48
26542		\$726.58
26545		\$737.08
26546		\$1,032.12
26548		\$800.78
26550		\$1,641.10
26551		\$3,226.91
26553		\$3,205.56
26554		\$3,725.99
26555		\$1,383.51
26556		\$3,332.25
26560		\$640.13
26561		\$978.92
26562		\$1,360.76
26565		\$735.68
26567		\$724.83
26568		\$939.72
26580		\$1,521.06
26587		\$1,020.22
26590		\$1,415.36
26591		\$492.79
26593		\$651.68
26596		\$805.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
26600		\$302.39
26605		\$331.09
26607		\$501.89
26608		\$479.84
26615		\$570.13
26641		\$419.29
26645		\$433.64
26650		\$480.89
26665		\$619.48
26670		\$347.54
26675		\$461.64
26676		\$507.84
26685		\$570.83
26686		\$614.93
26700		\$333.54
26705		\$425.24
26706		\$443.09
26715		\$567.68
26720		\$200.54
26725		\$342.29
26727		\$472.84
26735		\$588.68
26740		\$233.79
26742		\$375.89
26746		\$732.88
26750		\$187.24
26755		\$320.94
26756		\$423.14
26765		\$498.74
26770		\$283.14
26775		\$393.74
26776		\$448.69
26785		\$542.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
26820		\$830.53
26841		\$774.53
26842		\$832.98
26843		\$783.98
26844		\$860.28
26850		\$737.78
26852		\$835.08
26860		\$617.03
26861		\$99.05
26862		\$769.63
26863		\$217.34
26910		\$762.28
26951		\$701.03
26952		\$685.98
26990		\$666.73
26991		\$719.23
26992		\$985.57
27000		\$407.04
27001		\$533.03
27003		\$589.38
27005		\$704.88
27006		\$710.48
27025		\$899.47
27027		\$862.03
27030		\$914.87
27033		\$949.52
27035		\$1,162.32
27036		\$992.22
27040		\$353.14
27041		\$688.43
27043		\$452.89
27045		\$713.63
27047		\$492.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27048		\$594.28
27049		\$1,293.56
27050		\$400.39
27052		\$569.08
27054		\$675.48
27057		\$985.57
27059		\$1,745.40
27060		\$459.54
27062		\$449.39
27065		\$518.34
27066		\$800.78
27067		\$1,011.12
27070		\$873.58
27071		\$951.62
27075		\$2,018.74
27076		\$2,438.73
27077		\$2,718.72
27078		\$1,991.09
27080		\$496.99
27086		\$321.29
27087		\$597.43
27090		\$810.93
27091		\$1,545.91
27093		\$243.59
27095		\$328.99
27096		\$168.00
27097		\$670.23
27098		\$682.48
27100		\$813.03
27105		\$851.88
27110		\$948.82
27111		\$883.72
27120		\$1,264.51

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27122		\$1,074.82
27125		\$1,102.12
27130		\$1,248.76
27132		\$1,621.50
27134		\$1,845.50
27137		\$1,422.71
27138		\$1,478.01
27140		\$873.23
27146		\$1,244.91
27147		\$1,421.31
27151		\$1,536.11
27156		\$1,654.05
27158		\$1,360.76
27161		\$1,186.12
27165		\$1,341.86
27170		\$1,139.22
27175		\$651.68
27176		\$901.57
27177		\$1,087.77
27178		\$901.57
27179		\$956.17
27181		\$1,091.97
27185		\$704.53
27187		\$972.27
27197		\$130.55
27198		\$310.09
27200		\$185.49
27202		\$517.99
27215		\$601.28
27216		\$889.67
27217		\$836.48
27218		\$1,148.67
27220		\$411.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27222		\$955.12
27226		\$1,028.97
27227		\$1,602.95
27228		\$1,817.50
27230		\$480.89
27232		\$719.23
27235		\$886.17
27236		\$1,162.32
27238		\$460.94
27240		\$936.92
27244		\$1,195.57
27245		\$1,194.52
27246		\$386.04
27248		\$728.33
27250		\$170.45
27252		\$738.13
27253		\$919.07
27254		\$1,238.26
27256		\$296.79
27257		\$351.74
27258		\$1,083.92
27259		\$1,499.36
27265		\$400.04
27266		\$574.68
27267		\$432.59
27268		\$534.78
27269		\$1,206.42
27275		\$181.64
27279		\$830.18
27280		\$1,295.31
27282		\$841.38
27284		\$1,556.06
27286		\$1,594.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27290		\$1,578.45
27295		\$1,209.92
27301		\$680.38
27303		\$632.78
27305		\$475.29
27306		\$336.34
27307		\$473.89
27310		\$717.83
27323		\$280.34
27324		\$398.99
27325		\$556.13
27326		\$515.19
27327		\$506.79
27328		\$606.18
27329		\$1,003.77
27330		\$414.74
27331		\$470.04
27332		\$634.88
27333		\$579.93
27334		\$673.73
27335		\$751.08
27337		\$407.04
27339		\$729.73
27340		\$370.64
27345		\$478.44
27347		\$520.09
27350		\$642.58
27355		\$596.73
27356		\$725.88
27357		\$801.48
27358		\$264.59
27360		\$883.72
27364		\$1,506.71

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27365		\$1,989.34
27369		\$176.04
27372		\$604.78
27380		\$614.23
27381		\$807.43
27385		\$598.83
27386		\$844.53
27390		\$444.14
27391		\$541.78
27392		\$699.98
27393		\$496.64
27394		\$643.98
27395		\$863.08
27396		\$608.28
27397		\$894.92
27400		\$683.53
27403		\$633.83
27405		\$664.98
27407		\$781.18
27409		\$945.67
27412		\$1,601.20
27415		\$1,336.61
27416		\$955.82
27418		\$815.48
27420		\$729.38
27422		\$730.08
27424		\$733.93
27425		\$448.34
27427		\$699.98
27428		\$1,090.57
27429		\$1,227.41
27430		\$728.33
27435		\$795.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27437		\$649.58
27438		\$822.83
27440		\$781.53
27441		\$806.38
27442		\$851.53
27443		\$799.38
27445		\$1,221.12
27446		\$1,122.42
27447		\$1,247.36
27448		\$789.58
27450		\$991.87
27454		\$1,259.26
27455		\$938.32
27457		\$937.62
27465		\$1,215.17
27466		\$1,154.27
27468		\$1,305.11
27470		\$1,148.67
27472		\$1,230.56
27475		\$651.33
27477		\$718.88
27479		\$897.72
27485		\$659.73
27486		\$1,365.31
27487		\$1,700.95
27488		\$1,168.62
27495		\$1,101.07
27496		\$540.73
27497		\$570.83
27498		\$645.73
27499		\$688.78
27500		\$517.99
27501		\$500.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27502		\$737.78
27503		\$785.03
27506		\$1,302.31
27507		\$943.57
27508		\$521.84
27509		\$666.03
27510		\$666.38
27511		\$970.17
27513		\$1,201.52
27514		\$941.47
27516		\$514.84
27517		\$676.53
27519		\$868.68
27520		\$326.54
27524		\$738.48
27530		\$309.04
27532		\$611.43
27535		\$875.32
27536		\$1,154.62
27538		\$482.29
27540		\$797.63
27550		\$523.24
27552		\$624.03
27556		\$855.03
27557		\$1,017.07
27558		\$1,157.07
27560		\$375.54
27562		\$483.34
27566		\$872.53
27570		\$149.45
27580		\$1,432.16
27590		\$748.63
27591		\$941.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27592		\$640.48
27594		\$491.74
27596		\$684.93
27598		\$676.88
27600		\$391.99
27601		\$435.04
27602		\$460.59
27603		\$540.73
27604		\$474.94
27605		\$349.29
27606		\$269.84
27607		\$591.13
27610		\$639.08
27612		\$551.58
27613		\$258.29
27614		\$591.13
27615		\$991.17
27616		\$1,227.41
27618		\$492.09
27619		\$452.19
27620		\$446.24
27625		\$564.88
27626		\$594.28
27630		\$560.33
27632		\$401.44
27634		\$660.78
27635		\$573.98
27637		\$728.68
27638		\$744.08
27640		\$815.48
27641		\$645.38
27645		\$1,715.30
27646		\$1,490.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27647		\$991.87
27648		\$225.04
27650		\$651.33
27652		\$656.23
27654		\$702.43
27656		\$568.03
27658		\$366.09
27659		\$464.79
27664		\$358.74
27665		\$417.19
27675		\$486.14
27676		\$590.08
27680		\$415.09
27681		\$509.59
27685		\$670.58
27686		\$529.53
27687		\$449.04
27690		\$634.88
27691		\$733.58
27692		\$99.05
27695		\$470.39
27696		\$544.93
27698		\$628.58
27700		\$601.28
27702		\$942.87
27703		\$1,088.47
27704		\$562.78
27705		\$741.63
27707		\$395.84
27709		\$1,125.57
27712		\$1,074.47
27715		\$1,046.12
27720		\$857.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27722		\$875.32
27724		\$1,220.77
27725		\$1,184.72
27726		\$936.22
27727		\$1,013.57
27730		\$579.23
27732		\$447.99
27734		\$646.43
27740		\$695.08
27742		\$761.93
27745		\$745.83
27750		\$348.94
27752		\$533.03
27756		\$568.38
27758		\$876.37
27759		\$974.02
27760		\$334.94
27762		\$475.99
27766		\$597.43
27767		\$293.64
27768		\$442.74
27769		\$717.13
27780		\$310.79
27781		\$433.99
27784		\$694.73
27786		\$316.74
27788		\$424.54
27792		\$636.28
27808		\$338.09
27810		\$468.99
27814		\$751.78
27816		\$331.44
27818		\$485.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
27822		\$864.48
27823		\$970.87
27824		\$319.54
27825		\$539.33
27826		\$844.18
27827		\$1,101.77
27828		\$1,302.66
27829		\$702.08
27830		\$389.89
27831		\$404.24
27832		\$743.03
27840		\$374.49
27842		\$488.94
27846		\$704.18
27848		\$781.88
27860		\$165.90
27870		\$992.92
27871		\$676.53
27880		\$858.88
27881		\$822.13
27882		\$563.48
27884		\$551.93
27886		\$627.18
27888		\$635.23
27889		\$606.18
27892		\$523.24
27893		\$603.38
27894		\$803.23
28001		\$279.29
28002		\$440.29
28003		\$703.13
28005		\$569.78
28008		\$441.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28010		\$233.09
28011		\$314.99
28020		\$557.18
28022		\$497.34
28024		\$466.89
28035		\$537.93
28039		\$500.84
28041		\$444.49
28043		\$396.89
28045		\$492.79
28046		\$704.88
28047		\$1,007.62
28050		\$427.69
28052		\$453.94
28054		\$379.04
28055		\$382.89
28060		\$531.98
28062		\$588.68
28070		\$534.43
28072		\$496.99
28080		\$540.38
28086		\$550.18
28088		\$455.69
28090		\$475.29
28092		\$430.49
28100		\$626.13
28102		\$600.58
28103		\$385.69
28104		\$537.58
28106		\$423.84
28107		\$579.58
28108		\$445.54
28110		\$471.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28111		\$493.49
28112		\$494.89
28113		\$596.73
28114		\$1,072.37
28116		\$772.78
28118		\$612.48
28119		\$532.68
28120		\$683.18
28122		\$600.93
28124		\$486.49
28126		\$399.34
28130		\$611.78
28140		\$584.13
28150		\$429.79
28153		\$418.94
28160		\$422.79
28171		\$1,077.97
28173		\$721.33
28175		\$466.54
28190		\$256.54
28192		\$473.89
28193		\$535.48
28200		\$503.64
28202		\$608.28
28208		\$493.49
28210		\$606.88
28220		\$459.89
28222		\$529.88
28225		\$427.34
28226		\$632.78
28230		\$443.79
28232		\$391.29
28234		\$420.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28238		\$671.98
28240		\$456.74
28250		\$585.88
28260		\$707.68
28261		\$1,201.87
28262		\$1,383.86
28264		\$912.42
28270		\$499.44
28272		\$395.49
28280		\$518.69
28285		\$545.63
28286		\$452.19
28288		\$618.78
28289		\$713.98
28291		\$738.13
28292		\$721.33
28295		\$1,137.82
28296		\$925.02
28297		\$1,071.32
28298		\$860.28
28299		\$1,036.67
28300		\$639.08
28302		\$702.08
28304		\$831.23
28305		\$665.68
28306		\$612.83
28307		\$623.68
28308		\$582.03
28309		\$871.48
28310		\$557.53
28312		\$520.44
28313		\$539.33
28315		\$491.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28320		\$607.23
28322		\$793.43
28340		\$577.13
28341		\$667.78
28344		\$430.84
28345		\$523.59
28360		\$1,074.47
28400		\$248.49
28405		\$393.74
28406		\$551.58
28415		\$1,107.02
28420		\$1,271.16
28430		\$241.84
28435		\$332.49
28436		\$486.14
28445		\$1,006.92
28446		\$1,193.82
28450		\$212.79
28455		\$291.54
28456		\$362.94
28465		\$624.73
28470		\$220.14
28475		\$257.94
28476		\$385.34
28485		\$557.18
28490		\$142.10
28495		\$179.19
28496		\$470.39
28505		\$667.78
28510		\$121.80
28515		\$163.80
28525		\$580.98
28530		\$115.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28531		\$343.69
28540		\$195.29
28545		\$307.99
28546		\$607.58
28555		\$864.83
28570		\$235.19
28575		\$376.59
28576		\$380.44
28585		\$877.42
28600		\$219.09
28605		\$340.89
28606		\$375.89
28615		\$814.43
28630		\$154.70
28635		\$179.19
28636		\$316.74
28645		\$662.88
28660		\$120.40
28665		\$149.45
28666		\$173.60
28675		\$579.58
28705		\$1,192.07
28715		\$924.67
28725		\$764.38
28730		\$722.73
28735		\$767.53
28737		\$674.43
28740		\$840.33
28750		\$800.78
28755		\$519.74
28760		\$776.28
28800		\$521.84
28805		\$697.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
28810		\$415.44
28820		\$310.09
28825		\$303.79
28890		\$316.74
29000		\$338.44
29010		\$267.74
29015		\$286.99
29035		\$251.64
29040		\$286.64
29044		\$281.39
29046		\$307.64
29049		\$96.95
29055		\$213.49
29058		\$120.75
29065		\$94.15
29075		\$85.75
29085		\$93.80
29086		\$74.20
29105		\$80.85
29125		\$64.40
29126		\$75.25
29130		\$40.25
29131		\$51.45
29200		\$33.60
29240		\$31.15
29260		\$30.10
29280		\$29.40
29305		\$242.54
29325		\$267.74
29345		\$132.30
29355		\$140.00
29358		\$156.80
29365		\$119.35

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
29405		\$79.10
29425		\$74.90
29435		\$111.65
29440		\$42.35
29445		\$127.75
29450		\$141.40
29505		\$86.45
29515		\$70.00
29520		\$36.40
29530		\$30.80
29540		\$28.00
29550		\$18.90
29580		\$64.40
29581		\$92.40
29584		\$86.45
29700		\$60.90
29705		\$63.00
29710		\$119.00
29720		\$83.65
29730		\$61.95
29740		\$96.25
29750		\$104.65
29800		\$521.49
29804		\$606.88
29805		\$464.44
29806		\$1,033.87
29807		\$1,011.12
29819		\$578.88
29820		\$529.53
29821		\$585.88
29822		\$533.38
29823		\$583.43
29824		\$665.68

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
29825		\$578.88
29826		\$166.95
29827		\$1,044.37
29828		\$897.02
29830		\$448.34
29834		\$486.49
29835		\$501.54
29836		\$574.68
29837		\$520.44
29838		\$584.48
29840		\$447.29
29843		\$479.49
29844		\$493.84
29845		\$577.83
29846		\$516.24
29847		\$534.78
29848		\$504.69
29850		\$612.48
29851		\$907.87
29855		\$765.78
29856		\$964.57
29860		\$632.43
29861		\$708.03
29862		\$797.98
29863		\$796.58
29866		\$1,027.22
29867		\$1,246.66
29868		\$1,621.50
29870		\$566.63
29871		\$506.09
29873		\$529.53
29874		\$528.48
29875		\$488.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
29876		\$641.53
29877		\$610.73
29879		\$649.23
29880		\$552.98
29881		\$533.73
29882		\$677.58
29883		\$820.73
29884		\$608.28
29885		\$740.58
29886		\$624.73
29887		\$737.78
29888		\$955.47
29889		\$1,194.17
29891		\$660.78
29892		\$636.63
29893		\$669.88
29894		\$491.04
29895		\$461.99
29897		\$488.94
29898		\$552.28
29899		\$999.92
29900		\$495.94
29901		\$532.33
29902		\$564.18
29904		\$625.78
29905		\$510.99
29906		\$648.88
29907		\$857.48
29914		\$974.37
29915		\$997.12
29916		\$997.82
30000		\$271.94
30020		\$274.39

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
30100		\$147.00
30110		\$251.29
30115		\$468.29
30117		\$1,013.92
30118		\$787.83
30120		\$514.84
30124		\$300.99
30125		\$652.73
30130		\$420.69
30140		\$296.44
30150		\$800.78
30160		\$810.93
30200		\$114.45
30210		\$152.60
30220		\$319.54
30300		\$208.94
30310		\$209.29
30320		\$488.94
30400		\$1,251.56
30410		\$1,433.56
30420		\$1,450.71
30435		\$1,360.06
30460		\$829.48
30465		\$1,024.07
30468		\$2,928.72
30520		\$673.03
30540		\$737.78
30545		\$1,000.62
30560		\$325.84
30580		\$624.38
30600		\$604.08
30620		\$678.63
30630		\$669.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
30801		\$229.94
30802		\$287.69
30901		\$158.55
30903		\$249.89
30905		\$364.34
30906		\$375.89
30915		\$598.48
30920		\$867.63
30930		\$116.55
31000		\$187.24
31002		\$196.69
31020		\$500.14
31030		\$653.43
31032		\$596.73
31040		\$803.23
31050		\$517.29
31051		\$695.08
31070		\$477.04
31075		\$825.28
31080		\$1,085.67
31081		\$1,161.27
31084		\$1,201.87
31085		\$1,237.56
31086		\$1,170.37
31087		\$1,109.47
31090		\$1,117.52
31200		\$637.33
31201		\$797.98
31205		\$955.47
31225		\$1,799.65
31230		\$1,989.34
31231		\$199.49
31233		\$273.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
31235		\$311.84
31237		\$256.19
31238		\$250.24
31239		\$603.38
31240		\$153.65
31241		\$428.74
31253		\$482.99
31254		\$439.24
31255		\$312.54
31256		\$174.30
31257		\$430.49
31259		\$455.69
31267		\$256.19
31276		\$364.69
31287		\$194.24
31288		\$226.09
31290		\$1,115.77
31291		\$1,175.97
31292		\$970.52
31293		\$1,049.62
31294		\$1,198.37
31295		\$1,930.54
31296		\$1,955.74
31297		\$1,916.55
31298		\$3,662.65
31300		\$1,260.66
31360		\$2,037.99
31365		\$2,503.48
31367		\$2,167.84
31368		\$2,400.58
31370		\$2,043.24
31375		\$1,940.69
31380		\$1,914.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
31382		\$2,096.09
31390		\$2,780.32
31395		\$2,933.97
31400		\$1,004.82
31420		\$822.13
31500		\$136.85
31502		\$33.95
31505		\$92.05
31510		\$216.99
31511		\$213.14
31512		\$215.24
31513		\$126.70
31515		\$217.34
31520		\$150.50
31525		\$251.99
31526		\$151.55
31527		\$187.24
31528		\$138.60
31529		\$155.40
31530		\$191.09
31531		\$202.99
31535		\$181.99
31536		\$202.29
31540		\$232.04
31541		\$253.04
31545		\$347.89
31546		\$528.13
31551		\$1,517.21
31552		\$1,465.41
31553		\$1,676.10
31554		\$1,676.80
31560		\$300.29
31561		\$327.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
31570		\$341.24
31571		\$239.04
31572		\$546.68
31573		\$284.89
31574		\$1,048.22
31575		\$129.15
31576		\$274.39
31577		\$283.49
31578		\$306.24
31579		\$197.39
31580		\$1,288.31
31584		\$1,415.71
31587		\$1,191.72
31590		\$922.22
31591		\$1,085.67
31592		\$1,702.00
31600		\$293.29
31601		\$433.99
31603		\$307.29
31605		\$315.34
31610		\$959.67
31611		\$537.58
31612		\$91.70
31613		\$437.14
31614		\$725.53
31615		\$173.95
31622		\$250.59
31623		\$282.79
31624		\$261.09
31625		\$363.29
31626		\$878.82
31627		\$1,308.26
31628		\$386.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
31629		\$478.09
31630		\$193.54
31631		\$221.19
31632		\$64.40
31633		\$80.50
31634		\$1,787.75
31635		\$294.34
31636		\$213.84
31637		\$75.60
31638		\$242.89
31640		\$243.94
31641		\$249.89
31643		\$171.85
31645		\$276.14
31646		\$139.30
31647		\$204.04
31648		\$194.59
31649		\$66.50
31651		\$74.55
31652		\$1,298.11
31653		\$1,346.76
31654		\$124.95
31660		\$193.19
31661		\$204.39
31717		\$298.19
31720		\$53.90
31725		\$76.65
31730		\$1,239.66
31750		\$1,377.21
31755		\$1,760.10
31760		\$1,300.21
31766		\$1,672.95
31770		\$1,252.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
31775		\$1,319.81
31780		\$1,161.27
31781		\$1,304.41
31785		\$1,042.27
31786		\$1,359.71
31800		\$720.28
31805		\$776.98
31820		\$445.54
31825		\$607.58
31830		\$485.79
32035		\$701.03
32036		\$754.23
32096		\$758.78
32097		\$757.38
32098		\$718.88
32100		\$763.68
32110		\$1,391.91
32120		\$829.13
32124		\$877.77
32140		\$938.32
32141		\$1,433.56
32150		\$953.37
32151		\$952.32
32160		\$756.33
32200		\$1,080.42
32215		\$762.28
32220		\$1,508.81
32225		\$942.17
32310		\$870.43
32320		\$1,516.51
32400		\$164.85
32408		\$964.57
32440		\$1,482.21

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
32442		\$2,865.72
32445		\$3,316.86
32480		\$1,396.81
32482		\$1,496.21
32484		\$1,351.31
32486		\$2,198.29
32488		\$2,248.69
32491		\$1,391.56
32501		\$227.49
32503		\$1,691.85
32504		\$1,924.95
32505		\$881.97
32506		\$146.30
32507		\$146.30
32540		\$1,627.10
32550		\$851.53
32551		\$149.45
32552		\$182.34
32553		\$549.83
32554		\$243.94
32555		\$332.49
32556		\$767.88
32557		\$688.43
32560		\$272.99
32561		\$93.45
32562		\$83.65
32601		\$289.79
32604		\$449.39
32606		\$432.94
32607		\$289.44
32608		\$355.59
32609		\$243.24
32650		\$634.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
32651		\$1,035.27
32652		\$1,566.56
32653		\$1,003.77
32654		\$1,103.87
32655		\$905.42
32656		\$761.58
32658		\$677.93
32659		\$695.43
32661		\$756.68
32662		\$845.93
32663		\$1,319.11
32664		\$802.88
32665		\$1,161.27
32666		\$824.23
32667		\$146.30
32668		\$146.65
32669		\$1,265.91
32670		\$1,510.56
32671		\$1,668.05
32672		\$1,434.96
32673		\$1,146.92
32674		\$201.24
32701		\$201.94
32800		\$898.77
32810		\$853.98
32815		\$2,642.42
32820		\$1,259.96
32851		\$3,073.61
32852		\$3,362.00
32853		\$4,287.38
32854		\$4,543.57
32900		\$1,351.31
32905		\$1,259.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
32906		\$1,551.51
32940		\$1,164.42
32960		\$127.75
32994		\$5,657.94
32997		\$336.69
32998		\$3,575.50
33016		\$222.59
33017		\$231.69
33018		\$264.24
33019		\$214.54
33020		\$781.18
33025		\$727.63
33030		\$1,881.90
33031		\$2,327.08
33050		\$952.32
33120		\$1,965.89
33130		\$1,288.66
33140		\$1,465.06
33141		\$123.20
33202		\$729.38
33203		\$762.98
33206		\$437.84
33207		\$458.84
33208		\$497.69
33210		\$153.65
33211		\$160.30
33212		\$310.09
33213		\$322.69
33214		\$460.94
33215		\$296.79
33216		\$358.74
33217		\$354.89
33218		\$374.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33220		\$360.84
33221		\$348.24
33222		\$330.74
33223		\$395.14
33224		\$489.29
33225		\$443.44
33226		\$467.59
33227		\$325.84
33228		\$340.89
33229		\$360.84
33230		\$368.19
33231		\$384.99
33233		\$226.09
33234		\$466.89
33235		\$613.18
33236		\$744.08
33237		\$797.28
33238		\$899.82
33240		\$349.99
33241		\$208.24
33243		\$1,296.36
33244		\$831.23
33249		\$878.12
33250		\$1,371.96
33251		\$1,532.96
33254		\$1,279.91
33255		\$1,532.26
33256		\$1,826.95
33257		\$551.93
33258		\$615.28
33259		\$801.13
33261		\$1,517.56
33262		\$359.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33263		\$373.79
33264		\$389.89
33265		\$1,284.46
33266		\$1,736.30
33270		\$540.73
33271		\$431.54
33272		\$332.84
33273		\$380.79
33274		\$463.39
33275		\$502.24
33285		\$5,209.25
33286		\$134.75
33289		\$314.29
33300		\$2,296.63
33305		\$3,830.99
33310		\$1,103.87
33315		\$1,798.25
33320		\$997.47
33321		\$1,121.02
33322		\$1,310.36
33330		\$1,342.56
33335		\$1,757.30
33340		\$745.48
33361		\$1,136.07
33362		\$1,237.21
33363		\$1,282.71
33364		\$1,280.96
33365		\$1,338.01
33366		\$1,474.51
33367		\$587.98
33368		\$692.98
33369		\$914.87
33390		\$1,811.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33391		\$2,152.44
33404		\$1,646.00
33405		\$2,133.54
33406		\$2,706.82
33410		\$2,386.23
33411		\$3,146.41
33412		\$2,951.82
33413		\$3,024.96
33414		\$2,016.29
33415		\$1,906.05
33416		\$1,901.85
33417		\$1,572.51
33418		\$1,695.35
33419		\$398.99
33420		\$1,367.06
33422		\$1,567.26
33425		\$2,565.08
33426		\$2,237.84
33427		\$2,293.48
33430		\$2,632.62
33440		\$3,162.86
33460		\$2,252.89
33463		\$2,903.17
33464		\$2,292.43
33465		\$2,585.38
33468		\$2,299.43
33470		\$1,169.32
33471		\$1,250.51
33474		\$2,048.49
33475		\$2,186.74
33476		\$1,437.41
33477		\$1,272.56
33478		\$1,484.66

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33496		\$1,567.96
33500		\$1,470.31
33501		\$1,054.17
33502		\$1,207.82
33503		\$1,256.11
33504		\$1,384.91
33505		\$1,932.29
33506		\$1,925.64
33507		\$1,617.30
33508		\$15.05
33510		\$1,818.90
33511		\$1,996.34
33512		\$2,275.63
33513		\$2,334.78
33514		\$2,460.43
33516		\$2,538.13
33517		\$175.00
33518		\$384.29
33519		\$508.54
33521		\$610.03
33522		\$684.58
33523		\$775.58
33530		\$490.69
33533		\$1,760.45
33534		\$2,065.99
33535		\$2,300.13
33536		\$2,475.48
33542		\$2,469.53
33545		\$2,878.67
33548		\$2,786.27
33572		\$215.24
33600		\$1,620.45
33602		\$1,572.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33606		\$1,675.40
33608		\$1,696.40
33610		\$1,672.95
33611		\$1,831.15
33612		\$1,880.15
33615		\$1,879.10
33617		\$2,034.49
33619		\$2,583.63
33620		\$1,549.06
33621		\$878.12
33622		\$3,213.61
33641		\$1,541.01
33645		\$1,627.45
33647		\$1,706.55
33660		\$1,650.20
33665		\$1,796.50
33670		\$1,849.35
33675		\$1,851.10
33676		\$1,899.40
33677		\$1,972.19
33681		\$1,738.40
33684		\$1,773.40
33688		\$1,767.10
33690		\$1,136.77
33692		\$1,835.00
33694		\$1,831.15
33697		\$1,928.44
33702		\$1,459.11
33710		\$1,925.29
33720		\$1,460.16
33722		\$1,531.91
33724		\$1,446.86
33726		\$1,908.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33730		\$1,886.80
33732		\$1,554.66
33735		\$1,226.36
33736		\$1,329.26
33737		\$1,227.06
33741		\$711.18
33745		\$1,013.22
33746		\$402.49
33750		\$1,192.42
33755		\$1,245.61
33762		\$1,210.62
33764		\$1,245.61
33766		\$1,257.86
33767		\$1,341.86
33768		\$388.49
33770		\$1,984.79
33771		\$2,040.79
33774		\$1,696.75
33775		\$1,746.10
33776		\$1,846.55
33777		\$1,780.40
33778		\$2,208.09
33779		\$2,179.39
33780		\$2,219.64
33781		\$2,166.44
33782		\$3,023.21
33783		\$3,266.11
33786		\$2,138.44
33788		\$1,445.46
33800		\$931.32
33802		\$1,027.92
33803		\$1,087.42
33813		\$1,173.17

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33814		\$1,438.81
33820		\$914.52
33822		\$963.87
33824		\$1,116.82
33840		\$1,172.12
33845		\$1,261.36
33851		\$1,202.92
33852		\$1,321.56
33853		\$1,727.20
33858		\$3,180.71
33859		\$2,287.53
33863		\$2,950.07
33864		\$3,013.06
33866		\$862.38
33871		\$3,053.31
33875		\$2,557.03
33877		\$3,360.25
33880		\$1,667.70
33881		\$1,428.66
33883		\$1,039.47
33884		\$361.89
33886		\$888.27
33889		\$730.08
33891		\$883.02
33910		\$2,462.53
33915		\$1,297.06
33916		\$3,945.79
33917		\$1,376.86
33920		\$1,703.40
33922		\$1,312.11
33924		\$266.69
33925		\$1,612.40
33926		\$2,264.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33927		\$2,380.28
33935		\$4,625.47
33945		\$4,555.12
33946		\$291.89
33947		\$323.39
33948		\$228.89
33949		\$221.54
33951		\$395.49
33952		\$401.44
33953		\$442.04
33954		\$445.54
33955		\$773.83
33956		\$780.13
33957		\$172.55
33958		\$172.55
33959		\$219.09
33962		\$219.09
33963		\$436.79
33964		\$460.59
33965		\$172.55
33966		\$222.59
33967		\$243.59
33968		\$31.85
33969		\$255.14
33970		\$330.39
33971		\$664.98
33973		\$469.69
33974		\$843.13
33975		\$1,216.22
33976		\$1,480.81
33977		\$1,048.22
33978		\$1,245.96
33979		\$1,815.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
33980		\$1,663.15
33981		\$775.58
33982		\$1,822.75
33983		\$2,157.69
33984		\$265.29
33985		\$479.84
33986		\$488.94
33987		\$194.94
33988		\$726.23
33989		\$460.59
33990		\$339.84
33991		\$444.14
33992		\$176.74
33993		\$156.45
33995		\$342.99
33997		\$152.60
34001		\$844.53
34051		\$940.07
34101		\$557.18
34111		\$560.68
34151		\$1,295.66
34201		\$950.22
34203		\$880.92
34401		\$1,385.61
34421		\$689.13
34451		\$1,322.61
34471		\$995.72
34490		\$610.03
34501		\$826.68
34502		\$1,460.86
34510		\$942.87
34520		\$913.12
34530		\$870.43

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
34701		\$1,156.37
34702		\$1,719.50
34703		\$1,277.81
34704		\$2,126.54
34705		\$1,421.31
34706		\$2,134.24
34707		\$1,086.37
34708		\$1,717.05
34709		\$299.24
34710		\$744.78
34711		\$275.44
34712		\$617.38
34713		\$114.80
34714		\$250.94
34715		\$277.89
34716		\$346.14
34717		\$407.39
34718		\$1,141.67
34808		\$182.69
34812		\$190.74
34813		\$218.74
34820		\$320.59
34830		\$1,622.55
34831		\$1,773.75
34832		\$1,743.30
34833		\$360.14
34834		\$119.35
35001		\$1,052.07
35002		\$1,049.97
35005		\$920.12
35011		\$937.97
35013		\$1,177.02
35021		\$1,188.92

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
35022		\$1,359.36
35045		\$910.32
35081		\$1,604.00
35082		\$2,016.99
35091		\$1,657.55
35092		\$2,391.48
35102		\$1,739.45
35103		\$2,060.39
35111		\$1,223.92
35112		\$1,504.61
35121		\$1,455.26
35122		\$1,739.45
35131		\$1,275.71
35132		\$1,504.61
35141		\$1,020.57
35142		\$1,230.56
35151		\$1,143.77
35152		\$1,287.61
35180		\$834.38
35182		\$1,688.00
35184		\$890.72
35188		\$1,189.97
35189		\$1,390.51
35190		\$715.73
35201		\$887.22
35206		\$737.08
35207		\$736.73
35211		\$1,314.91
35216		\$1,969.04
35221		\$1,381.06
35226		\$777.33
35231		\$1,201.87
35236		\$945.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
35241		\$1,353.76
35246		\$1,472.41
35251		\$1,619.75
35256		\$958.62
35261		\$904.37
35266		\$810.58
35271		\$1,303.71
35276		\$1,374.76
35281		\$1,504.96
35286		\$871.48
35301		\$1,052.07
35302		\$1,040.87
35303		\$1,148.67
35304		\$1,178.07
35305		\$1,142.72
35306		\$408.44
35311		\$1,463.66
35321		\$831.58
35331		\$1,345.71
35341		\$1,270.81
35351		\$1,192.77
35355		\$955.12
35361		\$1,401.71
35363		\$1,494.81
35371		\$759.48
35372		\$906.12
35390		\$147.00
35400		\$136.85
35500		\$293.64
35501		\$1,343.61
35506		\$1,172.47
35508		\$1,223.22
35509		\$1,300.91

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$1,132.22
35511		\$1,032.47
35512		\$1,110.52
35515		\$1,223.22
35516		\$1,123.47
35518		\$1,052.07
35521		\$1,131.52
35522		\$1,132.92
35523		\$1,185.42
35525		\$1,053.47
35526		\$1,627.80
35531		\$1,793.35
35533		\$1,387.71
35535		\$1,751.00
35536		\$1,555.71
35537		\$1,917.60
35538		\$2,147.89
35539		\$2,015.24
35540		\$2,246.24
35556		\$1,298.81
35558		\$1,139.57
35560		\$1,569.36
35563		\$1,219.72
35565		\$1,217.97
35566		\$1,544.51
35570		\$1,357.26
35571		\$1,228.11
35572		\$319.89
35583		\$1,336.26
35585		\$1,550.11
35587		\$1,255.76
35600		\$239.39
35601		\$1,293.91

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
35606		\$1,087.42
35612		\$964.22
35616		\$1,014.97
35621		\$1,016.02
35623		\$1,211.32
35626		\$1,495.86
35631		\$1,716.00
35632		\$1,662.80
35633		\$1,830.10
35634		\$1,627.10
35636		\$1,468.21
35637		\$1,527.36
35638		\$1,615.55
35642		\$912.07
35645		\$874.98
35646		\$1,587.20
35647		\$1,437.76
35650		\$942.17
35654		\$1,266.96
35656		\$1,002.02
35661		\$1,009.02
35663		\$1,122.77
35665		\$1,089.17
35666		\$1,198.02
35671		\$1,055.22
35681		\$74.20
35682		\$325.14
35683		\$374.84
35685		\$182.69
35686		\$147.35
35691		\$873.58
35693		\$773.13
35694		\$911.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
35695		\$946.72
35697		\$136.15
35700		\$140.35
35701		\$424.19
35702		\$390.94
35703		\$393.74
35800		\$694.38
35820		\$1,888.20
35840		\$1,141.67
35860		\$782.23
35870		\$1,150.42
35875		\$555.43
35876		\$880.92
35879		\$856.78
35881		\$948.82
35883		\$1,114.72
35884		\$1,141.67
35901		\$442.39
35903		\$533.73
35905		\$1,651.25
35907		\$1,759.75
36002		\$150.15
36005		\$297.14
36010		\$576.43
36011		\$904.72
36012		\$918.72
36013		\$857.83
36014		\$876.37
36015		\$945.67
36100		\$606.53
36140		\$534.43
36160		\$594.63
36200		\$633.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
36215		\$1,135.37
36216		\$1,177.72
36217		\$1,959.94
36218		\$224.69
36221		\$1,096.52
36222		\$1,307.56
36223		\$1,719.50
36224		\$2,190.24
36225		\$1,628.50
36226		\$2,092.94
36227		\$243.94
36228		\$1,369.16
36245		\$1,389.46
36246		\$894.92
36247		\$1,573.56
36248		\$132.30
36251		\$1,439.51
36252		\$1,542.06
36253		\$2,267.94
36254		\$2,211.24
36260		\$629.28
36261		\$396.89
36262		\$303.44
36400		\$27.30
36405		\$23.45
36406		\$17.15
36410		\$17.50
36415		\$3.15
36416		\$7.00
36420		\$44.45
36425		\$39.20
36430		\$37.45
36440		\$50.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
36450		\$169.40
36455		\$117.95
36456		\$96.95
36460		\$333.54
36465		\$1,541.01
36466		\$1,718.45
36470		\$114.80
36471		\$201.94
36473		\$1,432.16
36474		\$289.44
36475		\$1,299.51
36476		\$302.74
36478		\$1,090.57
36479		\$319.54
36481		\$1,961.69
36482		\$1,932.99
36483		\$142.10
36500		\$173.60
36510		\$84.70
36511		\$109.20
36512		\$107.10
36513		\$106.05
36514		\$660.78
36516		\$2,042.54
36522		\$1,770.60
36555		\$199.14
36556		\$225.39
36557		\$1,225.31
36558		\$881.62
36560		\$1,371.26
36561		\$1,097.92
36563		\$1,238.26
36565		\$893.52

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
36566		\$4,801.86
36568		\$88.90
36569		\$91.00
36570		\$1,604.35
36571		\$1,400.66
36572		\$463.39
36573		\$421.74
36575		\$166.25
36576		\$358.04
36578		\$472.49
36580		\$215.59
36581		\$857.13
36582		\$1,000.27
36583		\$1,304.76
36584		\$366.44
36585		\$1,190.67
36589		\$166.25
36590		\$223.29
36591		\$26.60
36592		\$30.10
36593		\$33.25
36595		\$652.73
36596		\$121.10
36597		\$124.60
36598		\$127.05
36600		\$29.75
36620		\$43.40
36625		\$101.15
36640		\$115.15
36660		\$67.90
36680		\$56.00
36800		\$118.65
36810		\$208.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
36815		\$124.95
36818		\$646.43
36819		\$683.53
36820		\$675.48
36821		\$620.53
36823		\$1,337.31
36825		\$745.48
36830		\$624.03
36831		\$575.73
36832		\$708.03
36833		\$757.73
36835		\$462.69
36838		\$1,060.82
36860		\$242.54
36861		\$130.55
36901		\$749.33
36902		\$1,350.26
36903		\$5,148.35
36904		\$1,983.04
36905		\$2,538.13
36906		\$6,447.17
36907		\$683.53
36908		\$1,891.00
36909		\$2,149.29
37140		\$2,203.89
37145		\$2,044.99
37160		\$2,100.29
37180		\$2,018.39
37181		\$2,203.89
37182		\$795.18
37183		\$6,598.36
37184		\$1,952.24
37185		\$555.08

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
37186		\$1,354.46
37187		\$1,957.14
37188		\$1,681.00
37191		\$2,404.08
37192		\$1,380.36
37193		\$1,647.40
37197		\$1,697.45
37200		\$210.34
37211		\$365.39
37212		\$320.94
37213		\$221.19
37214		\$116.55
37215		\$933.07
37216		\$968.07
37217		\$1,000.97
37218		\$772.08
37220		\$2,899.32
37221		\$3,762.04
37222		\$707.68
37223		\$1,704.45
37224		\$3,431.30
37225		\$10,939.99
37226		\$9,954.07
37227		\$14,026.55
37228		\$4,922.61
37229		\$10,998.79
37230		\$10,459.10
37231		\$14,074.85
37232		\$976.12
37233		\$1,197.32
37234		\$4,120.78
37235		\$4,375.57
37236		\$3,291.66

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
37237		\$1,678.55
37238		\$3,965.74
37239		\$1,984.09
37241		\$5,149.05
37242		\$8,066.22
37243		\$9,942.87
37244		\$7,441.84
37246		\$2,060.04
37247		\$634.88
37248		\$1,528.06
37249		\$507.84
37252		\$1,147.97
37253		\$182.34
37500		\$587.28
37565		\$701.38
37600		\$715.73
37605		\$682.13
37606		\$684.23
37607		\$354.19
37609		\$317.44
37615		\$512.04
37616		\$1,042.62
37617		\$1,255.76
37618		\$373.79
37619		\$1,639.00
37650		\$426.64
37660		\$1,251.56
37700		\$233.44
37718		\$400.39
37722		\$442.74
37735		\$540.03
37760		\$590.78
37761		\$506.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
37765		\$436.09
37766		\$506.09
37780		\$220.49
37785		\$354.19
37788		\$1,234.06
37790		\$477.04
38100		\$1,099.67
38101		\$1,110.17
38102		\$247.79
38115		\$1,218.67
38120		\$1,010.77
38200		\$129.15
38205		\$84.70
38206		\$84.35
38207		\$44.10
38208		\$28.00
38209		\$11.90
38210		\$78.40
38211		\$71.05
38212		\$46.90
38213		\$11.90
38214		\$40.25
38215		\$46.90
38220		\$169.40
38221		\$164.15
38222		\$179.89
38230		\$195.64
38232		\$192.49
38240		\$237.99
38241		\$176.39
38242		\$127.05
38243		\$122.85
38300		\$347.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
38305		\$476.34
38308		\$445.54
38380		\$556.48
38381		\$761.23
38382		\$654.48
38500		\$334.59
38505		\$124.25
38510		\$521.84
38520		\$450.79
38525		\$424.19
38530		\$548.08
38531		\$429.79
38542		\$504.34
38550		\$503.64
38555		\$983.12
38562		\$687.73
38564		\$680.73
38570		\$500.14
38571		\$647.83
38572		\$885.47
38573		\$1,135.02
38700		\$782.93
38720		\$1,296.01
38724		\$1,406.61
38740		\$672.68
38745		\$844.18
38746		\$200.89
38747		\$251.64
38760		\$807.78
38765		\$1,255.76
38770		\$783.98
38780		\$1,005.87
38790		\$79.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
38792		\$84.35
38794		\$290.84
38900		\$129.85
39000		\$477.39
39010		\$747.93
39200		\$823.18
39220		\$1,075.17
39401		\$289.79
39402		\$379.04
39501		\$818.63
39503		\$5,459.84
39540		\$824.23
39541		\$894.22
39545		\$851.53
39560		\$767.88
39561		\$1,190.32
40490		\$126.70
40510		\$495.24
40520		\$506.44
40525		\$543.53
40527		\$610.38
40530		\$557.18
40650		\$483.34
40652		\$522.89
40654		\$585.88
40700		\$985.22
40701		\$1,163.02
40702		\$976.82
40720		\$1,002.72
40761		\$1,054.17
40800		\$215.59
40801		\$301.69
40804		\$199.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
40805		\$295.39
40806		\$105.00
40808		\$172.20
40810		\$222.59
40812		\$295.39
40814		\$386.04
40816		\$407.39
40818		\$385.69
40819		\$280.34
40820		\$275.44
40830		\$287.69
40831		\$362.94
40840		\$853.28
40842		\$929.57
40843		\$1,198.72
40844		\$1,496.91
40845		\$1,475.91
41000		\$160.65
41005		\$225.39
41006		\$344.04
41007		\$338.09
41008		\$400.74
41009		\$430.14
41010		\$225.39
41015		\$410.19
41016		\$480.19
41017		\$476.69
41018		\$530.58
41019		\$479.49
41100		\$189.69
41105		\$190.04
41108		\$169.75
41110		\$234.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
41112		\$345.79
41113		\$373.44
41114		\$605.83
41115		\$269.14
41116		\$344.74
41120		\$1,081.12
41130		\$1,321.91
41135		\$2,152.44
41140		\$2,173.79
41145		\$2,740.07
41150		\$2,183.24
41153		\$2,369.08
41155		\$2,972.12
41250		\$291.19
41251		\$318.14
41252		\$332.14
41510		\$464.44
41512		\$676.18
41520		\$372.04
41530		\$1,013.22
41800		\$312.89
41805		\$332.84
41806		\$434.69
41822		\$362.24
41823		\$532.33
41825		\$228.19
41826		\$323.74
41827		\$451.84
41828		\$357.34
41830		\$480.19
41872		\$473.19
41874		\$400.04
42000		\$162.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
42100		\$149.45
42104		\$221.19
42106		\$268.44
42107		\$475.29
42120		\$1,013.22
42140		\$311.14
42145		\$682.13
42160		\$240.09
42180		\$257.24
42182		\$330.04
42200		\$921.52
42205		\$955.82
42210		\$1,067.47
42215		\$701.73
42220		\$578.53
42225		\$995.02
42226		\$900.17
42227		\$839.63
42235		\$740.23
42260		\$848.03
42280		\$183.39
42281		\$233.44
42300		\$218.39
42305		\$417.19
42310		\$177.09
42320		\$263.54
42330		\$235.54
42335		\$432.24
42340		\$527.43
42400		\$103.95
42405		\$302.74
42408		\$556.83
42409		\$394.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
42410		\$611.78
42415		\$1,027.57
42420		\$1,152.52
42425		\$815.83
42426		\$1,307.56
42440		\$404.94
42450		\$473.89
42500		\$452.19
42505		\$571.88
42507		\$498.04
42509		\$817.23
42510		\$608.63
42550		\$163.10
42600		\$540.03
42650		\$77.70
42660		\$117.95
42665		\$374.14
42700		\$195.29
42720		\$445.19
42725		\$783.63
42800		\$160.30
42804		\$212.44
42806		\$236.59
42808		\$231.34
42809		\$203.69
42810		\$395.84
42815		\$537.58
42820		\$283.49
42821		\$296.44
42825		\$261.09
42826		\$248.49
42830		\$206.49
42831		\$224.69

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
42835		\$192.14
42836		\$238.34
42842		\$1,013.92
42844		\$1,380.01
42845		\$2,203.19
42860		\$188.29
42870		\$600.58
42890		\$1,418.16
42892		\$1,852.50
42894		\$2,342.13
42900		\$324.44
42950		\$813.38
42953		\$982.77
42955		\$771.03
42960		\$159.95
42961		\$412.29
42962		\$508.19
42970		\$404.94
42971		\$446.24
42972		\$497.69
43020		\$543.88
43030		\$508.19
43045		\$1,237.21
43100		\$618.43
43101		\$955.82
43107		\$2,814.62
43108		\$4,175.73
43112		\$3,283.96
43113		\$4,082.98
43116		\$4,667.12
43117		\$3,069.06
43118		\$3,407.50
43121		\$2,691.07

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43122		\$2,415.63
43123		\$4,231.73
43124		\$3,582.15
43130		\$766.48
43135		\$1,388.41
43180		\$531.28
43191		\$150.50
43192		\$164.50
43193		\$163.80
43194		\$185.14
43195		\$178.14
43196		\$190.39
43197		\$199.14
43198		\$218.74
43200		\$270.19
43201		\$265.99
43202		\$376.24
43204		\$132.65
43205		\$138.25
43206		\$312.19
43210		\$415.79
43211		\$229.59
43212		\$182.34
43213		\$1,339.41
43214		\$187.94
43215		\$416.14
43216		\$434.69
43217		\$442.74
43220		\$1,052.42
43226		\$397.59
43227		\$662.18
43229		\$767.18
43231		\$156.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43232		\$195.29
43233		\$222.24
43235		\$307.64
43236		\$417.54
43237		\$191.79
43238		\$227.49
43239		\$396.89
43240		\$383.59
43241		\$138.95
43242		\$257.24
43243		\$231.69
43244		\$240.09
43245		\$640.48
43246		\$194.24
43247		\$398.64
43248		\$428.04
43249		\$1,199.42
43250		\$475.99
43251		\$522.19
43252		\$348.94
43253		\$257.24
43254		\$264.24
43255		\$694.73
43257		\$226.44
43259		\$221.54
43260		\$315.69
43261		\$331.44
43262		\$349.64
43263		\$348.94
43264		\$356.64
43265		\$424.54
43266		\$212.09
43270		\$784.33

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43273		\$117.25
43274		\$453.24
43275		\$368.54
43276		\$472.14
43277		\$370.64
43278		\$423.49
43279		\$1,224.62
43280		\$1,030.02
43281		\$1,465.76
43282		\$1,646.35
43283		\$148.75
43284		\$625.78
43285		\$643.98
43286		\$3,011.66
43287		\$3,363.75
43288		\$3,547.85
43300		\$608.28
43305		\$1,064.67
43310		\$1,400.66
43312		\$1,495.16
43313		\$2,579.43
43314		\$2,769.82
43320		\$1,333.81
43325		\$1,297.41
43327		\$783.98
43328		\$1,063.27
43330		\$1,276.76
43331		\$1,269.06
43332		\$1,097.57
43333		\$1,201.52
43334		\$1,181.22
43335		\$1,260.31
43336		\$1,370.56

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43337		\$1,460.16
43338		\$108.15
43340		\$1,317.71
43341		\$1,326.11
43351		\$1,252.26
43352		\$1,014.27
43360		\$2,122.34
43361		\$2,563.68
43400		\$1,452.46
43405		\$1,382.11
43410		\$1,000.27
43415		\$2,422.63
43420		\$988.02
43425		\$1,365.31
43450		\$193.19
43453		\$930.27
43460		\$207.89
43500		\$753.18
43501		\$1,288.66
43502		\$1,455.61
43510		\$910.32
43520		\$660.43
43605		\$803.58
43610		\$939.37
43611		\$1,170.02
43620		\$1,886.80
43621		\$2,160.14
43622		\$2,196.89
43631		\$1,385.26
43632		\$1,932.99
43633		\$1,829.40
43634		\$2,021.19
43635		\$106.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43640		\$1,126.97
43641		\$1,151.82
43644		\$1,654.40
43645		\$1,753.45
43651		\$631.03
43652		\$734.63
43653		\$558.93
43752		\$39.55
43753		\$21.00
43754		\$223.29
43755		\$202.99
43756		\$290.84
43757		\$391.64
43761		\$121.10
43762		\$246.39
43763		\$368.89
43770		\$1,080.42
43771		\$1,225.66
43772		\$908.22
43773		\$1,225.66
43774		\$919.07
43775		\$1,050.67
43800		\$890.37
43810		\$971.92
43820		\$1,284.11
43825		\$1,252.61
43830		\$678.28
43831		\$590.78
43832		\$998.52
43840		\$1,298.81
43842		\$1,145.52
43843		\$1,227.41
43845		\$1,850.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
43846		\$1,577.05
43847		\$1,725.10
43848		\$1,843.05
43850		\$1,552.91
43855		\$1,611.00
43860		\$1,561.31
43865		\$1,629.20
43870		\$684.23
43880		\$1,517.56
43886		\$359.44
43887		\$321.99
43888		\$452.19
44005		\$1,043.67
44010		\$831.58
44015		\$133.70
44020		\$932.72
44021		\$932.72
44025		\$939.37
44050		\$895.27
44055		\$1,419.56
44100		\$104.65
44110		\$818.28
44111		\$941.82
44120		\$1,166.17
44121		\$228.54
44125		\$1,127.32
44126		\$2,348.78
44127		\$2,710.67
44128		\$229.59
44130		\$1,258.21
44139		\$114.45
44140		\$1,283.41
44141		\$1,746.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
44143		\$1,590.35
44144		\$1,689.75
44145		\$1,580.55
44146		\$2,024.34
44147		\$1,847.60
44150		\$1,790.55
44151		\$2,067.04
44155		\$1,995.29
44156		\$2,212.64
44157		\$2,096.79
44158		\$2,147.89
44160		\$1,187.87
44180		\$880.22
44186		\$625.78
44187		\$1,063.97
44188		\$1,177.37
44202		\$1,324.36
44203		\$227.14
44204		\$1,470.66
44205		\$1,279.91
44206		\$1,673.30
44207		\$1,737.35
44208		\$1,898.70
44210		\$1,707.95
44211		\$2,063.89
44212		\$1,967.64
44213		\$178.14
44227		\$1,589.65
44300		\$806.38
44310		\$997.82
44312		\$576.78
44314		\$969.47
44316		\$1,350.96

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
44320		\$1,151.82
44322		\$988.37
44340		\$604.78
44345		\$1,009.72
44346		\$1,136.07
44360		\$140.70
44361		\$155.75
44363		\$187.24
44364		\$200.19
44365		\$178.49
44366		\$234.84
44369		\$240.79
44370		\$260.74
44372		\$233.09
44373		\$187.24
44376		\$278.24
44377		\$292.24
44378		\$376.59
44379		\$400.39
44380		\$205.09
44381		\$1,081.82
44382		\$318.49
44384		\$150.50
44385		\$222.24
44386		\$330.39
44388		\$324.79
44389		\$430.84
44390		\$418.94
44391		\$706.98
44392		\$396.19
44394		\$453.59
44401		\$2,868.87
44402		\$255.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
44403		\$297.49
44404		\$433.99
44405		\$599.53
44406		\$224.69
44407		\$269.49
44408		\$226.79
44500		\$19.25
44602		\$1,341.16
44603		\$1,544.86
44604		\$1,010.07
44605		\$1,242.11
44615		\$1,025.47
44620		\$831.23
44625		\$972.27
44626		\$1,523.16
44640		\$1,334.86
44650		\$1,376.86
44660		\$1,287.61
44661		\$1,481.51
44680		\$1,028.62
44700		\$966.67
44701		\$159.95
44705		\$112.00
44720		\$258.29
44721		\$361.54
44800		\$744.08
44820		\$806.73
44850		\$717.83
44900		\$752.48
44950		\$615.98
44955		\$79.45
44960		\$839.28
44970		\$579.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
45000		\$416.49
45005		\$315.69
45020		\$558.23
45100		\$295.39
45108		\$361.89
45110		\$1,767.10
45111		\$1,047.17
45112		\$1,794.75
45113		\$1,824.50
45114		\$1,731.05
45116		\$1,503.91
45119		\$1,837.45
45120		\$1,527.71
45121		\$1,666.30
45123		\$1,079.72
45126		\$2,659.92
45130		\$1,048.92
45135		\$1,263.11
45136		\$1,749.60
45150		\$409.14
45160		\$983.47
45171		\$612.13
45172		\$811.63
45190		\$696.83
45300		\$134.75
45303		\$1,048.22
45305		\$185.49
45307		\$208.24
45308		\$209.29
45309		\$215.59
45315		\$232.39
45317		\$223.99
45320		\$228.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
45321		\$98.35
45327		\$110.95
45330		\$193.89
45331		\$304.49
45332		\$288.74
45333		\$348.59
45334		\$557.18
45335		\$304.84
45337		\$112.00
45338		\$312.54
45340		\$500.49
45341		\$121.45
45342		\$166.60
45346		\$2,792.57
45347		\$151.20
45349		\$194.24
45350		\$715.03
45378		\$349.99
45379		\$448.34
45380		\$454.64
45381		\$458.49
45382		\$733.23
45384		\$508.89
45385		\$469.34
45386		\$655.53
45388		\$2,959.87
45389		\$283.14
45390		\$325.49
45391		\$252.34
45392		\$297.84
45393		\$246.04
45395		\$1,899.40
45397		\$2,062.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
45398		\$871.13
45400		\$1,096.87
45402		\$1,458.06
45500		\$554.03
45505		\$591.83
45520		\$173.25
45540		\$1,022.32
45541		\$918.37
45550		\$1,415.36
45560		\$677.93
45562		\$1,094.07
45563		\$1,595.60
45800		\$1,220.42
45805		\$1,415.01
45820		\$1,223.22
45825		\$1,481.86
45900		\$205.79
45905		\$165.90
45910		\$188.29
45915		\$361.19
45990		\$101.85
46020		\$285.24
46030		\$155.40
46040		\$561.03
46045		\$433.99
46050		\$241.49
46060		\$479.14
46070		\$268.79
46080		\$288.39
46083		\$212.44
46200		\$486.84
46220		\$252.69
46221		\$294.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$313.94
46250		\$491.74
46255		\$533.03
46257		\$422.44
46258		\$465.49
46260		\$473.54
46261		\$516.24
46262		\$552.63
46270		\$543.18
46275		\$571.88
46280		\$473.19
46285		\$569.78
46288		\$548.43
46320		\$215.24
46500		\$327.94
46505		\$315.69
46600		\$123.20
46601		\$152.25
46604		\$737.08
46606		\$295.39
46607		\$212.79
46608		\$308.69
46610		\$292.24
46611		\$233.44
46612		\$354.54
46614		\$172.20
46615		\$183.74
46700		\$647.48
46705		\$557.18
46706		\$172.55
46707		\$492.44
46710		\$1,072.37
46712		\$2,132.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
46715		\$541.08
46716		\$1,190.32
46730		\$1,905.70
46735		\$2,189.54
46740		\$2,077.19
46742		\$2,396.03
46744		\$3,371.10
46746		\$3,711.64
46748		\$4,020.69
46750		\$738.48
46751		\$650.28
46753		\$602.33
46754		\$345.44
46760		\$1,080.77
46761		\$898.42
46900		\$245.34
46910		\$273.69
46916		\$263.19
46917		\$451.84
46922		\$320.59
46924		\$576.43
46930		\$225.39
46940		\$267.39
46942		\$255.14
46945		\$340.19
46946		\$382.54
46947		\$376.59
46948		\$441.69
47000		\$322.69
47001		\$97.65
47010		\$1,165.82
47015		\$1,121.02
47100		\$820.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
47120		\$2,231.19
47122		\$3,254.91
47125		\$2,925.22
47130		\$3,143.96
47135		\$5,114.40
47140		\$3,393.15
47141		\$4,054.63
47142		\$4,464.82
47146		\$309.39
47147		\$360.14
47300		\$1,091.27
47350		\$1,312.81
47360		\$1,794.40
47361		\$2,880.42
47362		\$1,376.51
47370		\$1,195.22
47371		\$1,202.57
47380		\$1,381.76
47381		\$1,413.26
47382		\$4,334.63
47383		\$6,887.10
47400		\$2,055.49
47420		\$1,279.56
47425		\$1,312.46
47460		\$1,220.07
47480		\$851.88
47490		\$332.14
47531		\$441.69
47532		\$902.97
47533		\$1,298.81
47534		\$1,437.06
47535		\$1,004.47
47536		\$717.48

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
47537		\$511.69
47538		\$4,402.52
47539		\$4,822.51
47540		\$4,931.36
47541		\$1,268.01
47542		\$541.78
47543		\$448.34
47544		\$982.42
47550		\$156.10
47552		\$265.99
47553		\$267.04
47554		\$487.19
47555		\$318.14
47556		\$360.14
47562		\$633.48
47563		\$689.48
47564		\$1,071.32
47570		\$743.73
47600		\$1,024.77
47605		\$1,079.37
47610		\$1,198.72
47612		\$1,219.72
47620		\$1,316.31
47700		\$1,021.62
47701		\$1,664.90
47711		\$1,490.61
47712		\$1,907.45
47715		\$1,278.16
47720		\$1,112.97
47721		\$1,301.26
47740		\$1,262.06
47741		\$1,416.41
47760		\$2,149.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
47765		\$2,888.82
47780		\$2,357.18
47785		\$3,080.96
47800		\$1,499.01
47801		\$1,074.82
47802		\$1,464.71
47900		\$1,303.71
48000		\$1,795.80
48001		\$2,196.19
48020		\$1,131.52
48100		\$847.68
48102		\$550.88
48105		\$2,716.62
48120		\$1,058.72
48140		\$1,493.06
48145		\$1,559.91
48146		\$1,809.80
48148		\$1,198.72
48150		\$2,971.77
48152		\$2,760.72
48153		\$2,961.27
48154		\$2,772.62
48155		\$1,749.60
48400		\$100.80
48500		\$1,108.42
48510		\$1,058.37
48520		\$1,054.52
48540		\$1,250.86
48545		\$1,289.01
48547		\$1,710.05
48548		\$1,596.65
48552		\$222.24
48554		\$2,488.78

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
48556		\$1,230.56
49000		\$738.13
49002		\$998.52
49010		\$881.27
49013		\$417.19
49014		\$345.79
49020		\$1,527.01
49040		\$963.52
49060		\$1,052.77
49062		\$736.73
49082		\$222.94
49083		\$313.94
49084		\$102.55
49180		\$176.74
49185		\$1,336.26
49203		\$1,146.57
49204		\$1,459.46
49205		\$1,672.60
49215		\$2,131.79
49250		\$569.08
49255		\$763.68
49320		\$317.09
49321		\$333.19
49322		\$361.19
49323		\$611.08
49324		\$372.39
49325		\$396.89
49326		\$177.79
49327		\$123.20
49400		\$150.15
49402		\$819.68
49405		\$949.52
49406		\$949.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
49407		\$786.08
49411		\$510.29
49412		\$77.70
49418		\$1,170.37
49419		\$416.14
49421		\$215.24
49422		\$210.34
49423		\$649.23
49424		\$190.74
49425		\$685.98
49426		\$643.63
49427		\$37.45
49428		\$413.69
49429		\$438.89
49435		\$112.00
49436		\$181.64
49440		\$944.62
49441		\$1,069.92
49442		\$900.52
49446		\$911.37
49450		\$680.38
49451		\$731.48
49452		\$888.97
49460		\$761.23
49465		\$151.55
49491		\$766.48
49492		\$919.42
49495		\$394.44
49496		\$592.18
49500		\$402.14
49501		\$583.78
49505		\$503.64
49507		\$564.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
49520		\$607.93
49521		\$688.08
49525		\$552.28
49540		\$654.83
49550		\$555.43
49553		\$608.28
49555		\$580.28
49557		\$694.03
49560		\$708.03
49561		\$888.97
49565		\$737.78
49566		\$897.02
49568		\$251.99
49570		\$406.34
49572		\$500.14
49580		\$327.59
49582		\$468.29
49585		\$432.59
49587		\$461.29
49590		\$552.98
49600		\$705.93
49605		\$4,664.32
49606		\$1,083.22
49610		\$665.68
49611		\$588.33
49650		\$417.54
49651		\$543.18
49652		\$714.33
49653		\$892.82
49654		\$809.18
49655		\$990.82
49656		\$877.42
49657		\$1,260.31

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
49900		\$789.23
49904		\$1,343.96
49905		\$334.59
50010		\$716.78
50020		\$992.92
50040		\$903.67
50045		\$911.72
50060		\$1,112.62
50065		\$1,179.47
50070		\$1,156.72
50075		\$1,421.31
50080		\$849.43
50081		\$1,247.36
50100		\$1,035.27
50120		\$928.17
50125		\$960.37
50130		\$1,008.67
50135		\$1,095.12
50200		\$566.28
50205		\$722.03
50220		\$1,020.22
50225		\$1,166.52
50230		\$1,245.61
50234		\$1,268.71
50236		\$1,430.41
50240		\$1,293.21
50250		\$1,188.92
50280		\$940.07
50290		\$879.52
50320		\$1,453.16
50327		\$205.09
50328		\$179.19
50329		\$170.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
50340		\$918.02
50360		\$2,314.83
50365		\$2,756.52
50370		\$1,164.07
50380		\$1,946.64
50382		\$1,129.07
50384		\$944.27
50385		\$1,130.12
50386		\$804.28
50387		\$602.33
50389		\$435.39
50390		\$93.10
50391		\$124.95
50396		\$114.10
50400		\$1,128.02
50405		\$1,361.46
50430		\$645.03
50431		\$317.09
50432		\$963.87
50433		\$1,222.87
50434		\$980.32
50435		\$632.43
50436		\$147.35
50437		\$243.94
50500		\$1,188.22
50520		\$1,108.77
50525		\$1,404.51
50526		\$1,503.56
50540		\$1,119.62
50541		\$896.32
50542		\$1,139.57
50543		\$1,453.86
50544		\$1,211.67

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
50545		\$1,302.31
50546		\$1,172.82
50547		\$1,547.31
50548		\$1,310.36
50551		\$358.74
50553		\$383.59
50555		\$408.79
50557		\$415.79
50561		\$470.74
50562		\$562.43
50570		\$475.99
50572		\$514.84
50574		\$547.38
50575		\$691.58
50576		\$545.98
50580		\$588.68
50590		\$745.13
50592		\$3,285.01
50593		\$4,411.62
50600		\$916.62
50605		\$957.57
50606		\$604.43
50610		\$922.92
50620		\$883.37
50630		\$872.53
50650		\$1,012.17
50660		\$1,116.12
50684		\$128.10
50686		\$143.85
50688		\$75.95
50690		\$116.55
50693		\$1,094.77
50694		\$1,215.87

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
50695		\$1,466.11
50700		\$905.77
50705		\$2,022.94
50706		\$953.37
50715		\$1,165.47
50722		\$996.42
50725		\$1,076.22
50727		\$500.84
50728		\$713.28
50740		\$1,170.37
50750		\$1,125.92
50760		\$1,099.67
50770		\$1,125.92
50780		\$1,078.67
50782		\$1,049.62
50783		\$1,100.72
50785		\$1,181.92
50800		\$904.02
50810		\$1,343.96
50815		\$1,196.27
50820		\$1,280.61
50825		\$1,612.75
50830		\$1,756.60
50840		\$1,202.92
50845		\$1,225.66
50860		\$924.32
50900		\$825.28
50920		\$862.38
50930		\$1,075.52
50940		\$868.68
50945		\$948.12
50947		\$1,350.96
50948		\$1,244.56

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
50951		\$376.24
50953		\$397.59
50955		\$423.14
50957		\$427.34
50961		\$386.04
50970		\$359.09
50972		\$346.84
50974		\$457.79
50976		\$451.49
50980		\$345.09
51020		\$462.69
51030		\$465.84
51040		\$286.64
51045		\$489.64
51050		\$464.09
51060		\$572.23
51065		\$569.78
51080		\$402.49
51100		\$74.20
51101		\$156.80
51102		\$246.04
51500		\$625.43
51520		\$584.83
51525		\$841.03
51530		\$754.58
51535		\$764.03
51550		\$937.97
51555		\$1,230.56
51565		\$1,258.56
51570		\$1,433.21
51575		\$1,772.70
51580		\$1,849.35
51585		\$2,056.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
51590		\$1,881.90
51595		\$2,128.99
51596		\$2,293.48
51597		\$2,231.19
51600		\$224.69
51605		\$37.45
51610		\$129.50
51700		\$79.45
51701		\$45.85
51702		\$64.40
51703		\$149.45
51705		\$98.00
51710		\$136.85
51715		\$368.19
51720		\$89.25
51725		\$231.34
51725	26	\$74.20
51725	TC	\$157.15
51726		\$312.19
51726	26	\$82.95
51726	TC	\$229.24
51727		\$375.19
51727	26	\$103.60
51727	TC	\$271.59
51728		\$379.39
51728	26	\$101.85
51728	TC	\$277.54
51729		\$401.44
51729	26	\$123.55
51729	TC	\$277.89
51736		\$13.30
51736	26	\$8.40
51736	TC	\$4.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
51741		\$13.65
51741	26	\$8.40
51741	TC	\$5.25
51784		\$66.15
51784	26	\$36.75
51784	TC	\$29.40
51785		\$440.29
51785	26	\$86.10
51785	TC	\$354.19
51792		\$275.44
51792	26	\$53.55
51792	TC	\$221.89
51797		\$192.14
51797	26	\$38.85
51797	TC	\$153.30
51798		\$10.15
51800		\$1,017.77
51820		\$1,061.17
51840		\$680.38
51841		\$788.53
51845		\$571.88
51860		\$726.93
51865		\$876.72
51880		\$456.74
51900		\$807.08
51920		\$748.63
51925		\$1,053.12
51940		\$1,600.85
51960		\$1,352.01
51980		\$699.98
51990		\$730.08
51992		\$816.18
52000		\$238.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
52001		\$436.09
52005		\$313.24
52007		\$489.64
52010		\$408.44
52204		\$403.19
52214		\$795.88
52224		\$828.08
52234		\$238.34
52235		\$279.64
52240		\$379.74
52250		\$231.69
52260		\$204.04
52265		\$395.14
52270		\$432.59
52275		\$558.58
52276		\$256.19
52277		\$313.24
52281		\$338.79
52282		\$325.14
52283		\$350.34
52285		\$347.54
52287		\$391.64
52290		\$236.59
52300		\$271.59
52301		\$281.39
52305		\$269.84
52310		\$314.99
52315		\$479.49
52317		\$928.87
52318		\$458.84
52320		\$238.69
52325		\$310.44
52327		\$254.79

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
52330		\$621.23
52332		\$451.49
52334		\$177.79
52341		\$275.09
52342		\$299.24
52343		\$333.19
52344		\$357.34
52345		\$382.19
52346		\$432.59
52351		\$292.94
52352		\$342.99
52353		\$379.74
52354		\$404.24
52355		\$452.54
52356		\$402.84
52400		\$465.84
52402		\$258.29
52441		\$1,428.66
52442		\$1,021.62
52450		\$464.79
52500		\$482.64
52601		\$712.93
52630		\$397.24
52640		\$314.99
52647		\$1,680.65
52648		\$1,732.10
52649		\$809.53
52700		\$433.29
53000		\$146.30
53010		\$291.89
53020		\$94.15
53025		\$66.50
53040		\$386.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
53060		\$186.54
53080		\$413.69
53085		\$638.03
53200		\$155.05
53210		\$754.58
53215		\$906.47
53220		\$443.79
53230		\$597.08
53235		\$621.93
53240		\$417.54
53250		\$389.54
53260		\$204.74
53265		\$227.14
53270		\$209.29
53275		\$257.24
53400		\$783.63
53405		\$855.03
53410		\$958.62
53415		\$1,104.92
53420		\$823.88
53425		\$915.92
53430		\$949.52
53431		\$1,126.27
53440		\$738.13
53442		\$769.98
53444		\$776.98
53445		\$741.98
53446		\$631.03
53447		\$791.33
53448		\$1,247.71
53449		\$601.98
53450		\$402.49
53460		\$450.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
53500		\$732.53
53502		\$477.74
53505		\$477.39
53510		\$620.53
53515		\$779.08
53520		\$548.43
53600		\$87.85
53601		\$85.05
53605		\$62.30
53620		\$165.20
53621		\$157.50
53660		\$75.60
53661		\$74.55
53665		\$37.10
53850		\$1,605.75
53852		\$1,558.51
53854		\$1,880.15
53855		\$761.23
53860		\$2,478.98
54000		\$163.10
54001		\$198.09
54015		\$299.24
54050		\$141.40
54055		\$134.75
54056		\$144.20
54057		\$142.45
54060		\$195.64
54065		\$223.29
54100		\$206.14
54105		\$276.14
54110		\$614.23
54111		\$782.58
54112		\$916.62

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
54115		\$450.79
54120		\$619.13
54125		\$798.68
54130		\$1,166.17
54135		\$1,474.16
54150		\$152.25
54160		\$223.99
54161		\$193.54
54162		\$260.74
54163		\$214.89
54164		\$190.04
54200		\$114.80
54205		\$523.24
54220		\$219.09
54230		\$102.90
54231		\$140.35
54235		\$87.85
54240		\$103.25
54240	26	\$63.70
54240	TC	\$39.55
54250		\$120.40
54250	26	\$107.10
54250	TC	\$13.30
54300		\$633.48
54304		\$733.93
54308		\$702.43
54312		\$802.18
54316		\$973.67
54318		\$698.23
54322		\$765.78
54324		\$947.42
54326		\$923.27
54328		\$917.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
54332		\$989.07
54336		\$1,162.67
54340		\$559.98
54344		\$925.02
54348		\$989.42
54352		\$1,382.11
54360		\$706.98
54380		\$783.28
54385		\$911.37
54390		\$1,213.42
54400		\$522.19
54401		\$651.68
54405		\$792.38
54406		\$717.13
54408		\$775.23
54410		\$845.58
54411		\$1,010.42
54415		\$521.49
54416		\$702.08
54417		\$879.87
54420		\$690.18
54430		\$627.53
54435		\$408.09
54437		\$664.98
54438		\$1,306.16
54450		\$67.20
54500		\$72.10
54505		\$206.49
54512		\$529.18
54520		\$321.99
54522		\$578.18
54530		\$499.44
54535		\$729.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
54550		\$483.69
54560		\$674.78
54600		\$445.19
54620		\$293.29
54640		\$423.84
54650		\$698.93
54660		\$352.79
54670		\$402.14
54680		\$772.08
54690		\$642.93
54692		\$740.93
54700		\$209.29
54800		\$121.80
54830		\$366.79
54840		\$317.79
54860		\$412.64
54861		\$558.23
54865		\$354.19
54900		\$784.68
54901		\$1,035.97
55000		\$120.05
55040		\$333.19
55041		\$503.29
55060		\$374.49
55100		\$230.29
55110		\$381.49
55120		\$349.29
55150		\$484.04
55175		\$359.09
55180		\$677.58
55200		\$404.59
55250		\$356.99
55300		\$181.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
55400		\$491.04
55500		\$385.34
55520		\$442.39
55530		\$346.84
55535		\$423.49
55540		\$534.43
55550		\$422.09
55600		\$415.09
55605		\$514.84
55650		\$704.53
55680		\$341.94
55700		\$251.64
55705		\$260.39
55706		\$368.54
55720		\$444.84
55725		\$584.48
55801		\$1,070.97
55810		\$1,277.46
55812		\$1,569.01
55815		\$1,718.10
55821		\$855.03
55831		\$924.67
55840		\$1,142.72
55842		\$1,144.12
55845		\$1,328.56
55860		\$856.78
55862		\$1,070.62
55865		\$1,304.06
55866		\$1,406.61
55870		\$172.90
55873		\$6,502.81
55874		\$3,265.41
55875		\$760.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
55876		\$149.80
55880		\$958.27
55920		\$451.14
56405		\$141.40
56420		\$177.09
56440		\$177.44
56441		\$177.44
56442		\$45.85
56501		\$184.44
56515		\$269.14
56605		\$94.50
56606		\$38.15
56620		\$568.73
56625		\$651.33
56630		\$935.52
56631		\$1,153.22
56632		\$1,394.36
56633		\$1,198.72
56634		\$1,260.31
56637		\$1,459.81
56640		\$1,483.96
56700		\$198.79
56740		\$307.99
56800		\$246.39
56805		\$1,140.62
56810		\$264.94
56820		\$122.15
56821		\$163.80
57000		\$197.04
57010		\$448.34
57020		\$120.05
57022		\$177.44
57023		\$312.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
57061		\$160.30
57065		\$239.39
57100		\$100.80
57105		\$171.85
57106		\$524.29
57107		\$1,415.36
57109		\$1,682.75
57110		\$886.17
57111		\$1,682.75
57120		\$520.79
57130		\$223.29
57135		\$239.74
57150		\$58.45
57155		\$389.89
57156		\$225.04
57160		\$72.10
57170		\$75.25
57180		\$194.59
57200		\$324.44
57210		\$386.39
57220		\$339.49
57230		\$410.89
57240		\$600.23
57250		\$602.68
57260		\$762.28
57265		\$853.28
57267		\$244.64
57268		\$497.69
57270		\$795.18
57280		\$945.67
57282		\$680.03
57283		\$683.88
57284		\$815.83

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
57285		\$680.03
57287		\$726.23
57288		\$728.33
57289		\$777.33
57291		\$539.33
57292		\$811.98
57295		\$491.74
57296		\$931.67
57300		\$595.68
57305		\$954.07
57307		\$1,056.27
57308		\$650.98
57310		\$484.04
57311		\$545.98
57320		\$550.88
57330		\$752.83
57335		\$1,152.17
57400		\$128.10
57410		\$102.90
57415		\$171.50
57420		\$128.80
57421		\$173.60
57423		\$908.57
57425		\$952.67
57426		\$852.58
57452		\$123.90
57454		\$165.90
57455		\$158.55
57456		\$149.10
57460		\$322.69
57461		\$358.39
57465		\$55.65
57500		\$155.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
57505		\$147.70
57510		\$161.35
57511		\$191.79
57513		\$197.04
57520		\$347.54
57522		\$297.84
57530		\$365.39
57531		\$1,716.35
57540		\$775.93
57545		\$816.88
57550		\$423.14
57555		\$607.23
57556		\$576.08
57558		\$153.30
57700		\$348.59
57720		\$328.29
57800		\$75.95
58100		\$101.50
58110		\$49.70
58120		\$292.24
58140		\$911.37
58145		\$558.58
58146		\$1,130.47
58150		\$987.32
58152		\$1,211.67
58180		\$936.92
58200		\$1,317.01
58210		\$1,772.35
58240		\$2,849.97
58260		\$821.78
58262		\$907.52
58263		\$973.32
58267		\$1,046.82

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
58270		\$874.98
58275		\$970.52
58280		\$1,037.02
58285		\$1,381.06
58290		\$1,126.97
58291		\$1,217.97
58292		\$1,283.41
58294		\$1,191.72
58300		\$105.00
58301		\$107.80
58340		\$239.04
58346		\$484.74
58353		\$1,048.57
58356		\$1,896.95
58400		\$454.99
58410		\$799.73
58520		\$783.28
58540		\$898.42
58541		\$716.43
58542		\$814.08
58543		\$825.28
58544		\$888.97
58545		\$879.52
58546		\$1,089.17
58548		\$1,830.80
58550		\$863.08
58552		\$959.67
58553		\$1,095.82
58554		\$1,276.06
58555		\$364.34
58558		\$1,487.46
58559		\$276.49
58560		\$304.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
58561		\$347.54
58562		\$432.24
58563		\$2,251.14
58570		\$784.33
58571		\$884.07
58572		\$1,011.82
58573		\$1,186.12
58575		\$1,872.10
58600		\$364.34
58605		\$330.39
58611		\$73.85
58615		\$249.54
58660		\$661.13
58661		\$635.93
58662		\$695.08
58670		\$365.04
58671		\$365.04
58672		\$716.08
58673		\$777.33
58674		\$796.93
58700		\$776.28
58720		\$736.73
58740		\$877.07
58760		\$804.98
58770		\$844.88
58800		\$356.99
58805		\$419.99
58820		\$332.84
58822		\$701.03
58825		\$695.78
58900		\$428.39
58920		\$700.68
58925		\$746.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
58940		\$540.38
58943		\$1,144.12
58950		\$1,119.97
58951		\$1,402.06
58952		\$1,599.10
58953		\$1,946.64
58954		\$2,106.59
58956		\$1,323.66
58957		\$1,546.61
58958		\$1,620.80
58960		\$950.57
58970		\$235.19
58976		\$253.74
59000		\$115.50
59001		\$166.25
59012		\$187.59
59015		\$148.75
59020		\$68.60
59020	26	\$34.30
59020	TC	\$34.30
59025		\$47.60
59025	26	\$28.00
59025	TC	\$19.60
59030		\$104.30
59050		\$46.90
59051		\$38.85
59070		\$386.39
59072		\$485.44
59074		\$368.54
59076		\$485.44
59100		\$807.78
59120		\$770.68
59121		\$771.03

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
59130		\$894.22
59135		\$883.37
59136		\$848.73
59140		\$397.59
59150		\$747.58
59151		\$729.73
59160		\$258.29
59200		\$99.75
59300		\$221.19
59320		\$141.40
59325		\$224.69
59350		\$259.69
59400		\$2,274.24
59409		\$755.63
59410		\$999.57
59412		\$95.90
59414		\$84.70
59425		\$534.43
59426		\$978.92
59430		\$250.59
59510		\$2,494.38
59514		\$849.08
59515		\$1,222.87
59525		\$448.34
59610		\$2,358.93
59612		\$845.58
59614		\$1,069.92
59618		\$2,519.23
59620		\$874.98
59622		\$1,266.61
59812		\$345.44
59820		\$418.59
59821		\$412.29

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
59830		\$439.59
59840		\$237.29
59841		\$403.89
59850		\$369.59
59851		\$404.94
59852		\$558.23
59855		\$402.14
59856		\$468.99
59857		\$546.68
59866		\$221.89
59870		\$508.89
59871		\$124.25
60000		\$179.89
60100		\$110.60
60200		\$647.48
60210		\$683.88
60212		\$984.17
60220		\$683.88
60225		\$904.02
60240		\$884.07
60252		\$1,270.46
60254		\$1,603.65
60260		\$1,050.67
60270		\$1,311.76
60271		\$1,016.72
60280		\$442.04
60281		\$580.28
60300		\$113.40
60500		\$932.37
60502		\$1,245.96
60505		\$1,343.26
60512		\$230.29
60520		\$1,002.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
60521		\$1,062.57
60522		\$1,295.66
60540		\$1,035.27
60545		\$1,192.07
60600		\$1,286.21
60605		\$1,534.71
60650		\$1,142.72
61000		\$104.65
61001		\$99.05
61020		\$98.00
61026		\$101.85
61050		\$80.85
61055		\$115.85
61070		\$54.25
61105		\$438.54
61107		\$285.24
61108		\$850.13
61120		\$704.53
61140		\$1,186.82
61150		\$1,255.76
61151		\$927.82
61154		\$1,193.12
61156		\$1,155.32
61210		\$334.24
61215		\$484.39
61250		\$813.03
61253		\$927.82
61304		\$1,525.26
61305		\$1,858.80
61312		\$1,915.85
61313		\$1,840.25
61314		\$1,698.85
61315		\$1,914.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
61316		\$79.80
61320		\$1,757.65
61321		\$1,967.29
61322		\$2,201.79
61323		\$2,205.29
61330		\$1,664.55
61333		\$1,865.10
61340		\$1,339.76
61343		\$2,034.14
61345		\$1,891.35
61450		\$1,775.85
61458		\$1,866.50
61460		\$1,949.09
61500		\$1,237.21
61501		\$1,075.52
61510		\$2,041.14
61512		\$2,358.93
61514		\$1,774.45
61516		\$1,737.35
61517		\$79.45
61518		\$2,560.88
61519		\$2,716.62
61520		\$3,469.80
61521		\$2,917.52
61522		\$2,023.99
61524		\$1,929.14
61526		\$3,154.81
61530		\$2,828.97
61531		\$1,144.12
61533		\$1,417.81
61534		\$1,534.01
61535		\$941.12
61536		\$2,378.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
61537		\$2,267.59
61538		\$2,451.33
61539		\$2,181.49
61540		\$2,014.89
61541		\$1,989.34
61543		\$2,010.69
61544		\$1,757.30
61545		\$2,939.92
61546		\$2,133.19
61548		\$1,469.96
61550		\$1,119.27
61552		\$1,383.86
61556		\$1,585.80
61557		\$1,567.96
61558		\$1,746.10
61559		\$2,221.74
61563		\$1,835.70
61564		\$2,224.54
61566		\$2,073.69
61567		\$2,361.03
61570		\$1,735.25
61571		\$1,844.45
61575		\$2,312.03
61576		\$3,944.74
61580		\$2,441.18
61581		\$2,815.67
61582		\$2,910.17
61583		\$2,769.47
61584		\$2,738.32
61585		\$3,097.41
61586		\$2,439.08
61590		\$2,955.67
61591		\$2,974.92

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$3,007.81
61595		\$2,315.88
61596		\$2,393.93
61597		\$2,781.02
61598		\$2,712.42
61600		\$2,091.54
61601		\$2,310.63
61605		\$2,138.09
61606		\$2,774.02
61607		\$2,862.92
61608		\$3,064.51
61611		\$425.24
61613		\$3,088.66
61615		\$2,678.82
61616		\$3,162.16
61618		\$1,216.92
61619		\$1,337.31
61623		\$531.98
61624		\$1,072.02
61626		\$841.03
61630		\$1,284.81
61635		\$1,369.86
61640		\$456.74
61641		\$160.30
61642		\$320.94
61645		\$786.08
61650		\$531.28
61651		\$227.49
61680		\$2,099.24
61682		\$3,815.59
61684		\$2,620.73
61686		\$4,122.53
61690		\$2,017.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
61692		\$3,352.90
61697		\$3,865.99
61698		\$4,244.33
61700		\$3,142.91
61702		\$3,694.14
61703		\$1,265.21
61705		\$2,400.58
61708		\$2,349.13
61710		\$1,982.34
61711		\$2,382.38
61720		\$1,183.67
61735		\$1,482.21
61750		\$1,308.61
61751		\$1,292.51
61760		\$1,469.96
61770		\$1,503.56
61781		\$214.89
61782		\$167.30
61783		\$213.84
61790		\$828.08
61791		\$1,051.37
61796		\$948.12
61797		\$200.19
61798		\$1,279.91
61799		\$275.44
61800		\$140.35
61850		\$921.17
61860		\$1,450.36
61863		\$1,400.66
61864		\$257.59
61867		\$2,107.99
61868		\$453.59
61880		\$550.18

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
61885		\$499.44
61886		\$826.33
61888		\$373.79
62000		\$966.67
62005		\$1,184.02
62010		\$1,429.36
62100		\$1,471.01
62115		\$1,570.06
62117		\$1,818.90
62120		\$2,011.04
62121		\$1,511.26
62140		\$960.72
62141		\$1,073.07
62142		\$834.73
62143		\$978.92
62145		\$1,312.11
62146		\$1,164.42
62147		\$1,331.01
62148		\$114.80
62160		\$172.55
62161		\$1,410.11
62162		\$1,752.05
62164		\$1,942.79
62165		\$1,437.41
62180		\$1,484.66
62190		\$871.13
62192		\$921.17
62194		\$467.59
62200		\$1,279.91
62201		\$1,135.37
62220		\$919.07
62223		\$979.62
62225		\$505.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
62230		\$790.63
62252		\$79.10
62252	26	\$42.35
62252	TC	\$36.75
62256		\$575.38
62258		\$1,045.07
62263		\$650.63
62264		\$462.69
62267		\$274.04
62268		\$253.39
62269		\$258.29
62270		\$132.65
62272		\$176.39
62273		\$172.20
62280		\$376.94
62281		\$248.14
62282		\$340.89
62284		\$202.64
62287		\$571.88
62290		\$376.94
62291		\$353.14
62292		\$577.48
62294		\$887.22
62302		\$268.79
62303		\$273.34
62304		\$265.64
62305		\$289.09
62320		\$167.30
62321		\$274.74
62322		\$145.95
62323		\$271.24
62324		\$142.45
62325		\$262.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
62326		\$145.25
62327		\$271.59
62328		\$263.89
62329		\$330.39
62350		\$387.79
62351		\$855.03
62355		\$265.64
62360		\$310.79
62361		\$409.49
62362		\$373.09
62365		\$287.34
62367		\$31.15
62368		\$44.10
62369		\$98.00
62370		\$99.40
63001		\$1,157.77
63003		\$1,160.57
63005		\$1,128.72
63011		\$1,051.72
63012		\$1,128.72
63015		\$1,387.71
63016		\$1,430.41
63017		\$1,187.17
63020		\$1,101.42
63030		\$929.57
63035		\$178.84
63040		\$1,316.66
63042		\$1,234.76
63045		\$1,214.12
63046		\$1,164.07
63047		\$1,051.72
63048		\$197.04
63050		\$1,419.56

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
63051		\$1,612.40
63055		\$1,523.16
63056		\$1,408.36
63057		\$298.54
63064		\$1,669.80
63066		\$187.24
63075		\$1,285.86
63076		\$228.54
63077		\$1,421.66
63078		\$188.64
63081		\$1,657.90
63082		\$247.44
63085		\$1,815.05
63086		\$177.44
63087		\$2,264.79
63088		\$241.14
63090		\$1,865.45
63091		\$167.65
63101		\$2,177.99
63102		\$2,144.39
63103		\$272.99
63170		\$1,481.51
63172		\$1,313.51
63173		\$1,602.25
63185		\$1,090.92
63190		\$1,206.42
63191		\$1,287.26
63194		\$1,486.76
63195		\$1,422.01
63196		\$1,651.95
63197		\$1,588.95
63198		\$1,934.39
63199		\$2,025.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
63200		\$1,425.86
63250		\$2,731.32
63251		\$2,793.27
63252		\$2,792.92
63265		\$1,560.26
63266		\$1,610.30
63267		\$1,295.31
63268		\$1,335.56
63270		\$1,923.90
63271		\$1,923.90
63272		\$1,754.15
63273		\$1,732.80
63275		\$1,683.45
63276		\$1,672.25
63277		\$1,467.86
63278		\$1,482.91
63280		\$1,967.64
63281		\$1,947.69
63282		\$1,839.90
63283		\$1,766.05
63285		\$2,414.93
63286		\$2,387.28
63287		\$2,531.48
63290		\$2,574.18
63295		\$300.64
63300		\$1,712.85
63301		\$2,042.89
63302		\$2,018.04
63303		\$2,139.49
63304		\$2,173.79
63305		\$2,310.98
63306		\$2,271.09
63307		\$2,223.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
63308		\$296.44
63600		\$1,016.72
63610		\$531.28
63620		\$1,045.07
63621		\$229.24
63650		\$2,311.33
63655		\$794.83
63661		\$689.48
63662		\$804.98
63663		\$911.72
63664		\$835.43
63685		\$352.44
63688		\$361.54
63700		\$1,225.66
63702		\$1,336.96
63704		\$1,554.31
63706		\$1,721.95
63707		\$889.67
63709		\$1,057.32
63710		\$1,035.62
63740		\$924.32
63741		\$640.13
63744		\$649.58
63746		\$576.08
64400		\$113.05
64405		\$72.45
64408		\$78.05
64415		\$115.15
64416		\$63.35
64417		\$142.80
64418		\$88.90
64420		\$100.80
64421		\$33.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
64425		\$116.20
64430		\$97.65
64435		\$79.80
64445		\$130.20
64446		\$58.10
64447		\$90.65
64448		\$59.85
64449		\$61.25
64450		\$78.40
64451		\$227.14
64454		\$226.44
64455		\$48.65
64461		\$135.10
64462		\$74.55
64463		\$229.24
64479		\$271.59
64480		\$137.20
64483		\$253.04
64484		\$113.05
64486		\$115.50
64487		\$213.84
64488		\$142.45
64489		\$342.29
64490		\$196.34
64491		\$98.70
64492		\$99.05
64493		\$180.59
64494		\$92.05
64495		\$92.05
64505		\$134.40
64510		\$149.80
64517		\$197.04
64520		\$236.24

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
64530		\$237.29
64553		\$2,490.18
64555		\$2,265.84
64561		\$785.38
64566		\$129.15
64568		\$592.88
64569		\$721.33
64570		\$692.28
64575		\$324.79
64580		\$303.79
64581		\$643.98
64585		\$256.89
64590		\$274.39
64595		\$246.04
64600		\$471.09
64605		\$649.93
64610		\$783.98
64611		\$123.20
64612		\$133.70
64615		\$146.30
64616		\$130.55
64617		\$162.75
64620		\$210.34
64624		\$421.04
64625		\$512.74
64630		\$253.04
64632		\$88.90
64633		\$431.54
64634		\$195.64
64635		\$427.69
64636		\$178.49
64640		\$258.99
64642		\$146.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
64643		\$91.35
64644		\$173.60
64645		\$117.60
64646		\$153.30
64647		\$173.95
64650		\$89.25
64653		\$105.00
64680		\$359.79
64681		\$488.94
64702		\$504.34
64704		\$321.64
64708		\$501.19
64712		\$581.33
64713		\$761.58
64714		\$737.43
64716		\$507.14
64718		\$591.13
64719		\$401.09
64721		\$437.49
64722		\$347.19
64726		\$266.34
64727		\$173.25
64732		\$430.14
64734		\$485.44
64736		\$332.49
64738		\$450.09
64740		\$469.34
64742		\$489.64
64744		\$477.74
64746		\$416.14
64755		\$881.97
64760		\$501.19
64763		\$495.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
64766		\$611.78
64771		\$594.63
64772		\$550.53
64774		\$400.39
64776		\$387.09
64778		\$174.30
64782		\$452.19
64783		\$207.54
64784		\$713.98
64786		\$962.82
64787		\$232.39
64788		\$395.14
64790		\$807.78
64792		\$1,027.92
64795		\$181.29
64802		\$794.48
64804		\$1,112.27
64809		\$1,017.07
64818		\$759.13
64820		\$715.03
64821		\$683.88
64822		\$683.88
64823		\$774.18
64831		\$680.38
64832		\$322.34
64834		\$726.93
64835		\$796.58
64836		\$796.58
64837		\$349.99
64840		\$936.92
64856		\$982.07
64857		\$1,027.92
64858		\$1,141.67

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
64859		\$237.99
64861		\$1,415.36
64862		\$1,332.76
64864		\$841.03
64865		\$1,075.87
64866		\$1,243.86
64868		\$985.22
64872		\$111.65
64874		\$166.95
64876		\$188.64
64885		\$1,078.32
64886		\$1,250.16
64890		\$1,049.27
64891		\$1,115.07
64892		\$1,020.92
64893		\$1,088.12
64895		\$1,285.86
64896		\$1,385.61
64897		\$1,229.16
64898		\$1,330.66
64901		\$571.18
64902		\$661.13
64905		\$990.82
64907		\$1,261.71
64910		\$770.68
64911		\$1,003.42
64912		\$863.08
64913		\$172.20
65091		\$734.98
65093		\$729.03
65101		\$842.08
65103		\$869.38
65105		\$946.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
65110		\$1,308.61
65112		\$1,500.41
65114		\$1,565.51
65125		\$474.24
65130		\$841.38
65135		\$851.53
65140		\$915.57
65150		\$689.48
65155		\$951.97
65175		\$767.88
65205		\$29.40
65210		\$39.20
65220		\$60.20
65222		\$68.25
65235		\$723.43
65260		\$974.72
65265		\$1,094.42
65270		\$293.99
65272		\$539.68
65273		\$376.94
65275		\$594.98
65280		\$664.63
65285		\$1,096.17
65286		\$718.53
65290		\$486.49
65400		\$695.78
65410		\$144.90
65420		\$551.93
65426		\$685.28
65430		\$115.15
65435		\$82.60
65436		\$385.34
65450		\$327.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
65600		\$432.94
65710		\$1,131.17
65730		\$1,242.46
65750		\$1,249.46
65755		\$1,243.51
65756		\$1,161.97
65770		\$1,383.86
65772		\$458.84
65775		\$567.33
65778		\$1,497.61
65779		\$1,283.76
65780		\$664.98
65781		\$1,314.56
65782		\$1,135.37
65785		\$2,445.73
65800		\$119.35
65810		\$460.24
65815		\$658.68
65820		\$814.08
65850		\$836.48
65855		\$246.74
65860		\$309.39
65865		\$475.29
65870		\$590.78
65875		\$630.68
65880		\$662.88
65900		\$985.57
65920		\$786.78
65930		\$636.63
66020		\$200.89
66030		\$180.94
66130		\$715.73
66150		\$873.23

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
66155		\$872.88
66160		\$981.02
66170		\$1,084.62
66172		\$1,184.72
66174		\$931.32
66175		\$977.17
66179		\$1,070.62
66180		\$1,128.72
66183		\$1,021.97
66184		\$784.68
66185		\$842.78
66225		\$923.97
66250		\$771.38
66500		\$390.24
66505		\$424.54
66600		\$895.97
66605		\$1,082.17
66625		\$425.94
66630		\$562.08
66635		\$567.33
66680		\$518.34
66682		\$704.18
66700		\$452.89
66710		\$444.14
66711		\$503.64
66720		\$466.54
66740		\$439.94
66761		\$302.74
66762		\$478.79
66770		\$529.88
66820		\$463.04
66821		\$335.64
66825		\$823.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
66830		\$703.83
66840		\$687.03
66850		\$780.83
66852		\$830.53
66920		\$741.63
66930		\$848.03
66940		\$775.93
66982		\$738.48
66984		\$539.33
66985		\$761.23
66986		\$894.92
66990		\$87.85
67005		\$468.99
67010		\$536.18
67015		\$598.83
67025		\$746.18
67027		\$839.28
67028		\$113.40
67030		\$552.28
67031		\$391.64
67036		\$887.92
67039		\$949.52
67040		\$1,024.77
67041		\$1,130.47
67042		\$1,130.47
67043		\$1,192.07
67101		\$334.59
67105		\$296.79
67107		\$1,110.87
67108		\$1,176.32
67110		\$891.07
67113		\$1,315.26
67115		\$494.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
67120		\$675.13
67121		\$894.57
67141		\$523.94
67145		\$526.03
67208		\$598.13
67210		\$514.49
67218		\$1,376.51
67220		\$531.28
67221		\$276.84
67225		\$29.05
67227		\$294.34
67228		\$339.14
67229		\$1,146.22
67250		\$890.72
67255		\$682.13
67311		\$592.18
67312		\$715.73
67314		\$678.63
67316		\$801.13
67318		\$709.43
67320		\$311.14
67331		\$295.74
67332		\$320.59
67334		\$291.19
67335		\$143.15
67340		\$346.49
67343		\$659.03
67345		\$240.09
67346		\$187.24
67400		\$1,026.87
67405		\$888.62
67412		\$978.57
67413		\$951.27

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
67414		\$1,436.36
67415		\$101.50
67420		\$1,717.75
67430		\$1,373.01
67440		\$1,332.06
67445		\$1,509.86
67450		\$1,380.01
67500		\$74.55
67505		\$86.80
67515		\$51.10
67550		\$1,070.97
67560		\$1,094.42
67570		\$1,303.01
67700		\$300.99
67710		\$256.19
67715		\$276.49
67800		\$129.15
67801		\$163.10
67805		\$202.99
67808		\$363.64
67810		\$191.44
67820		\$21.00
67825		\$135.80
67830		\$284.19
67835		\$436.44
67840		\$293.29
67850		\$225.39
67875		\$189.69
67880		\$475.64
67882		\$578.88
67900		\$657.28
67901		\$808.13
67902		\$718.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
67903		\$611.43
67904		\$750.73
67906		\$499.44
67908		\$538.28
67909		\$557.53
67911		\$553.33
67912		\$942.17
67914		\$503.64
67915		\$327.24
67916		\$626.83
67917		\$636.98
67921		\$494.89
67922		\$316.39
67923		\$627.18
67924		\$666.03
67930		\$380.44
67935		\$607.23
67938		\$285.24
67950		\$592.88
67961		\$596.38
67966		\$784.68
67971		\$710.83
67973		\$913.47
67974		\$912.07
67975		\$673.03
68020		\$121.45
68040		\$62.30
68100		\$186.19
68110		\$243.24
68115		\$344.39
68130		\$564.53
68135		\$157.50
68200		\$41.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
68320		\$758.78
68325		\$648.53
68326		\$636.63
68328		\$697.18
68330		\$635.93
68335		\$639.08
68340		\$612.83
68360		\$554.38
68362		\$647.48
68371		\$409.49
68400		\$311.49
68420		\$346.84
68440		\$103.95
68500		\$1,041.92
68505		\$1,037.37
68510		\$469.34
68520		\$725.18
68525		\$254.79
68530		\$449.74
68540		\$970.17
68550		\$1,203.97
68700		\$596.38
68705		\$266.69
68720		\$796.93
68745		\$801.48
68750		\$841.73
68760		\$224.69
68761		\$151.20
68770		\$620.53
68801		\$96.25
68810		\$163.45
68811		\$133.35
68815		\$398.99

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
68816		\$891.07
68840		\$133.35
68850		\$61.25
69000		\$190.74
69005		\$220.84
69020		\$240.79
69100		\$100.10
69105		\$149.45
69110		\$481.59
69120		\$400.39
69140		\$916.97
69145		\$421.39
69150		\$1,022.67
69155		\$1,623.60
69200		\$81.55
69205		\$94.50
69209		\$15.05
69210		\$46.90
69220		\$78.75
69222		\$220.14
69300		\$638.73
69310		\$1,134.32
69320		\$1,573.21
69420		\$193.54
69421		\$148.40
69424		\$133.00
69433		\$203.34
69436		\$156.10
69440		\$701.73
69450		\$557.53
69501		\$718.88
69502		\$955.12
69505		\$1,241.06

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
69511		\$1,269.06
69530		\$1,680.65
69535		\$2,644.87
69540		\$214.89
69550		\$1,074.82
69552		\$1,589.30
69554		\$2,504.53
69601		\$1,029.32
69602		\$1,096.52
69603		\$1,294.96
69604		\$1,118.92
69610		\$379.74
69620		\$744.08
69631		\$902.97
69632		\$1,094.07
69633		\$1,061.17
69635		\$1,274.66
69636		\$1,420.96
69637		\$1,445.11
69641		\$1,051.37
69642		\$1,347.81
69643		\$1,234.41
69644		\$1,514.76
69645		\$1,492.01
69646		\$1,575.30
69650		\$810.58
69660		\$928.87
69661		\$1,209.92
69662		\$1,157.42
69666		\$815.48
69667		\$816.18
69670		\$951.62
69676		\$844.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
69700		\$675.13
69705		\$3,113.51
69706		\$3,204.16
69711		\$850.83
69714		\$1,054.17
69715		\$1,295.31
69717		\$1,105.27
69718		\$1,308.26
69720		\$1,192.07
69725		\$1,852.50
69740		\$1,157.07
69745		\$1,235.81
69801		\$223.99
69805		\$1,027.22
69806		\$927.82
69905		\$926.77
69910		\$995.02
69915		\$1,495.16
69930		\$1,210.62
69950		\$1,722.30
69955		\$1,946.64
69960		\$1,864.75
69970		\$2,103.09
69990		\$198.44
70010		\$58.10
70015		\$172.90
70015	26	\$57.75
70015	TC	\$115.15
70030		\$32.55
70030	26	\$9.10
70030	TC	\$23.45
70100		\$38.85
70100	26	\$9.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70100	TC	\$29.75
70110		\$44.10
70110	26	\$12.25
70110	TC	\$31.85
70120		\$38.50
70120	26	\$9.10
70120	TC	\$29.40
70130		\$63.70
70130	26	\$16.80
70130	TC	\$46.90
70134		\$60.55
70134	26	\$17.50
70134	TC	\$43.05
70140		\$32.55
70140	26	\$10.15
70140	TC	\$22.40
70150		\$47.95
70150	26	\$12.95
70150	TC	\$35.00
70160		\$38.50
70160	26	\$8.75
70160	TC	\$29.75
70170	26	\$14.35
70190		\$39.20
70190	26	\$11.20
70190	TC	\$28.00
70200		\$49.00
70200	26	\$14.00
70200	TC	\$35.00
70210		\$32.55
70210	26	\$8.75
70210	TC	\$23.80
70220		\$38.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70220	26	\$10.85
70220	TC	\$27.30
70240		\$33.60
70240	26	\$9.45
70240	TC	\$24.15
70250		\$36.05
70250	26	\$9.10
70250	TC	\$26.95
70260		\$45.50
70260	26	\$14.00
70260	TC	\$31.50
70300		\$12.95
70300	26	\$5.25
70300	TC	\$7.70
70310		\$39.20
70310	26	\$7.70
70310	TC	\$31.50
70320		\$57.40
70320	26	\$11.55
70320	TC	\$45.85
70328		\$35.00
70328	26	\$9.10
70328	TC	\$25.90
70330		\$54.25
70330	26	\$11.90
70330	TC	\$42.35
70332		\$87.15
70332	26	\$26.60
70332	TC	\$60.55
70336		\$301.69
70336	26	\$71.05
70336	TC	\$230.64
70350		\$16.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70350	26	\$8.75
70350	TC	\$7.70
70355		\$18.55
70355	26	\$10.50
70355	TC	\$8.05
70360		\$31.85
70360	26	\$9.10
70360	TC	\$22.75
70370		\$95.55
70370	26	\$14.70
70370	TC	\$80.85
70371		\$111.30
70371	26	\$41.30
70371	TC	\$70.00
70380		\$38.15
70380	26	\$8.40
70380	TC	\$29.75
70390		\$122.15
70390	26	\$18.55
70390	TC	\$103.60
70450		\$115.50
70450	26	\$41.30
70450	TC	\$74.20
70460		\$162.75
70460	26	\$54.95
70460	TC	\$107.80
70470		\$191.44
70470	26	\$61.60
70470	TC	\$129.85
70480		\$170.80
70480	26	\$61.95
70480	TC	\$108.85
70481		\$200.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70481	26	\$54.95
70481	TC	\$145.25
70482		\$235.19
70482	26	\$60.90
70482	TC	\$174.30
70486		\$140.00
70486	26	\$41.30
70486	TC	\$98.70
70487		\$167.30
70487	26	\$54.60
70487	TC	\$112.70
70488		\$205.09
70488	26	\$61.60
70488	TC	\$143.50
70490		\$164.15
70490	26	\$61.95
70490	TC	\$102.20
70491		\$203.69
70491	26	\$66.85
70491	TC	\$136.85
70492		\$246.04
70492	26	\$78.40
70492	TC	\$167.65
70496		\$263.19
70496	26	\$84.35
70496	TC	\$178.84
70498		\$263.19
70498	26	\$84.35
70498	TC	\$178.84
70540		\$258.99
70540	26	\$64.75
70540	TC	\$194.24
70542		\$308.34

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70542	26	\$78.75
70542	TC	\$229.59
70543		\$387.79
70543	26	\$103.60
70543	TC	\$284.19
70544		\$242.89
70544	26	\$57.75
70544	TC	\$185.14
70545		\$255.84
70545	26	\$57.75
70545	TC	\$198.09
70546		\$371.34
70546	26	\$71.05
70546	TC	\$300.29
70547		\$243.94
70547	26	\$58.10
70547	TC	\$185.84
70548		\$274.74
70548	26	\$72.10
70548	TC	\$202.64
70549		\$389.54
70549	26	\$87.15
70549	TC	\$302.39
70551		\$219.44
70551	26	\$71.05
70551	TC	\$148.40
70552		\$305.89
70552	26	\$86.10
70552	TC	\$219.79
70553		\$361.19
70553	26	\$110.95
70553	TC	\$250.24
70554		\$430.49

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
70554	26	\$102.20
70554	TC	\$328.29
70555	26	\$121.80
70557	26	\$152.95
70558	26	\$170.45
70559	26	\$158.55
71045		\$25.90
71045	26	\$9.10
71045	TC	\$16.80
71046		\$33.95
71046	26	\$10.85
71046	TC	\$23.10
71047		\$43.05
71047	26	\$13.65
71047	TC	\$29.40
71048		\$46.20
71048	26	\$15.75
71048	TC	\$30.45
71100		\$37.10
71100	26	\$11.20
71100	TC	\$25.90
71101		\$42.70
71101	26	\$13.30
71101	TC	\$29.40
71110		\$44.45
71110	26	\$14.35
71110	TC	\$30.10
71111		\$53.20
71111	26	\$15.75
71111	TC	\$37.45
71120		\$33.95
71120	26	\$9.80
71120	TC	\$24.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
71130		\$42.00
71130	26	\$10.85
71130	TC	\$31.15
71250		\$145.25
71250	26	\$52.50
71250	TC	\$92.75
71260		\$184.09
71260	26	\$56.70
71260	TC	\$127.40
71270		\$218.39
71270	26	\$60.55
71270	TC	\$157.85
71271		\$150.15
71271	26	\$52.50
71271	TC	\$97.65
71275		\$266.69
71275	26	\$87.85
71275	TC	\$178.84
71550		\$300.99
71550	26	\$70.35
71550	TC	\$230.64
71551		\$435.04
71551	26	\$83.65
71551	TC	\$351.39
71552		\$477.74
71552	26	\$108.85
71552	TC	\$368.89
71555		\$382.89
71555	26	\$86.80
71555	TC	\$296.09
72020		\$24.85
72020	26	\$8.05
72020	TC	\$16.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
72040		\$39.90
72040	26	\$11.20
72040	TC	\$28.70
72050		\$53.55
72050	26	\$13.65
72050	TC	\$39.90
72052		\$63.00
72052	26	\$14.70
72052	TC	\$48.30
72070		\$32.90
72070	26	\$10.15
72070	TC	\$22.75
72072		\$39.55
72072	26	\$11.20
72072	TC	\$28.35
72074		\$45.15
72074	26	\$12.25
72074	TC	\$32.90
72080		\$35.00
72080	26	\$10.50
72080	TC	\$24.50
72081		\$42.70
72081	26	\$12.95
72081	TC	\$29.75
72082		\$71.05
72082	26	\$15.40
72082	TC	\$55.65
72083		\$80.50
72083	26	\$17.85
72083	TC	\$62.65
72084		\$99.05
72084	26	\$20.30
72084	TC	\$78.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
72100		\$40.25
72100	26	\$11.20
72100	TC	\$29.05
72110		\$51.45
72110	26	\$12.95
72110	TC	\$38.50
72114		\$63.00
72114	26	\$15.05
72114	TC	\$47.95
72120		\$41.30
72120	26	\$11.20
72120	TC	\$30.10
72125		\$142.45
72125	26	\$48.65
72125	TC	\$93.80
72126		\$185.84
72126	26	\$59.15
72126	TC	\$126.70
72127		\$218.39
72127	26	\$61.25
72127	TC	\$157.15
72128		\$142.10
72128	26	\$48.65
72128	TC	\$93.45
72129		\$186.89
72129	26	\$59.15
72129	TC	\$127.75
72130		\$219.44
72130	26	\$61.25
72130	TC	\$158.20
72131		\$141.75
72131	26	\$48.65
72131	TC	\$93.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
72132		\$185.84
72132	26	\$59.15
72132	TC	\$126.70
72133		\$218.39
72133	26	\$61.25
72133	TC	\$157.15
72141		\$214.89
72141	26	\$71.75
72141	TC	\$143.15
72142		\$313.24
72142	26	\$86.45
72142	TC	\$226.79
72146		\$214.89
72146	26	\$71.75
72146	TC	\$143.15
72147		\$311.14
72147	26	\$86.45
72147	TC	\$224.69
72148		\$215.24
72148	26	\$71.75
72148	TC	\$143.50
72149		\$308.34
72149	26	\$86.45
72149	TC	\$221.89
72156		\$364.69
72156	26	\$110.95
72156	TC	\$253.74
72157		\$365.39
72157	26	\$110.95
72157	TC	\$254.44
72158		\$363.99
72158	26	\$110.95
72158	TC	\$253.04

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
72159		\$395.49
72159	26	\$87.15
72159	TC	\$308.34
72170		\$28.00
72170	26	\$8.75
72170	TC	\$19.25
72190		\$42.35
72190	26	\$12.60
72190	TC	\$29.75
72191		\$265.64
72191	26	\$86.80
72191	TC	\$178.84
72192		\$145.60
72192	26	\$52.85
72192	TC	\$92.75
72193		\$235.19
72193	26	\$56.35
72193	TC	\$178.84
72194		\$237.64
72194	26	\$58.80
72194	TC	\$178.84
72195		\$262.84
72195	26	\$70.35
72195	TC	\$192.49
72196		\$308.69
72196	26	\$84.00
72196	TC	\$224.69
72197		\$387.79
72197	26	\$106.05
72197	TC	\$281.74
72198		\$384.99
72198	26	\$86.10
72198	TC	\$298.89

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
72200		\$33.25
72200	26	\$8.40
72200	TC	\$24.85
72202		\$39.55
72202	26	\$11.20
72202	TC	\$28.35
72220		\$32.55
72220	26	\$8.75
72220	TC	\$23.80
72240		\$117.95
72240	26	\$44.80
72240	TC	\$73.15
72255		\$118.65
72255	26	\$46.20
72255	TC	\$72.45
72265		\$109.90
72265	26	\$39.90
72265	TC	\$70.00
72270		\$150.50
72270	26	\$65.80
72270	TC	\$84.70
72275		\$142.45
72275	26	\$38.15
72275	TC	\$104.30
72285		\$127.75
72285	26	\$57.40
72285	TC	\$70.35
72295		\$114.10
72295	26	\$41.30
72295	TC	\$72.80
73000		\$32.55
73000	26	\$8.40
73000	TC	\$24.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73010		\$23.80
73010	26	\$9.10
73010	TC	\$14.70
73020		\$21.70
73020	26	\$7.70
73020	TC	\$14.00
73030		\$34.65
73030	26	\$9.45
73030	TC	\$25.20
73040		\$133.35
73040	26	\$27.30
73040	TC	\$106.05
73050		\$28.70
73050	26	\$9.45
73050	TC	\$19.25
73060		\$32.55
73060	26	\$8.40
73060	TC	\$24.15
73070		\$29.40
73070	26	\$8.40
73070	TC	\$21.00
73080		\$32.55
73080	26	\$8.75
73080	TC	\$23.80
73085		\$119.35
73085	26	\$28.00
73085	TC	\$91.35
73090		\$29.40
73090	26	\$8.05
73090	TC	\$21.35
73092		\$31.85
73092	26	\$8.05
73092	TC	\$23.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73100		\$34.30
73100	26	\$8.40
73100	TC	\$25.90
73110		\$40.95
73110	26	\$8.75
73110	TC	\$32.20
73115		\$139.30
73115	26	\$27.65
73115	TC	\$111.65
73120		\$31.50
73120	26	\$8.40
73120	TC	\$23.10
73130		\$36.75
73130	26	\$8.75
73130	TC	\$28.00
73140		\$37.80
73140	26	\$7.00
73140	TC	\$30.80
73200		\$157.50
73200	26	\$48.65
73200	TC	\$108.85
73201		\$225.39
73201	26	\$56.35
73201	TC	\$169.05
73202		\$237.64
73202	26	\$58.80
73202	TC	\$178.84
73206		\$265.29
73206	26	\$86.45
73206	TC	\$178.84
73218		\$296.09
73218	26	\$65.45
73218	TC	\$230.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73219		\$385.69
73219	26	\$78.75
73219	TC	\$306.94
73220		\$472.49
73220	26	\$103.95
73220	TC	\$368.54
73221		\$227.84
73221	26	\$65.80
73221	TC	\$162.05
73222		\$365.04
73222	26	\$79.10
73222	TC	\$285.94
73223		\$450.44
73223	26	\$104.30
73223	TC	\$346.14
73225		\$392.34
73225	26	\$84.00
73225	TC	\$308.34
73501		\$32.55
73501	26	\$9.45
73501	TC	\$23.10
73502		\$47.25
73502	26	\$11.20
73502	TC	\$36.05
73503		\$59.50
73503	26	\$13.65
73503	TC	\$45.85
73521		\$41.65
73521	26	\$11.20
73521	TC	\$30.45
73522		\$54.25
73522	26	\$14.70
73522	TC	\$39.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73523		\$62.30
73523	26	\$15.40
73523	TC	\$46.90
73525		\$136.85
73525	26	\$28.70
73525	TC	\$108.15
73551		\$29.75
73551	26	\$8.40
73551	TC	\$21.35
73552		\$35.70
73552	26	\$9.10
73552	TC	\$26.60
73560		\$34.65
73560	26	\$8.40
73560	TC	\$26.25
73562		\$40.95
73562	26	\$9.45
73562	TC	\$31.50
73564		\$46.55
73564	26	\$11.20
73564	TC	\$35.35
73565		\$41.30
73565	26	\$8.75
73565	TC	\$32.55
73580		\$148.75
73580	26	\$28.00
73580	TC	\$120.75
73590		\$31.85
73590	26	\$8.05
73590	TC	\$23.80
73592		\$31.85
73592	26	\$8.05
73592	TC	\$23.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73600		\$32.90
73600	26	\$8.40
73600	TC	\$24.50
73610		\$37.10
73610	26	\$8.75
73610	TC	\$28.35
73615		\$139.65
73615	26	\$28.35
73615	TC	\$111.30
73620		\$28.70
73620	26	\$7.70
73620	TC	\$21.00
73630		\$34.65
73630	26	\$8.40
73630	TC	\$26.25
73650		\$29.05
73650	26	\$8.05
73650	TC	\$21.00
73660		\$29.40
73660	26	\$6.65
73660	TC	\$22.75
73700		\$141.75
73700	26	\$48.65
73700	TC	\$93.10
73701		\$183.74
73701	26	\$56.35
73701	TC	\$127.40
73702		\$214.54
73702	26	\$58.80
73702	TC	\$155.75
73706		\$269.49
73706	26	\$90.65
73706	TC	\$178.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
73718		\$255.84
73718	26	\$65.10
73718	TC	\$190.74
73719		\$301.34
73719	26	\$78.75
73719	TC	\$222.59
73720		\$387.79
73720	26	\$103.95
73720	TC	\$283.84
73721		\$227.14
73721	26	\$65.45
73721	TC	\$161.70
73722		\$365.74
73722	26	\$79.10
73722	TC	\$286.64
73723		\$449.04
73723	26	\$103.95
73723	TC	\$345.09
73725		\$383.94
73725	26	\$86.80
73725	TC	\$297.14
74018		\$30.10
74018	26	\$9.10
74018	TC	\$21.00
74019		\$37.45
74019	26	\$11.55
74019	TC	\$25.90
74021		\$43.40
74021	26	\$13.30
74021	TC	\$30.10
74022		\$50.40
74022	26	\$15.75
74022	TC	\$34.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
74150		\$149.45
74150	26	\$57.75
74150	TC	\$91.70
74160		\$240.44
74160	26	\$61.60
74160	TC	\$178.84
74170		\$246.04
74170	26	\$67.20
74170	TC	\$178.84
74174		\$416.49
74174	26	\$105.00
74174	TC	\$311.49
74175		\$266.34
74175	26	\$87.50
74175	TC	\$178.84
74176		\$199.14
74176	26	\$84.35
74176	TC	\$114.80
74177		\$338.09
74177	26	\$88.20
74177	TC	\$249.89
74178		\$379.39
74178	26	\$96.95
74178	TC	\$282.44
74181		\$222.24
74181	26	\$70.35
74181	TC	\$151.90
74182		\$348.94
74182	26	\$83.65
74182	TC	\$265.29
74183		\$388.49
74183	26	\$106.05
74183	TC	\$282.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
74185		\$385.69
74185	26	\$86.45
74185	TC	\$299.24
74190	26	\$22.40
74210		\$100.80
74210	26	\$28.70
74210	TC	\$72.10
74220		\$102.55
74220	26	\$29.40
74220	TC	\$73.15
74221		\$115.15
74221	26	\$33.95
74221	TC	\$81.20
74230		\$135.80
74230	26	\$25.90
74230	TC	\$109.90
74235	26	\$57.40
74240		\$127.40
74240	26	\$38.85
74240	TC	\$88.55
74246		\$146.30
74246	26	\$43.40
74246	TC	\$102.90
74248		\$86.45
74248	26	\$33.95
74248	TC	\$52.50
74250		\$127.75
74250	26	\$39.20
74250	TC	\$88.55
74251		\$235.54
74251	26	\$56.70
74251	TC	\$178.84
74261		\$225.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
74261	26	\$116.20
74261	TC	\$109.55
74262		\$299.94
74262	26	\$120.75
74262	TC	\$179.19
74263		\$774.53
74263	26	\$112.00
74263	TC	\$662.53
74270		\$162.05
74270	26	\$50.40
74270	TC	\$111.65
74280		\$234.49
74280	26	\$60.90
74280	TC	\$173.60
74283		\$268.44
74283	26	\$101.50
74283	TC	\$166.95
74290		\$89.60
74290	26	\$15.75
74290	TC	\$73.85
74300	26	\$14.00
74301	26	\$10.15
74328	26	\$28.35
74329	26	\$28.35
74330	26	\$36.40
74340	26	\$26.25
74355	26	\$37.10
74360	26	\$26.95
74363	26	\$42.35
74400		\$138.60
74400	26	\$23.45
74400	TC	\$115.15
74410		\$143.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
74410	26	\$23.45
74410	TC	\$119.70
74415		\$162.75
74415	26	\$23.45
74415	TC	\$139.30
74420		\$77.70
74420	26	\$24.85
74420	TC	\$52.85
74425		\$141.75
74425	26	\$24.50
74425	TC	\$117.25
74430		\$41.30
74430	26	\$15.40
74430	TC	\$25.90
74440		\$100.80
74440	26	\$18.20
74440	TC	\$82.60
74445	26	\$54.60
74450	26	\$15.75
74455		\$107.80
74455	26	\$15.75
74455	TC	\$92.05
74470	26	\$25.55
74485		\$121.45
74485	26	\$39.20
74485	TC	\$82.25
74710		\$40.25
74710	26	\$16.45
74710	TC	\$23.80
74712		\$375.89
74712	26	\$145.25
74712	TC	\$230.64
74713		\$225.74

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
74713	26	\$89.60
74713	TC	\$136.15
74740		\$99.40
74740	26	\$18.55
74740	TC	\$80.85
74742	26	\$29.75
74775	26	\$30.45
75557		\$319.19
75557	26	\$112.70
75557	TC	\$206.49
75559		\$442.74
75559	26	\$137.55
75559	TC	\$305.19
75561		\$421.74
75561	26	\$124.95
75561	TC	\$296.79
75563		\$496.99
75563	26	\$143.50
75563	TC	\$353.49
75565		\$53.20
75565	26	\$11.90
75565	TC	\$41.30
75571		\$107.10
75571	26	\$28.35
75571	TC	\$78.75
75572		\$262.49
75572	26	\$83.65
75572	TC	\$178.84
75573		\$301.34
75573	26	\$122.50
75573	TC	\$178.84
75574		\$293.99
75574	26	\$115.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
75574	TC	\$178.84
75600		\$205.44
75600	26	\$23.10
75600	TC	\$182.34
75605		\$127.40
75605	26	\$53.20
75605	TC	\$74.20
75625		\$133.70
75625	26	\$66.15
75625	TC	\$67.55
75630		\$164.85
75630	26	\$93.10
75630	TC	\$71.75
75635		\$293.64
75635	26	\$114.45
75635	TC	\$179.19
75705		\$247.79
75705	26	\$110.25
75705	TC	\$137.55
75710		\$157.85
75710	26	\$81.20
75710	TC	\$76.65
75716		\$170.10
75716	26	\$91.35
75716	TC	\$78.75
75726		\$178.84
75726	26	\$93.80
75726	TC	\$85.05
75731		\$159.60
75731	26	\$54.95
75731	TC	\$104.65
75733		\$175.34
75733	26	\$61.95

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
75733	TC	\$113.40
75736		\$147.35
75736	26	\$52.15
75736	TC	\$95.20
75741		\$138.60
75741	26	\$60.55
75741	TC	\$78.05
75743		\$156.10
75743	26	\$77.00
75743	TC	\$79.10
75746		\$141.05
75746	26	\$52.85
75746	TC	\$88.20
75756		\$162.75
75756	26	\$53.55
75756	TC	\$109.20
75774		\$104.30
75774	26	\$46.20
75774	TC	\$58.10
75801	26	\$42.35
75803	26	\$56.35
75805	26	\$39.20
75807	26	\$53.20
75809		\$90.30
75809	26	\$23.45
75809	TC	\$66.85
75810	26	\$47.25
75820		\$118.65
75820	26	\$50.05
75820	TC	\$68.60
75822		\$141.75
75822	26	\$68.95
75822	TC	\$72.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$121.10
75825	26	\$52.50
75825	TC	\$68.60
75827		\$126.70
75827	26	\$52.85
75827	TC	\$73.85
75831		\$126.35
75831	26	\$51.45
75831	TC	\$74.90
75833		\$151.55
75833	26	\$67.90
75833	TC	\$83.65
75840		\$137.55
75840	26	\$55.30
75840	TC	\$82.25
75842		\$166.60
75842	26	\$71.75
75842	TC	\$94.85
75860		\$134.75
75860	26	\$53.90
75860	TC	\$80.85
75870		\$172.90
75870	26	\$58.45
75870	TC	\$114.45
75872		\$137.55
75872	26	\$55.30
75872	TC	\$82.25
75880		\$115.85
75880	26	\$33.95
75880	TC	\$81.90
75885		\$144.20
75885	26	\$65.10
75885	TC	\$79.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$145.60
75887	26	\$65.80
75887	TC	\$79.80
75889		\$131.25
75889	26	\$51.80
75889	TC	\$79.45
75891		\$132.65
75891	26	\$52.50
75891	TC	\$80.15
75893		\$112.35
75893	26	\$25.55
75893	TC	\$86.80
75894	26	\$67.20
75898	26	\$84.70
75901		\$242.89
75901	26	\$23.10
75901	TC	\$219.79
75902		\$93.45
75902	26	\$18.55
75902	TC	\$74.90
75956	26	\$317.79
75957	26	\$271.59
75958	26	\$180.59
75959	26	\$157.85
75970	26	\$37.80
75984		\$105.70
75984	26	\$38.15
75984	TC	\$67.55
75989		\$120.40
75989	26	\$56.00
75989	TC	\$64.40
76000		\$42.70
76000	26	\$15.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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	\$27.65
76010		\$30.10
76010	26	\$9.10
76010	TC	\$21.00
76080		\$60.90
76080	26	\$25.20
76080	TC	\$35.70
76098		\$42.35
76098	26	\$15.40
76098	TC	\$26.95
76100		\$95.20
76100	26	\$29.05
76100	TC	\$66.15
76101		\$102.90
76101	26	\$25.20
76101	TC	\$77.70
76102		\$138.25
76102	26	\$29.40
76102	TC	\$108.85
76120		\$117.60
76120	26	\$19.25
76120	TC	\$98.35
76125	26	\$12.95
76145		\$839.98
76376		\$22.75
76376	26	\$9.80
76376	TC	\$12.95
76377		\$71.75
76377	26	\$38.50
76377	TC	\$33.25
76380		\$127.40
76380	26	\$46.55
76380	TC	\$80.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
76390		\$429.44
76390	26	\$68.60
76390	TC	\$360.84
76391		\$233.09
76391	26	\$53.20
76391	TC	\$179.89
76506		\$119.35
76506	26	\$31.15
76506	TC	\$88.20
76510		\$74.20
76510	26	\$39.90
76510	TC	\$34.30
76511		\$58.45
76511	26	\$36.05
76511	TC	\$22.40
76512		\$49.70
76512	26	\$31.15
76512	TC	\$18.55
76513		\$79.80
76513	26	\$32.55
76513	TC	\$47.25
76514		\$11.55
76514	26	\$8.05
76514	TC	\$3.50
76516		\$47.25
76516	26	\$22.75
76516	TC	\$24.50
76519		\$68.25
76519	26	\$30.80
76519	TC	\$37.45
76529		\$88.55
76529	26	\$32.55
76529	TC	\$56.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
76536		\$118.65
76536	26	\$27.65
76536	TC	\$91.00
76604		\$67.55
76604	26	\$28.00
76604	TC	\$39.55
76641		\$108.15
76641	26	\$35.35
76641	TC	\$72.80
76642		\$88.90
76642	26	\$33.25
76642	TC	\$55.65
76700		\$123.90
76700	26	\$39.20
76700	TC	\$84.70
76705		\$92.40
76705	26	\$28.70
76705	TC	\$63.70
76706		\$111.65
76706	26	\$26.95
76706	TC	\$84.70
76770		\$114.45
76770	26	\$35.70
76770	TC	\$78.75
76775		\$59.15
76775	26	\$28.35
76775	TC	\$30.80
76776		\$158.55
76776	26	\$36.75
76776	TC	\$121.80
76800		\$143.50
76800	26	\$56.00
76800	TC	\$87.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
76801		\$123.55
76801	26	\$48.30
76801	TC	\$75.25
76802		\$63.35
76802	26	\$40.60
76802	TC	\$22.75
76805		\$142.45
76805	26	\$48.30
76805	TC	\$94.15
76810		\$92.40
76810	26	\$47.95
76810	TC	\$44.45
76811		\$178.84
76811	26	\$92.75
76811	TC	\$86.10
76812		\$202.29
76812	26	\$86.80
76812	TC	\$115.50
76813		\$123.90
76813	26	\$57.75
76813	TC	\$66.15
76814		\$79.10
76814	26	\$48.65
76814	TC	\$30.45
76815		\$85.40
76815	26	\$31.85
76815	TC	\$53.55
76816		\$115.50
76816	26	\$41.65
76816	TC	\$73.85
76817		\$97.65
76817	26	\$36.75
76817	TC	\$60.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
76818		\$118.65
76818	26	\$51.45
76818	TC	\$67.20
76819		\$87.50
76819	26	\$37.80
76819	TC	\$49.70
76820		\$46.90
76820	26	\$24.50
76820	TC	\$22.40
76821		\$93.10
76821	26	\$34.30
76821	TC	\$58.80
76825		\$280.69
76825	26	\$80.85
76825	TC	\$199.84
76826		\$168.35
76826	26	\$40.25
76826	TC	\$128.10
76827		\$74.55
76827	26	\$28.00
76827	TC	\$46.55
76828		\$52.15
76828	26	\$27.30
76828	TC	\$24.85
76830		\$126.35
76830	26	\$33.60
76830	TC	\$92.75
76831		\$123.20
76831	26	\$35.35
76831	TC	\$87.85
76856		\$111.65
76856	26	\$33.60
76856	TC	\$78.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
76857		\$48.30
76857	26	\$23.80
76857	TC	\$24.50
76870		\$106.75
76870	26	\$31.15
76870	TC	\$75.60
76872		\$142.10
76872	26	\$32.90
76872	TC	\$109.20
76873		\$180.24
76873	26	\$77.00
76873	TC	\$103.25
76881		\$67.20
76881	26	\$30.80
76881	TC	\$36.40
76882		\$57.05
76882	26	\$23.45
76882	TC	\$33.60
76885		\$116.90
76885	26	\$36.05
76885	TC	\$80.85
76886		\$106.75
76886	26	\$30.45
76886	TC	\$76.30
76932	26	\$33.95
76936		\$272.29
76936	26	\$92.75
76936	TC	\$179.54
76937		\$38.85
76937	26	\$13.65
76937	TC	\$25.20
76940	26	\$98.00
76941	26	\$65.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$58.10
76942	26	\$30.80
76942	TC	\$27.30
76945	26	\$32.90
76946		\$32.90
76946	26	\$18.90
76946	TC	\$14.00
76948		\$81.55
76948	26	\$32.90
76948	TC	\$48.65
76965		\$93.45
76965	26	\$67.20
76965	TC	\$26.25
76975	26	\$41.30
76977		\$7.00
76977	26	\$2.80
76977	TC	\$4.20
76978		\$322.69
76978	26	\$78.40
76978	TC	\$244.29
76979		\$220.49
76979	26	\$41.30
76979	TC	\$179.19
76981		\$108.85
76981	26	\$28.70
76981	TC	\$80.15
76982		\$101.15
76982	26	\$29.05
76982	TC	\$72.10
76983		\$63.70
76983	26	\$24.85
76983	TC	\$38.85
76998	26	\$59.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77001		\$104.30
77001	26	\$18.20
77001	TC	\$86.10
77002		\$118.30
77002	26	\$27.30
77002	TC	\$91.00
77003		\$106.40
77003	26	\$29.05
77003	TC	\$77.35
77011		\$239.39
77011	26	\$61.60
77011	TC	\$177.79
77012		\$149.45
77012	26	\$71.05
77012	TC	\$78.40
77013	26	\$183.74
77014		\$125.65
77014	26	\$44.80
77014	TC	\$80.85
77021		\$471.44
77021	26	\$70.70
77021	TC	\$400.74
77022	26	\$208.24
77046		\$242.19
77046	26	\$69.65
77046	TC	\$172.55
77047		\$248.84
77047	26	\$77.00
77047	TC	\$171.85
77048		\$386.04
77048	26	\$101.50
77048	TC	\$284.54
77049		\$394.44

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77049	26	\$111.30
77049	TC	\$283.14
77053		\$56.00
77053	26	\$17.50
77053	TC	\$38.50
77054		\$72.80
77054	26	\$21.70
77054	TC	\$51.10
77063		\$54.95
77063	26	\$29.40
77063	TC	\$25.55
77065		\$130.55
77065	26	\$39.20
77065	TC	\$91.35
77066		\$165.55
77066	26	\$48.65
77066	TC	\$116.90
77067		\$133.70
77067	26	\$37.10
77067	TC	\$96.60
77071		\$54.95
77072		\$26.25
77072	26	\$9.45
77072	TC	\$16.80
77073		\$45.50
77073	26	\$13.30
77073	TC	\$32.20
77074		\$65.80
77074	26	\$21.35
77074	TC	\$44.45
77075		\$100.10
77075	26	\$26.95
77075	TC	\$73.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77076		\$107.80
77076	26	\$33.95
77076	TC	\$73.85
77077		\$47.25
77077	26	\$16.80
77077	TC	\$30.45
77078		\$93.10
77078	26	\$12.25
77078	TC	\$80.85
77080		\$38.50
77080	26	\$9.80
77080	TC	\$28.70
77081		\$31.85
77081	26	\$10.15
77081	TC	\$21.70
77084		\$307.64
77084	26	\$77.00
77084	TC	\$230.64
77085		\$53.20
77085	26	\$15.05
77085	TC	\$38.15
77086		\$33.95
77086	26	\$8.40
77086	TC	\$25.55
77261		\$70.35
77262		\$106.75
77263		\$165.90
77280		\$289.44
77280	26	\$37.80
77280	TC	\$251.64
77285		\$480.19
77285	26	\$57.05
77285	TC	\$423.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77290		\$501.54
77290	26	\$81.55
77290	TC	\$419.99
77293		\$453.94
77293	26	\$105.00
77293	TC	\$348.94
77295		\$488.59
77295	26	\$224.34
77295	TC	\$264.24
77300		\$66.85
77300	26	\$32.55
77300	TC	\$34.30
77301		\$1,929.84
77301	26	\$417.89
77301	TC	\$1,511.96
77306		\$149.45
77306	26	\$73.15
77306	TC	\$76.30
77307		\$290.14
77307	26	\$151.90
77307	TC	\$138.25
77316		\$235.54
77316	26	\$73.15
77316	TC	\$162.40
77317		\$309.39
77317	26	\$95.90
77317	TC	\$213.49
77318		\$440.29
77318	26	\$151.55
77318	TC	\$288.74
77321		\$95.20
77321	26	\$50.05
77321	TC	\$45.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77331		\$65.10
77331	26	\$45.85
77331	TC	\$19.25
77332		\$42.00
77332	26	\$23.80
77332	TC	\$18.20
77333		\$135.10
77333	26	\$39.55
77333	TC	\$95.55
77334		\$127.40
77334	26	\$60.20
77334	TC	\$67.20
77336		\$81.90
77338		\$477.74
77338	26	\$223.99
77338	TC	\$253.74
77370		\$128.80
77372		\$1,073.77
77373		\$1,171.42
77401		\$43.75
77417		\$11.55
77427		\$187.59
77431		\$105.35
77432		\$418.59
77435		\$631.73
77469		\$313.59
77470		\$133.00
77470	26	\$106.75
77470	TC	\$26.25
77600		\$499.44
77600	26	\$70.00
77600	TC	\$429.44
77605		\$1,037.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77605	26	\$97.30
77605	TC	\$940.07
77610		\$726.58
77610	26	\$68.60
77610	TC	\$657.98
77615		\$1,132.92
77615	26	\$96.25
77615	TC	\$1,036.67
77620		\$661.48
77620	26	\$79.80
77620	TC	\$581.68
77750		\$388.84
77750	26	\$261.09
77750	TC	\$127.75
77761		\$413.69
77761	26	\$201.94
77761	TC	\$211.74
77762		\$543.88
77762	26	\$301.69
77762	TC	\$242.19
77763		\$764.38
77763	26	\$453.94
77763	TC	\$310.44
77767		\$250.94
77767	26	\$54.95
77767	TC	\$195.99
77768		\$371.34
77768	26	\$73.50
77768	TC	\$297.84
77770		\$352.44
77770	26	\$102.20
77770	TC	\$250.24
77771		\$613.53

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
77771	26	\$198.79
77771	TC	\$414.74
77772		\$917.32
77772	26	\$280.34
77772	TC	\$636.98
77778		\$893.87
77778	26	\$458.49
77778	TC	\$435.39
77789		\$132.65
77789	26	\$60.20
77789	TC	\$72.45
77790		\$15.40
78012		\$82.95
78012	26	\$8.75
78012	TC	\$74.20
78013		\$200.19
78013	26	\$17.50
78013	TC	\$182.69
78014		\$244.99
78014	26	\$23.80
78014	TC	\$221.19
78015		\$231.69
78015	26	\$31.85
78015	TC	\$199.84
78016		\$290.49
78016	26	\$33.95
78016	TC	\$256.54
78018		\$321.29
78018	26	\$40.25
78018	TC	\$281.04
78020		\$83.65
78020	26	\$27.30
78020	TC	\$56.35

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78070		\$302.04
78070	26	\$37.80
78070	TC	\$264.24
78071		\$360.49
78071	26	\$56.70
78071	TC	\$303.79
78072		\$454.29
78072	26	\$74.20
78072	TC	\$380.09
78075		\$459.19
78075	26	\$36.05
78075	TC	\$423.14
78102		\$176.04
78102	26	\$25.55
78102	TC	\$150.50
78103		\$220.14
78103	26	\$33.95
78103	TC	\$186.19
78104		\$254.44
78104	26	\$37.45
78104	TC	\$216.99
78110		\$71.05
78110	26	\$7.70
78110	TC	\$63.35
78111		\$75.60
78111	26	\$9.10
78111	TC	\$66.50
78120		\$72.80
78120	26	\$9.45
78120	TC	\$63.35
78121		\$79.80
78121	26	\$13.30
78121	TC	\$66.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78122		\$99.05
78122	26	\$20.30
78122	TC	\$78.75
78130		\$128.45
78130	26	\$25.55
78130	TC	\$102.90
78140		\$114.10
78140	26	\$25.20
78140	TC	\$88.90
78185		\$175.69
78185	26	\$16.45
78185	TC	\$159.25
78191		\$128.45
78191	26	\$25.55
78191	TC	\$102.90
78195		\$362.59
78195	26	\$56.35
78195	TC	\$306.24
78201		\$195.29
78201	26	\$20.65
78201	TC	\$174.65
78202		\$214.54
78202	26	\$23.80
78202	TC	\$190.74
78215		\$200.54
78215	26	\$23.45
78215	TC	\$177.09
78216		\$131.95
78216	26	\$26.60
78216	TC	\$105.35
78226		\$335.29
78226	26	\$35.35
78226	TC	\$299.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78227		\$451.84
78227	26	\$43.05
78227	TC	\$408.79
78230		\$179.19
78230	26	\$21.70
78230	TC	\$157.50
78231		\$108.15
78231	26	\$21.35
78231	TC	\$86.80
78232		\$106.05
78232	26	\$19.25
78232	TC	\$86.80
78258		\$218.74
78258	26	\$33.95
78258	TC	\$184.79
78261		\$209.99
78261	26	\$28.35
78261	TC	\$181.64
78262		\$247.79
78262	26	\$32.55
78262	TC	\$215.24
78264		\$340.19
78264	26	\$37.80
78264	TC	\$302.39
78265		\$401.79
78265	26	\$46.55
78265	TC	\$355.24
78266		\$445.89
78266	26	\$48.30
78266	TC	\$397.59
78267		\$11.06
78268		\$94.41
78278		\$356.64

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78278	26	\$47.25
78278	TC	\$309.39
78282	26	\$15.75
78290		\$338.44
78290	26	\$32.55
78290	TC	\$305.89
78291		\$256.19
78291	26	\$40.60
78291	TC	\$215.59
78300		\$234.84
78300	26	\$29.75
78300	TC	\$205.09
78305		\$284.54
78305	26	\$39.20
78305	TC	\$245.34
78306		\$306.24
78306	26	\$40.60
78306	TC	\$265.64
78315		\$354.54
78315	26	\$48.65
78315	TC	\$305.89
78350		\$32.55
78350	26	\$11.20
78350	TC	\$21.35
78351		\$15.05
78414	26	\$21.70
78428		\$190.04
78428	26	\$36.75
78428	TC	\$153.30
78429	26	\$81.20
78430	26	\$77.00
78431	26	\$89.60
78432	26	\$95.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78433	26	\$103.95
78434	26	\$30.10
78445		\$209.29
78445	26	\$24.15
78445	TC	\$185.14
78451		\$348.24
78451	26	\$65.45
78451	TC	\$282.79
78452		\$485.79
78452	26	\$77.00
78452	TC	\$408.79
78453		\$306.24
78453	26	\$47.60
78453	TC	\$258.64
78454		\$443.44
78454	26	\$64.05
78454	TC	\$379.39
78456		\$320.94
78456	26	\$47.95
78456	TC	\$272.99
78457		\$182.69
78457	26	\$36.75
78457	TC	\$145.95
78458		\$209.64
78458	26	\$43.40
78458	TC	\$166.25
78459		\$1,379.53
78459	26	\$73.85
78459	TC	\$1,305.85
78466		\$201.94
78466	26	\$33.95
78466	TC	\$168.00
78468		\$201.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78468	26	\$37.80
78468	TC	\$163.80
78469		\$225.04
78469	26	\$43.75
78469	TC	\$181.29
78472		\$232.74
78472	26	\$46.20
78472	TC	\$186.54
78473		\$295.39
78473	26	\$69.30
78473	TC	\$226.09
78481		\$180.59
78481	26	\$46.55
78481	TC	\$134.05
78483		\$247.44
78483	26	\$70.35
78483	TC	\$177.09
78491		\$1,551.55
78491	26	\$71.40
78491	TC	\$1,480.32
78492		\$1,564.81
78492	26	\$84.70
78492	TC	\$1,480.32
78494		\$233.09
78494	26	\$56.70
78494	TC	\$176.39
78496		\$43.05
78496	26	\$23.80
78496	TC	\$19.25
78579		\$191.44
78579	26	\$23.10
78579	TC	\$168.35
78580		\$241.84

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78580	26	\$35.00
78580	TC	\$206.84
78582		\$340.89
78582	26	\$50.75
78582	TC	\$290.14
78597		\$206.49
78597	26	\$34.30
78597	TC	\$172.20
78598		\$311.14
78598	26	\$39.55
78598	TC	\$271.59
78600		\$187.94
78600	26	\$21.35
78600	TC	\$166.60
78601		\$221.19
78601	26	\$24.15
78601	TC	\$197.04
78605		\$204.39
78605	26	\$25.55
78605	TC	\$178.84
78606		\$339.84
78606	26	\$30.80
78606	TC	\$309.04
78608		\$1,549.81
78608	26	\$69.65
78608	TC	\$1,480.32
78609		\$73.85
78609	26	\$73.85
78610		\$178.49
78610	26	\$14.00
78610	TC	\$164.50
78630		\$345.79
78630	26	\$32.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78630	TC	\$313.24
78635		\$346.14
78635	26	\$29.75
78635	TC	\$316.39
78645		\$331.79
78645	26	\$26.60
78645	TC	\$305.19
78650		\$284.89
78650	26	\$25.55
78650	TC	\$259.34
78660		\$194.59
78660	26	\$26.25
78660	TC	\$168.35
78700		\$175.69
78700	26	\$21.35
78700	TC	\$154.35
78701		\$225.74
78701	26	\$23.45
78701	TC	\$202.29
78707		\$236.24
78707	26	\$44.80
78707	TC	\$191.44
78708		\$179.54
78708	26	\$57.05
78708	TC	\$122.50
78709		\$376.24
78709	26	\$66.15
78709	TC	\$310.09
78725		\$114.80
78725	26	\$17.85
78725	TC	\$96.95
78730		\$78.75
78730	26	\$7.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78730	TC	\$71.05
78740		\$226.09
78740	26	\$26.95
78740	TC	\$199.14
78761		\$216.29
78761	26	\$34.30
78761	TC	\$181.99
78800		\$261.79
78800	26	\$30.80
78800	TC	\$230.99
78801		\$289.09
78801	26	\$34.65
78801	TC	\$254.44
78802		\$320.59
78802	26	\$37.45
78802	TC	\$283.14
78803		\$396.54
78803	26	\$50.75
78803	TC	\$345.79
78804		\$677.23
78804	26	\$47.60
78804	TC	\$629.63
78808		\$41.30
78811		\$1,377.44
78811	26	\$71.75
78811	TC	\$1,305.85
78812		\$1,570.20
78812	26	\$90.30
78812	TC	\$1,480.32
78813		\$1,570.74
78813	26	\$90.65
78813	TC	\$1,480.32
78814		\$1,582.86

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
78814	26	\$102.90
78814	TC	\$1,480.32
78815		\$1,595.22
78815	26	\$115.15
78815	TC	\$1,480.32
78816		\$1,596.12
78816	26	\$116.20
78816	TC	\$1,480.32
78830		\$503.99
78830	26	\$69.30
78830	TC	\$434.69
78831		\$727.28
78831	26	\$84.35
78831	TC	\$642.93
78832		\$947.77
78832	26	\$99.05
78832	TC	\$848.73
78835		\$104.30
78835	26	\$21.70
78835	TC	\$82.60
79005		\$137.55
79005	26	\$85.05
79005	TC	\$52.50
79101		\$149.45
79101	26	\$95.20
79101	TC	\$54.25
79200		\$137.55
79200	26	\$81.90
79200	TC	\$55.65
79300	26	\$65.80
79403		\$187.94
79403	26	\$104.65
79403	TC	\$83.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
79440		\$123.55
79440	26	\$81.90
79440	TC	\$41.65
79445	26	\$110.25
80047		\$13.73
80048		\$8.46
80051		\$7.01
80053		\$10.56
80055		\$47.81
80061		\$13.39
80069		\$8.68
80074		\$47.63
80076		\$8.17
80081		\$74.86
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
80173		\$15.78
80175		\$13.25
80176		\$14.69
80177		\$13.25
80178		\$6.61
80179		\$18.64
80180		\$18.05
80181		\$18.64
80183		\$13.25
80184		\$15.30
80185		\$13.25
80186		\$13.76
80187		\$27.11
80188		\$16.59
80189		\$27.11
80190		\$60.00
80192		\$16.75
80193		\$38.57
80194		\$14.60
80195		\$13.73
80197		\$13.73
80198		\$14.14
80199		\$27.11
80200		\$16.13
80201		\$11.92
80202		\$13.54
80203		\$13.25
80204		\$38.57
80210		\$27.11
80230		\$38.57
80235		\$27.11
80280		\$38.57
80285		\$27.11

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
80299		\$18.64
80305		\$12.60
80306		\$17.14
80307		\$62.14
80400		\$32.62
80402		\$86.96
80406		\$78.26
80408		\$125.50
80410		\$80.37
80412		\$801.62
80414		\$51.64
80415		\$55.89
80416		\$209.32
80417		\$43.99
80418		\$579.48
80420		\$161.88
80422		\$46.07
80424		\$50.50
80426		\$148.41
80428		\$66.70
80430		\$129.33
80432		\$165.61
80434		\$285.03
80435		\$103.00
80436		\$91.16
80438		\$50.41
80439		\$67.21
80500		\$22.05
80502		\$71.75
81000		\$4.02
81001		\$3.17
81002		\$3.48
81003		\$2.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
81005		\$2.17
81007		\$29.98
81015		\$3.05
81020		\$4.70
81025		\$8.61
81050		\$3.64
81105		\$122.22
81106		\$122.22
81107		\$122.22
81108		\$122.22
81109		\$122.22
81110		\$122.22
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
81179		\$137.00
81180		\$137.00
81181		\$137.00
81182		\$137.00
81183		\$137.00
81184		\$137.00
81185		\$846.27
81186		\$185.20
81187		\$137.00
81188		\$137.00
81189		\$274.83
81190		\$185.20
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 7/1/2021**

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
81252		\$101.12

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81287		\$124.64
81288		\$192.32

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81319		\$203.50
81320		\$291.36
81321		\$600.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81350		\$234.00
81351		\$641.85
81352		\$329.51
81353		\$308.00
81355		\$88.20
81357		\$193.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56
81413		\$584.90
81414		\$584.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81460		\$1,287.00
81465		\$936.00
81470		\$914.00
81471		\$914.00
81490		\$840.65
81493		\$1,050.00
81500		\$260.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
81525		\$3,116.00
81528		\$508.87
81529		\$7,193.00
81535		\$579.46
81536		\$177.56
81538		\$2,871.00
81539		\$760.00
81540		\$3,750.00
81541		\$3,873.00
81542		\$3,873.00
81546		\$3,600.00
81551		\$2,030.00
81552		\$7,776.00
81554		\$5,500.00
81595		\$3,240.00
81596		\$72.19
82009		\$4.52

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
82376		\$14.07
82378		\$18.96
82379		\$16.87
82380		\$9.22
82382		\$27.30
82383		\$29.08
82384		\$25.25
82387		\$18.06
82390		\$10.74
82397		\$14.12
82415		\$12.67
82435		\$4.60
82436		\$5.75
82438		\$5.00
82441		\$6.01
82465		\$4.35
82480		\$7.87
82482		\$9.81
82485		\$20.65
82495		\$20.28
82507		\$27.80
82523		\$18.68
82525		\$12.41
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
82570		\$5.18
82575		\$9.46
82585		\$14.14
82595		\$6.47
82600		\$19.40
82607		\$15.08
82608		\$14.32
82610		\$18.52
82615		\$9.55
82626		\$25.27
82627		\$22.23
82633		\$30.98
82634		\$29.28
82638		\$12.25
82642		\$29.28
82652		\$38.50
82656		\$11.53
82657		\$22.17
82658		\$44.03
82664		\$61.50
82668		\$18.79
82670		\$27.94
82671		\$32.30
82672		\$21.70
82677		\$24.18
82679		\$24.95
82681		\$27.94
82693		\$14.90
82696		\$26.24
82705		\$5.10
82710		\$16.80
82715		\$22.97
82725		\$18.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
83070		\$4.75
83080		\$16.87
83088		\$29.53
83090		\$17.92
83150		\$22.41
83491		\$17.90
83497		\$12.90
83498		\$27.17
83500		\$22.65
83505		\$24.30
83516		\$11.53
83518		\$9.64
83519		\$18.40
83520		\$17.27
83525		\$11.43
83527		\$12.95
83528		\$19.82
83540		\$6.47
83550		\$8.74
83570		\$8.85
83582		\$15.47
83586		\$12.80
83593		\$28.50
83605		\$11.57
83615		\$6.04
83625		\$12.79
83630		\$19.70
83631		\$19.63
83632		\$20.22
83633		\$11.25
83655		\$12.11
83661		\$21.99
83662		\$18.91

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
83919		\$16.45
83921		\$21.21
83930		\$6.61
83935		\$6.82
83937		\$29.85
83945		\$14.45
83950		\$64.41
83951		\$64.41
83970		\$41.28
83986		\$3.58
83987		\$3.58
83992		\$16.80
83993		\$19.63
84030		\$5.50
84035		\$3.98
84060		\$7.64
84066		\$9.66
84075		\$5.18
84078		\$8.26
84080		\$14.78
84081		\$16.52
84085		\$9.44
84087		\$10.73
84100		\$4.74
84105		\$5.78
84106		\$5.82
84110		\$8.44
84112		\$98.11
84119		\$13.36
84120		\$14.71
84126		\$39.11
84132		\$4.76
84133		\$4.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
84134		\$14.59
84135		\$21.27
84138		\$21.05
84140		\$20.67
84143		\$22.81
84144		\$20.86
84145		\$27.22
84146		\$19.38
84150		\$41.77
84152		\$18.39
84153		\$18.39
84154		\$18.39
84155		\$3.67
84156		\$3.67
84157		\$4.00
84160		\$5.61
84163		\$15.05
84165		\$10.74
84165	26	\$18.20
84166		\$17.83
84166	26	\$18.20
84181		\$17.03
84181	26	\$18.20
84182		\$29.21
84182	26	\$18.20
84202		\$14.35
84203		\$9.74
84206		\$26.69
84207		\$28.10
84210		\$14.48
84220		\$9.44
84228		\$11.63
84233		\$87.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
84234		\$64.88
84235		\$71.23
84238		\$36.57
84244		\$21.99
84252		\$20.24
84255		\$25.53
84260		\$30.98
84270		\$21.73
84275		\$13.44
84285		\$25.21
84295		\$4.81
84300		\$5.06
84302		\$4.86
84305		\$21.26
84307		\$18.28
84311		\$8.10
84315		\$3.28
84375		\$39.00
84376		\$5.50
84377		\$5.50
84378		\$11.53
84379		\$11.53
84392		\$5.49
84402		\$25.47
84403		\$25.81
84410		\$51.28
84425		\$21.23
84430		\$11.63
84431		\$35.11
84432		\$16.06
84436		\$6.87
84437		\$6.47
84439		\$9.02

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
84442		\$14.78
84443		\$16.80
84445		\$50.86
84446		\$14.18
84449		\$18.00
84450		\$5.18
84460		\$5.30
84466		\$12.76
84478		\$5.74
84479		\$6.47
84480		\$14.18
84481		\$16.94
84482		\$15.76
84484		\$12.47
84485		\$7.20
84488		\$7.30
84490		\$9.93
84510		\$10.63
84512		\$10.09
84520		\$3.95
84525		\$5.13
84540		\$5.56
84545		\$7.20
84550		\$4.52
84560		\$5.08
84577		\$16.80
84578		\$4.47
84580		\$9.55
84583		\$6.05
84585		\$15.50
84586		\$35.33
84588		\$33.94
84590		\$11.61

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
84591		\$17.06
84597		\$13.72
84600		\$17.11
84620		\$12.91
84630		\$11.39
84681		\$20.81
84702		\$15.05
84703		\$7.52
84704		\$15.29
84830		\$12.70
85002		\$4.82
85004		\$6.47
85007		\$3.80
85008		\$3.43
85009		\$5.07
85013		\$7.00
85014		\$2.37
85018		\$2.37
85025		\$7.77
85027		\$6.47
85032		\$4.31
85041		\$3.02
85044		\$4.31
85045		\$3.99
85046		\$5.57
85048		\$2.54
85049		\$4.48
85055		\$35.74
85060		\$24.15
85097		\$68.95
85130		\$11.89
85170		\$16.30
85175		\$20.37

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
85210		\$12.98
85220		\$17.65
85230		\$17.90
85240		\$17.90
85244		\$20.42
85245		\$22.94
85246		\$22.94
85247		\$22.94
85250		\$19.04
85260		\$17.90
85270		\$17.90
85280		\$19.35
85290		\$16.34
85291		\$9.11
85292		\$18.93
85293		\$18.93
85300		\$11.85
85301		\$10.81
85302		\$12.01
85303		\$13.84
85305		\$11.61
85306		\$15.32
85307		\$15.32
85335		\$12.87
85337		\$17.27
85345		\$4.69
85347		\$4.28
85348		\$4.49
85360		\$8.41
85362		\$6.89
85366		\$80.46
85370		\$12.43
85378		\$9.72

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
85379		\$10.18
85380		\$10.18
85384		\$9.72
85385		\$14.46
85390		\$15.48
85390	26	\$37.10
85396		\$19.60
85397		\$30.86
85400		\$7.71
85410		\$7.71
85415		\$17.19
85420		\$6.53
85421		\$10.18
85441		\$4.20
85445		\$6.82
85460		\$7.73
85461		\$9.36
85475		\$8.87
85520		\$13.09
85525		\$11.84
85530		\$13.09
85536		\$6.88
85540		\$8.60
85547		\$8.60
85549		\$18.75
85555		\$7.47
85557		\$13.36
85576		\$24.91
85576	26	\$18.20
85597		\$17.98
85598		\$17.98
85610		\$4.29
85611		\$3.94

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
85612		\$17.49
85613		\$9.58
85635		\$9.85
85651		\$4.27
85652		\$2.70
85660		\$5.51
85670		\$5.77
85675		\$6.85
85705		\$9.63
85730		\$6.01
85732		\$6.47
85810		\$11.67
86000		\$6.98
86001		\$7.82
86003		\$5.22
86005		\$7.97
86008		\$17.93
86021		\$15.05
86022		\$18.37
86023		\$12.46
86038		\$12.09
86039		\$11.16
86060		\$7.30
86063		\$5.77
86077		\$53.55
86078		\$53.55
86079		\$53.20
86140		\$5.18
86141		\$12.95
86146		\$25.45
86147		\$25.45
86148		\$16.07
86152		\$250.78

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86153	26	\$34.30
86155		\$15.99
86156		\$8.07
86157		\$8.06
86160		\$12.00
86161		\$12.00
86162		\$20.32
86171		\$10.01
86200		\$12.95
86215		\$13.25
86225		\$13.74
86226		\$12.11
86235		\$17.93
86255		\$12.05
86255	26	\$18.20
86256		\$12.05
86256	26	\$18.20
86277		\$15.74
86280		\$8.19
86294		\$25.57
86300		\$20.81
86301		\$20.81
86304		\$20.81
86305		\$20.81
86308		\$5.18
86309		\$6.47
86310		\$7.37
86316		\$20.81
86317		\$14.99
86318		\$18.09
86320		\$29.92
86320	26	\$18.20
86325		\$23.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86325	26	\$18.20
86327		\$29.92
86327	26	\$22.05
86328		\$45.23
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$18.20
86335		\$29.35
86335	26	\$18.20
86336		\$15.59
86337		\$21.41
86340		\$15.08
86341		\$23.57
86343		\$12.46
86344		\$10.39
86352		\$135.86
86353		\$49.03
86355		\$37.73
86356		\$26.78
86357		\$37.73
86359		\$37.73
86360		\$46.98
86361		\$26.78
86367		\$77.78
86376		\$14.55
86382		\$16.91
86384		\$13.61
86386		\$21.78
86403		\$11.54
86406		\$10.64
86408		\$42.13

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86409		\$79.61
86413		\$42.13
86430		\$6.14
86431		\$5.67
86480		\$61.98
86481		\$100.00
86486		\$5.60
86490		\$92.05
86510		\$7.00
86580		\$9.80
86590		\$12.66
86592		\$4.27
86593		\$4.40
86602		\$10.18
86603		\$12.87
86606		\$15.05
86609		\$12.88
86611		\$10.18
86612		\$12.90
86615		\$13.19
86617		\$15.49
86618		\$17.03
86619		\$13.38
86622		\$8.93
86625		\$13.12
86628		\$12.01
86631		\$11.82
86632		\$12.68
86635		\$11.47
86638		\$12.12
86641		\$14.41
86644		\$14.39
86645		\$16.85

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86648		\$15.21
86651		\$13.19
86652		\$13.19
86653		\$13.19
86654		\$13.19
86658		\$13.03
86663		\$13.12
86664		\$15.29
86665		\$18.14
86666		\$10.18
86668		\$14.16
86671		\$12.25
86674		\$14.72
86677		\$16.85
86682		\$13.01
86684		\$15.84
86687		\$9.09
86688		\$14.00
86689		\$19.35
86692		\$17.16
86694		\$14.39
86695		\$13.19
86696		\$19.35
86698		\$13.79
86701		\$8.89
86702		\$13.52
86703		\$13.71
86704		\$12.05
86705		\$11.77
86706		\$10.74
86707		\$11.57
86708		\$12.39
86709		\$11.26

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86710		\$13.55
86711		\$16.89
86713		\$15.30
86717		\$12.25
86720		\$16.20
86723		\$13.19
86727		\$12.87
86732		\$15.00
86735		\$13.05
86738		\$13.24
86741		\$13.19
86744		\$15.99
86747		\$15.03
86750		\$13.19
86753		\$12.39
86756		\$15.89
86757		\$19.35
86759		\$18.23
86762		\$14.39
86765		\$12.88
86768		\$13.19
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
86794		\$16.85
86800		\$15.91
86803		\$14.27
86804		\$15.49
86805		\$189.51
86806		\$47.59
86807		\$78.65
86808		\$29.68
86812		\$25.81
86813		\$58.00
86816		\$30.17
86817		\$106.14
86821		\$36.56
86825		\$109.49
86826		\$36.53
86828		\$64.19
86829		\$64.19
86830		\$95.52
86831		\$81.88
86832		\$323.75
86833		\$325.80
86834		\$357.56
86835		\$322.96
86850		\$9.77
86880		\$5.39
86885		\$5.72
86886		\$5.18
86900		\$2.99
86901		\$2.99
86902		\$6.35
86904		\$16.34
86905		\$3.83
86906		\$7.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87158		\$7.74
87164		\$10.74
87164	26	\$19.25
87166		\$11.30
87168		\$4.27
87169		\$4.31
87172		\$4.27
87176		\$5.88
87177		\$8.90
87181		\$4.75
87184		\$7.48
87185		\$4.75
87186		\$8.65
87187		\$40.17
87188		\$6.64
87190		\$7.31
87197		\$15.02
87205		\$4.27
87206		\$5.39
87207		\$5.99
87207	26	\$18.20
87209		\$17.98
87210		\$5.82
87220		\$4.27
87230		\$19.74
87250		\$19.56
87252		\$26.07
87253		\$20.20
87254		\$19.56
87255		\$33.86
87260		\$14.43
87265		\$11.98
87267		\$13.42

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87269		\$13.61
87270		\$11.98
87271		\$13.42
87272		\$11.98
87273		\$11.98
87274		\$11.98
87275		\$12.25
87276		\$16.07
87278		\$15.60
87279		\$16.43
87280		\$13.42
87281		\$11.98
87283		\$60.80
87285		\$12.18
87290		\$13.42
87299		\$16.10
87300		\$11.98
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87380		\$18.36
87385		\$13.25
87389		\$24.08
87390		\$24.06
87391		\$21.90
87400		\$14.13
87420		\$13.91
87425		\$11.98
87426		\$35.33
87427		\$11.98
87428		\$63.59
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87500		\$35.09
87501		\$51.31
87502		\$95.80
87503		\$29.22
87505		\$128.29
87506		\$262.99
87507		\$416.78
87510		\$20.05
87511		\$35.09
87512		\$41.76
87516		\$35.09
87517		\$42.84
87520		\$31.22
87521		\$35.09
87522		\$42.84
87525		\$29.80
87526		\$39.26
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87550		\$20.05
87551		\$48.24
87552		\$42.84
87555		\$26.88
87556		\$41.68
87557		\$42.84
87560		\$27.29
87561		\$35.09
87562		\$42.84
87563		\$35.09
87580		\$20.05
87581		\$35.09
87582		\$302.62
87590		\$26.88
87591		\$35.09
87592		\$42.84
87623		\$35.09
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

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
87661		\$35.09
87662		\$51.31
87797		\$30.03
87798		\$35.09
87799		\$42.84
87800		\$43.67
87801		\$70.20
87802		\$12.73
87803		\$16.00
87804		\$16.55
87806		\$32.77
87807		\$13.10
87808		\$15.29
87809		\$21.76
87810		\$35.29
87811		\$41.38
87850		\$24.56
87880		\$16.53
87899		\$16.07
87900		\$130.35
87901		\$257.45
87902		\$257.45
87903		\$488.66
87904		\$26.07
87905		\$12.22
87906		\$128.73
87910		\$257.45
87912		\$257.45
88104		\$67.20
88104	26	\$27.65
88104	TC	\$39.55
88106		\$66.85
88106	26	\$19.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88106	TC	\$47.25
88108		\$63.70
88108	26	\$22.75
88108	TC	\$40.95
88112		\$67.55
88112	26	\$28.00
88112	TC	\$39.55
88120		\$634.18
88120	26	\$58.10
88120	TC	\$576.08
88121		\$457.44
88121	26	\$48.30
88121	TC	\$409.14
88125		\$26.60
88125	26	\$14.00
88125	TC	\$12.60
88130		\$17.98
88140		\$7.99
88141		\$21.70
88142		\$20.26
88143		\$23.04
88147		\$50.56
88148		\$16.00
88150		\$15.15
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$71.75
88160	26	\$25.90
88160	TC	\$45.85
88161		\$71.75
88161	26	\$25.55
88161	TC	\$46.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88162		\$103.95
88162	26	\$38.85
88162	TC	\$65.10
88164		\$15.15
88165		\$42.22
88166		\$15.15
88167		\$15.15
88172		\$55.65
88172	26	\$36.05
88172	TC	\$19.60
88173		\$156.10
88173	26	\$70.70
88173	TC	\$85.40
88174		\$25.37
88175		\$26.61
88177		\$29.05
88177	26	\$21.70
88177	TC	\$7.35
88182		\$140.00
88182	26	\$38.50
88182	TC	\$101.50
88184		\$69.65
88185		\$23.10
88187		\$36.05
88188		\$61.95
88189		\$83.65
88230		\$116.49
88233		\$140.73
88235		\$150.30
88237		\$143.75
88239		\$147.52
88240		\$13.07
88241		\$12.09

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88245		\$173.17
88248		\$173.17
88249		\$173.17
88261		\$264.34
88262		\$125.49
88263		\$150.29
88264		\$144.61
88267		\$188.57
88269		\$173.66
88271		\$21.42
88272		\$40.70
88273		\$34.81
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$68.60
88285		\$26.91
88289		\$34.43
88291		\$33.25
88300		\$15.40
88300	26	\$4.55
88300	TC	\$10.85
88302		\$31.85
88302	26	\$7.00
88302	TC	\$24.85
88304		\$42.00
88304	26	\$11.55
88304	TC	\$30.45
88305		\$71.40
88305	26	\$37.80
88305	TC	\$33.60
88307		\$289.44
88307	26	\$82.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88307	TC	\$206.84
88309		\$441.34
88309	26	\$146.30
88309	TC	\$295.04
88311		\$21.00
88311	26	\$12.60
88311	TC	\$8.40
88312		\$113.05
88312	26	\$26.95
88312	TC	\$86.10
88313		\$81.55
88313	26	\$12.25
88313	TC	\$69.30
88314		\$101.50
88314	26	\$21.70
88314	TC	\$79.80
88319		\$129.85
88319	26	\$26.95
88319	TC	\$102.90
88321		\$97.65
88323		\$114.45
88323	26	\$87.50
88323	TC	\$26.95
88325		\$164.50
88329		\$58.80
88331		\$104.30
88331	26	\$62.30
88331	TC	\$42.00
88332		\$54.95
88332	26	\$31.15
88332	TC	\$23.80
88333		\$95.90
88333	26	\$62.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88333	TC	\$33.60
88334		\$57.05
88334	26	\$37.80
88334	TC	\$19.25
88341		\$93.80
88341	26	\$28.35
88341	TC	\$65.45
88342		\$106.05
88342	26	\$35.35
88342	TC	\$70.70
88344		\$178.49
88344	26	\$38.50
88344	TC	\$140.00
88346		\$145.95
88346	26	\$36.40
88346	TC	\$109.55
88348		\$432.24
88348	26	\$77.70
88348	TC	\$354.54
88350		\$110.60
88350	26	\$29.40
88350	TC	\$81.20
88355		\$145.60
88355	26	\$84.35
88355	TC	\$61.25
88356		\$242.89
88356	26	\$129.50
88356	TC	\$113.40
88358		\$140.70
88358	26	\$50.05
88358	TC	\$90.65
88360		\$124.95
88360	26	\$42.35

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
88360	TC	\$82.60
88361		\$124.25
88361	26	\$44.10
88361	TC	\$80.15
88362		\$223.64
88362	26	\$112.35
88362	TC	\$111.30
88363		\$23.10
88364		\$144.55
88364	26	\$35.00
88364	TC	\$109.55
88365		\$185.84
88365	26	\$43.75
88365	TC	\$142.10
88366		\$293.64
88366	26	\$62.30
88366	TC	\$231.34
88367		\$115.85
88367	26	\$33.95
88367	TC	\$81.90
88368		\$136.85
88368	26	\$41.30
88368	TC	\$95.55
88369		\$118.30
88369	26	\$32.55
88369	TC	\$85.75
88371		\$22.23
88371	26	\$19.25
88372		\$26.22
88372	26	\$18.20
88373		\$73.15
88373	26	\$25.90
88373	TC	\$47.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$353.14
88374	26	\$44.10
88374	TC	\$309.04
88375		\$48.30
88377		\$425.24
88377	26	\$64.40
88377	TC	\$360.84
88380		\$134.05
88380	26	\$55.30
88380	TC	\$78.75
88381		\$204.39
88381	26	\$24.50
88381	TC	\$179.89
88387		\$35.35
88387	26	\$27.65
88387	TC	\$7.70
88388		\$37.45
88388	26	\$23.80
88388	TC	\$13.65
88720		\$5.02
88738		\$5.02
88740		\$9.37
88741		\$9.37
89049		\$267.39
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$18.20
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$18.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
89230		\$2.10
90371		\$126.86
90375		\$271.37
90376		\$237.37
90471		\$16.52
90472		\$16.52
90473		\$16.52
90474		\$16.52
90619		\$141.43
90785		\$14.70
90791		\$178.49
90792		\$199.14
90832		\$77.00
90833		\$70.35
90834		\$101.85
90836		\$89.25
90837		\$150.50
90838		\$117.60
90839		\$143.15
90840		\$67.90
90845		\$96.60
90846		\$97.65
90847		\$101.15
90849		\$35.00
90853		\$27.30
90865		\$168.00
90870		\$176.04
90875		\$60.20
90876		\$105.00
90880		\$106.40
90901		\$41.65
90912		\$82.25
90913		\$32.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
90935		\$71.75
90937		\$103.25
90945		\$85.05
90947		\$122.15
90951		\$1,171.42
90954		\$772.43
90955		\$523.59
90956		\$347.54
90957		\$772.08
90958		\$502.94
90959		\$324.79
90960		\$355.24
90961		\$294.34
90962		\$201.94
90963		\$606.88
90964		\$521.49
90965		\$501.54
90966		\$293.99
90967		\$17.85
90968		\$17.50
90969		\$16.80
90970		\$9.45
90989		\$561.80
90997		\$88.55
91010		\$226.79
91010	26	\$65.10
91010	TC	\$161.70
91013		\$26.95
91013	26	\$9.10
91013	TC	\$17.85
91020		\$288.04
91020	26	\$73.50
91020	TC	\$214.54

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$178.84
91022	26	\$73.50
91022	TC	\$105.35
91030		\$150.85
91030	26	\$46.55
91030	TC	\$104.30
91034		\$203.69
91034	26	\$49.70
91034	TC	\$154.00
91035		\$515.89
91035	26	\$81.20
91035	TC	\$434.69
91037		\$178.14
91037	26	\$49.35
91037	TC	\$128.80
91038		\$461.99
91038	26	\$56.00
91038	TC	\$405.99
91040		\$562.78
91040	26	\$49.35
91040	TC	\$513.44
91065		\$94.15
91065	26	\$10.50
91065	TC	\$83.65
91110		\$886.17
91110	26	\$127.05
91110	TC	\$759.13
91111		\$862.73
91111	26	\$51.10
91111	TC	\$811.63
91112		\$1,720.90
91112	26	\$107.10
91112	TC	\$1,613.80

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
91117		\$135.45
91120		\$548.78
91120	26	\$49.00
91120	TC	\$499.79
91122		\$277.54
91122	26	\$87.85
91122	TC	\$189.69
91132		\$428.74
91132	26	\$26.60
91132	TC	\$402.14
91133		\$452.19
91133	26	\$33.60
91133	TC	\$418.59
91200		\$32.55
91200	26	\$11.20
91200	TC	\$21.35
92002		\$87.15
92004		\$151.90
92012		\$90.65
92014		\$127.75
92015		\$19.60
92018		\$140.00
92019		\$71.75
92020		\$28.00
92025		\$37.10
92025	26	\$19.60
92025	TC	\$17.50
92060		\$64.05
92060	26	\$37.45
92060	TC	\$26.60
92065		\$54.25
92065	26	\$17.85
92065	TC	\$36.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92071		\$37.10
92072		\$129.85
92081		\$33.95
92081	26	\$16.10
92081	TC	\$17.85
92082		\$47.95
92082	26	\$21.35
92082	TC	\$26.60
92083		\$64.05
92083	26	\$27.30
92083	TC	\$36.75
92100		\$86.45
92132		\$31.85
92132	26	\$16.45
92132	TC	\$15.40
92133		\$37.45
92133	26	\$22.05
92133	TC	\$15.40
92134		\$41.30
92134	26	\$25.55
92134	TC	\$15.75
92136		\$55.30
92136	26	\$30.80
92136	TC	\$24.50
92145		\$13.30
92145	26	\$6.30
92145	TC	\$7.00
92201		\$24.85
92202		\$15.75
92227		\$15.75
92228		\$30.80
92228	26	\$18.20
92228	TC	\$12.60

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92230		\$92.05
92235		\$119.35
92235	26	\$42.70
92235	TC	\$76.65
92240		\$206.49
92240	26	\$46.20
92240	TC	\$160.30
92242		\$256.54
92242	26	\$54.25
92242	TC	\$202.29
92250		\$39.55
92250	26	\$21.35
92250	TC	\$18.20
92260		\$19.95
92265		\$88.55
92265	26	\$46.20
92265	TC	\$42.35
92270		\$104.65
92270	26	\$42.35
92270	TC	\$62.30
92273		\$133.35
92273	26	\$36.75
92273	TC	\$96.60
92274		\$90.65
92274	26	\$32.90
92274	TC	\$57.75
92283		\$55.30
92283	26	\$9.10
92283	TC	\$46.20
92284		\$59.50
92284	26	\$11.90
92284	TC	\$47.60
92285		\$23.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92285	26	\$3.15
92285	TC	\$19.95
92286		\$39.55
92286	26	\$22.05
92286	TC	\$17.50
92287		\$157.85
92287	26	\$45.85
92287	TC	\$112.00
92310		\$103.25
92311		\$109.20
92312		\$125.65
92313		\$102.90
92314		\$89.25
92315		\$84.00
92316		\$103.95
92317		\$88.20
92325		\$47.95
92326		\$39.90
92340		\$35.00
92341		\$39.90
92342		\$42.70
92370		\$31.50
92502		\$93.45
92504		\$29.75
92507		\$77.35
92508		\$23.80
92511		\$120.05
92512		\$60.90
92516		\$70.35
92517		\$86.80
92518		\$80.85
92519		\$134.75
92520		\$81.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92521		\$135.45
92522		\$112.70
92523		\$232.74
92524		\$110.60
92526		\$85.75
92537		\$42.35
92537	26	\$31.85
92537	TC	\$10.50
92538		\$22.75
92538	26	\$16.10
92538	TC	\$6.65
92540		\$111.30
92540	26	\$78.75
92540	TC	\$32.55
92541		\$25.55
92541	26	\$21.35
92541	TC	\$4.20
92542		\$29.75
92542	26	\$25.55
92542	TC	\$4.20
92544		\$18.20
92544	26	\$14.70
92544	TC	\$3.50
92545		\$16.80
92545	26	\$13.65
92545	TC	\$3.15
92546		\$121.10
92546	26	\$14.70
92546	TC	\$106.40
92547		\$10.15
92548		\$50.05
92548	26	\$34.65
92548	TC	\$15.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92549		\$64.05
92549	26	\$45.15
92549	TC	\$18.90
92550		\$22.40
92551		\$11.55
92552		\$32.55
92553		\$39.90
92555		\$24.85
92556		\$39.55
92557		\$38.50
92558		\$9.45
92561		\$39.90
92562		\$46.90
92563		\$31.50
92564		\$23.80
92565		\$17.50
92567		\$16.45
92568		\$15.40
92570		\$33.25
92571		\$28.00
92572		\$36.05
92575		\$69.30
92576		\$38.15
92577		\$15.05
92579		\$47.25
92582		\$76.30
92583		\$51.10
92584		\$120.75
92587		\$22.40
92587	26	\$18.55
92587	TC	\$3.85
92588		\$34.30
92588	26	\$29.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92588	TC	\$5.25
92590		\$120.55
92591		\$120.55
92592		\$26.47
92593		\$26.47
92594		\$26.47
92595		\$26.47
92596		\$68.25
92597		\$71.75
92601		\$169.05
92602		\$107.45
92603		\$157.15
92604		\$95.20
92607		\$127.05
92608		\$50.75
92609		\$106.05
92610		\$85.75
92611		\$92.40
92612		\$200.89
92613		\$36.75
92614		\$149.45
92615		\$32.55
92616		\$219.44
92617		\$40.60
92620		\$93.45
92621		\$22.75
92625		\$70.00
92626		\$90.65
92627		\$21.35
92640		\$114.80
92650		\$28.70
92651		\$90.65
92652		\$118.30

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
92653		\$86.80
92920		\$497.69
92924		\$593.23
92928		\$553.33
92933		\$620.88
92937		\$552.63
92941		\$621.58
92943		\$621.93
92950		\$332.49
92953		\$0.70
92960		\$159.25
92961		\$233.09
92970		\$177.09
92971		\$94.50
92973		\$165.90
92974		\$151.55
92975		\$352.79
92977		\$52.85
92978	26	\$90.30
92979	26	\$71.75
92986		\$1,247.36
92987		\$1,287.96
92990		\$1,027.92
92997		\$602.33
92998		\$298.19
93000		\$14.70
93005		\$6.30
93010		\$8.05
93015		\$71.05
93016		\$21.70
93017		\$35.00
93018		\$14.35
93024		\$109.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93024	26	\$56.00
93024	TC	\$53.55
93025		\$137.20
93025	26	\$37.45
93025	TC	\$99.75
93040		\$12.60
93041		\$5.60
93042		\$6.65
93050		\$16.10
93050	26	\$8.40
93050	TC	\$7.70
93224		\$80.15
93225		\$19.95
93226		\$41.30
93227		\$18.55
93228		\$25.55
93229		\$717.48
93242		\$15.05
93244		\$24.50
93246		\$15.05
93248		\$26.95
93260		\$76.30
93260	26	\$42.70
93260	TC	\$33.60
93261		\$70.00
93261	26	\$36.75
93261	TC	\$33.25
93264		\$49.70
93268		\$201.59
93270		\$8.75
93271		\$167.65
93272		\$24.85
93278		\$30.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93278	26	\$12.60
93278	TC	\$17.50
93279		\$66.85
93279	26	\$31.85
93279	TC	\$35.00
93280		\$79.10
93280	26	\$38.15
93280	TC	\$40.95
93281		\$84.35
93281	26	\$42.70
93281	TC	\$41.65
93282		\$80.15
93282	26	\$42.35
93282	TC	\$37.80
93283		\$98.35
93283	26	\$57.05
93283	TC	\$41.30
93284		\$106.40
93284	26	\$62.30
93284	TC	\$44.10
93285		\$59.85
93285	26	\$25.90
93285	TC	\$33.95
93286		\$45.85
93286	26	\$15.40
93286	TC	\$30.45
93287		\$53.20
93287	26	\$22.75
93287	TC	\$30.45
93288		\$55.65
93288	26	\$21.00
93288	TC	\$34.65
93289		\$72.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93289	26	\$37.10
93289	TC	\$35.00
93290		\$52.85
93290	26	\$21.35
93290	TC	\$31.50
93291		\$49.00
93291	26	\$18.55
93291	TC	\$30.45
93292		\$49.70
93292	26	\$21.00
93292	TC	\$28.70
93293		\$51.45
93293	26	\$15.05
93293	TC	\$36.40
93294		\$30.10
93295		\$37.10
93296		\$25.55
93297		\$26.25
93298		\$26.25
93303		\$237.64
93303	26	\$62.30
93303	TC	\$175.34
93304		\$166.25
93304	26	\$36.40
93304	TC	\$129.85
93306		\$207.19
93306	26	\$70.00
93306	TC	\$137.20
93307		\$146.30
93307	26	\$44.80
93307	TC	\$101.50
93308		\$102.55
93308	26	\$25.20

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93308	TC	\$77.35
93312		\$250.94
93312	26	\$107.80
93312	TC	\$143.15
93313		\$11.20
93314		\$240.79
93314	26	\$88.55
93314	TC	\$152.25
93315	26	\$127.40
93316		\$26.60
93317	26	\$89.60
93318	26	\$102.20
93320		\$54.25
93320	26	\$18.20
93320	TC	\$36.05
93321		\$26.95
93321	26	\$7.00
93321	TC	\$19.95
93325		\$25.55
93325	26	\$3.15
93325	TC	\$22.40
93350		\$195.99
93350	26	\$70.00
93350	TC	\$126.00
93351		\$242.19
93351	26	\$83.65
93351	TC	\$158.55
93352		\$33.95
93355		\$225.04
93356		\$40.95
93451		\$927.47
93451	26	\$124.60
93451	TC	\$802.88

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93452		\$968.07
93452	26	\$224.69
93452	TC	\$743.38
93453		\$1,233.71
93453	26	\$300.29
93453	TC	\$933.42
93454		\$969.12
93454	26	\$227.14
93454	TC	\$741.98
93455		\$1,087.42
93455	26	\$264.24
93455	TC	\$823.18
93456		\$1,213.77
93456	26	\$295.39
93456	TC	\$918.37
93457		\$1,330.66
93457	26	\$332.49
93457	TC	\$998.17
93458		\$1,118.57
93458	26	\$279.64
93458	TC	\$838.93
93459		\$1,207.82
93459	26	\$317.09
93459	TC	\$890.72
93460		\$1,340.11
93460	26	\$355.24
93460	TC	\$984.87
93461		\$1,486.41
93461	26	\$392.34
93461	TC	\$1,094.07
93462		\$198.79
93463		\$96.60
93464		\$242.19

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93464	26	\$87.50
93464	TC	\$154.70
93503		\$85.75
93505		\$709.43
93505	26	\$213.49
93505	TC	\$495.94
93530	26	\$195.29
93531	26	\$408.79
93532	26	\$499.09
93533	26	\$333.89
93561	26	\$45.50
93562	26	\$37.10
93563		\$54.95
93564		\$57.05
93565		\$42.70
93566		\$142.45
93567		\$118.65
93568		\$131.95
93571	26	\$68.95
93572	26	\$50.05
93580		\$916.97
93581		\$1,243.16
93582		\$621.58
93583		\$696.48
93590		\$1,062.22
93591		\$877.77
93592		\$386.39
93600	26	\$113.40
93602	26	\$111.65
93603	26	\$111.65
93609	26	\$264.94
93610	26	\$156.80
93612	26	\$155.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93613		\$279.99
93615	26	\$37.80
93616	26	\$59.15
93618	26	\$209.64
93619	26	\$373.44
93620	26	\$598.48
93621	26	\$111.65
93622	26	\$163.80
93623	26	\$126.35
93624	26	\$227.14
93631	26	\$374.49
93640	26	\$170.80
93641	26	\$297.14
93642		\$327.59
93642	26	\$242.54
93642	TC	\$85.05
93644		\$199.14
93644	26	\$144.90
93644	TC	\$54.25
93650		\$559.28
93653		\$789.93
93654		\$1,056.97
93655		\$402.14
93656		\$1,060.82
93657		\$401.79
93660		\$158.90
93660	26	\$92.05
93660	TC	\$66.85
93662	26	\$114.45
93668		\$14.00
93701		\$28.00
93702		\$150.15
93724		\$285.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
93724	26	\$241.49
93724	TC	\$44.10
93750		\$48.30
93784		\$46.55
93786		\$23.10
93788		\$4.90
93790		\$18.20
93793		\$11.20
93797		\$16.80
93798		\$25.90
93880		\$202.99
93880	26	\$37.80
93880	TC	\$165.20
93882		\$131.60
93882	26	\$23.45
93882	TC	\$108.15
93886		\$276.84
93886	26	\$46.20
93886	TC	\$230.64
93888		\$134.40
93888	26	\$25.20
93888	TC	\$109.20
93890		\$280.69
93890	26	\$50.40
93890	TC	\$230.29
93892		\$168.00
93892	26	\$58.45
93892	TC	\$109.55
93893		\$168.70
93893	26	\$59.15
93893	TC	\$109.55
93922		\$86.45
93922	26	\$12.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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	TC	\$74.20
93923		\$134.05
93923	26	\$21.00
93923	TC	\$113.05
93924		\$166.60
93924	26	\$23.45
93924	TC	\$143.15
93925		\$258.99
93925	26	\$37.45
93925	TC	\$221.54
93926		\$131.95
93926	26	\$22.75
93926	TC	\$109.20
93930		\$209.29
93930	26	\$38.15
93930	TC	\$171.15
93931		\$130.90
93931	26	\$23.45
93931	TC	\$107.45
93970		\$199.49
93970	26	\$32.90
93970	TC	\$166.60
93971		\$125.30
93971	26	\$21.35
93971	TC	\$103.95
93975		\$282.44
93975	26	\$55.30
93975	TC	\$227.14
93976		\$147.70
93976	26	\$38.50
93976	TC	\$109.20
93978		\$191.09
93978	26	\$37.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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	TC	\$153.65
93979		\$123.55
93979	26	\$23.10
93979	TC	\$100.45
93980		\$122.15
93980	26	\$60.55
93980	TC	\$61.60
93981		\$74.20
93981	26	\$21.00
93981	TC	\$53.20
93985		\$267.04
93985	26	\$36.75
93985	TC	\$230.29
93986		\$131.95
93986	26	\$22.75
93986	TC	\$109.20
93990		\$131.95
93990	26	\$22.75
93990	TC	\$109.20
94002		\$89.95
94003		\$64.40
94004		\$47.95
94010		\$29.75
94010	26	\$8.40
94010	TC	\$21.35
94011		\$85.05
94012		\$138.25
94013		\$19.25
94014		\$56.00
94015		\$31.15
94016		\$24.85
94060		\$46.90
94060	26	\$10.50

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
94060	TC	\$36.40
94070		\$62.65
94070	26	\$28.35
94070	TC	\$34.30
94200		\$17.85
94200	26	\$3.85
94200	TC	\$14.00
94375		\$39.20
94375	26	\$14.70
94375	TC	\$24.50
94450		\$61.95
94450	26	\$18.20
94450	TC	\$43.75
94452		\$51.80
94452	26	\$14.35
94452	TC	\$37.45
94453		\$71.05
94453	26	\$18.55
94453	TC	\$52.50
94610		\$54.25
94617		\$94.85
94617	26	\$33.25
94617	TC	\$61.60
94618		\$33.25
94618	26	\$22.40
94618	TC	\$10.85
94619		\$73.85
94619	26	\$23.45
94619	TC	\$50.40
94621		\$158.55
94621	26	\$67.90
94621	TC	\$90.65
94640		\$14.00

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
94644		\$61.25
94645		\$16.45
94660		\$63.00
94662		\$35.00
94664		\$16.80
94667		\$21.35
94668		\$33.25
94669		\$23.10
94680		\$53.90
94680	26	\$12.60
94680	TC	\$41.30
94681		\$51.80
94681	26	\$10.15
94681	TC	\$41.65
94690		\$44.45
94690	26	\$3.85
94690	TC	\$40.60
94726		\$54.95
94726	26	\$11.90
94726	TC	\$43.05
94727		\$44.45
94727	26	\$12.25
94727	TC	\$32.20
94728		\$41.30
94728	26	\$12.60
94728	TC	\$28.70
94729		\$60.20
94729	26	\$9.10
94729	TC	\$51.10
94760		\$2.10
94761		\$3.50
94762		\$27.30
94780		\$51.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
94781		\$19.95
95004		\$3.85
95012		\$19.95
95017		\$8.40
95018		\$21.35
95024		\$8.40
95027		\$4.55
95028		\$12.95
95044		\$5.25
95052		\$6.65
95056		\$49.00
95060		\$36.75
95065		\$26.95
95070		\$35.35
95076		\$119.35
95079		\$84.35
95115		\$9.10
95117		\$11.20
95144		\$16.45
95145		\$34.65
95146		\$64.05
95147		\$63.35
95148		\$92.75
95149		\$123.55
95165		\$15.75
95170		\$11.55
95180		\$136.50
95249		\$58.10
95250		\$157.15
95251		\$35.00
95717		\$100.80
95718		\$134.40
95719		\$156.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95720		\$206.14
95721		\$207.54
95722		\$252.69
95723		\$257.59
95724		\$322.34
95725		\$294.34
95726		\$408.09
95782		\$943.92
95782	26	\$124.95
95782	TC	\$818.98
95783		\$1,000.97
95783	26	\$135.80
95783	TC	\$865.18
95803		\$156.45
95803	26	\$44.45
95803	TC	\$112.00
95805		\$428.04
95805	26	\$58.10
95805	TC	\$369.94
95807		\$405.29
95807	26	\$60.55
95807	TC	\$344.74
95808		\$673.73
95808	26	\$86.80
95808	TC	\$586.93
95810		\$626.13
95810	26	\$119.70
95810	TC	\$506.44
95811		\$653.78
95811	26	\$124.25
95811	TC	\$529.53
95812		\$352.79
95812	26	\$57.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95812	TC	\$295.74
95813		\$433.64
95813	26	\$86.80
95813	TC	\$346.84
95816		\$386.04
95816	26	\$57.05
95816	TC	\$328.99
95819		\$463.39
95819	26	\$57.40
95819	TC	\$405.99
95822		\$422.44
95822	26	\$57.40
95822	TC	\$365.04
95824	26	\$39.20
95829		\$1,962.74
95829	26	\$330.39
95829	TC	\$1,632.35
95830		\$661.48
95836		\$103.95
95851		\$22.75
95852		\$18.20
95857		\$56.35
95860		\$121.10
95860	26	\$51.45
95860	TC	\$69.65
95861		\$175.00
95861	26	\$81.90
95861	TC	\$93.10
95863		\$228.54
95863	26	\$99.75
95863	TC	\$128.80
95864		\$255.14
95864	26	\$106.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95864	TC	\$148.75
95865		\$159.25
95865	26	\$83.30
95865	TC	\$75.95
95866		\$138.60
95866	26	\$65.80
95866	TC	\$72.80
95867		\$114.10
95867	26	\$42.00
95867	TC	\$72.10
95868		\$149.10
95868	26	\$63.00
95868	TC	\$86.10
95869		\$104.30
95869	26	\$19.95
95869	TC	\$84.35
95870		\$93.10
95870	26	\$19.60
95870	TC	\$73.50
95872		\$207.19
95872	26	\$152.60
95872	TC	\$54.60
95873		\$81.20
95873	26	\$19.95
95873	TC	\$61.25
95874		\$84.70
95874	26	\$19.60
95874	TC	\$65.10
95875		\$140.00
95875	26	\$58.80
95875	TC	\$81.20
95885		\$67.90
95885	26	\$18.55

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95885	TC	\$49.35
95886		\$103.95
95886	26	\$45.85
95886	TC	\$58.10
95887		\$89.95
95887	26	\$37.45
95887	TC	\$52.50
95905		\$48.30
95905	26	\$2.80
95905	TC	\$45.50
95907		\$96.25
95907	26	\$53.55
95907	TC	\$42.70
95908		\$121.80
95908	26	\$67.20
95908	TC	\$54.60
95909		\$145.60
95909	26	\$80.15
95909	TC	\$65.45
95910		\$190.74
95910	26	\$107.10
95910	TC	\$83.65
95911		\$229.24
95911	26	\$133.35
95911	TC	\$95.90
95912		\$264.59
95912	26	\$158.90
95912	TC	\$105.70
95913		\$307.29
95913	26	\$188.29
95913	TC	\$119.00
95921		\$90.30
95921	26	\$45.15

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95921	TC	\$45.15
95922		\$107.45
95922	26	\$47.60
95922	TC	\$59.85
95923		\$133.00
95923	26	\$45.15
95923	TC	\$87.85
95924		\$152.60
95924	26	\$86.45
95924	TC	\$66.15
95925		\$160.65
95925	26	\$28.35
95925	TC	\$132.30
95926		\$148.40
95926	26	\$27.65
95926	TC	\$120.75
95927		\$145.25
95927	26	\$26.95
95927	TC	\$118.30
95928		\$242.19
95928	26	\$79.80
95928	TC	\$162.40
95929		\$249.54
95929	26	\$79.45
95929	TC	\$170.10
95930		\$68.60
95930	26	\$18.90
95930	TC	\$49.70
95933		\$87.50
95933	26	\$31.50
95933	TC	\$56.00
95937		\$106.40
95937	26	\$34.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95937	TC	\$71.75
95938		\$368.54
95938	26	\$45.50
95938	TC	\$323.04
95939		\$557.53
95939	26	\$119.00
95939	TC	\$438.54
95940		\$32.55
95954		\$401.44
95954	26	\$110.25
95954	TC	\$291.19
95955		\$221.54
95955	26	\$53.90
95955	TC	\$167.65
95957		\$256.54
95957	26	\$101.85
95957	TC	\$154.70
95958		\$605.83
95958	26	\$221.19
95958	TC	\$384.64
95961		\$318.14
95961	26	\$158.90
95961	TC	\$159.25
95962		\$265.64
95962	26	\$171.50
95962	TC	\$94.15
95965	26	\$414.39
95966	26	\$212.09
95967	26	\$185.49
95970		\$18.90
95971		\$49.00
95972		\$56.00
95976		\$39.90

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
95977		\$52.85
95980		\$42.70
95981		\$36.75
95982		\$57.40
95983		\$50.05
95984		\$43.75
95990		\$94.50
95991		\$115.85
95992		\$44.10
96000		\$88.20
96001		\$110.25
96002		\$22.05
96003		\$16.80
96004		\$109.55
96020	26	\$160.65
96040		\$46.20
96105		\$99.75
96110		\$9.80
96112		\$129.15
96113		\$57.75
96116		\$95.55
96121		\$80.85
96125		\$105.70
96127		\$4.55
96130		\$119.00
96131		\$89.95
96132		\$131.60
96133		\$103.25
96136		\$46.20
96137		\$41.65
96138		\$37.10
96139		\$37.10
96146		\$1.75

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
96156		\$95.90
96158		\$65.80
96159		\$22.75
96160		\$2.80
96161		\$2.80
96164		\$9.45
96165		\$4.55
96167		\$70.35
96168		\$25.20
96360		\$36.05
96361		\$13.65
96365		\$73.15
96366		\$22.05
96367		\$31.85
96368		\$21.00
96369		\$158.90
96370		\$15.05
96371		\$66.15
96372		\$14.00
96373		\$18.20
96374		\$41.65
96375		\$16.80
96377		\$19.95
96401		\$81.55
96402		\$32.90
96405		\$87.15
96406		\$135.45
96409		\$112.70
96411		\$61.60
96413		\$147.00
96415		\$31.15
96416		\$145.95
96417		\$71.40

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
96420		\$114.80
96422		\$178.49
96423		\$81.90
96425		\$191.09
96440		\$989.42
96446		\$213.14
96450		\$180.59
96521		\$151.55
96522		\$129.50
96523		\$28.70
96542		\$139.65
96567		\$148.40
96570		\$53.20
96571		\$25.55
96573		\$241.14
96574		\$296.44
96900		\$23.45
96904		\$74.20
96910		\$122.15
96912		\$105.00
96913		\$155.05
96920		\$165.55
96921		\$180.94
96922		\$244.99
96931		\$178.84
96932		\$134.05
96933		\$44.80
96934		\$116.20
96935		\$73.50
96936		\$42.70
97010		\$5.95
97022		\$17.85
97032		\$14.70

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
97035		\$14.35
97110		\$30.10
97112		\$35.00
97113		\$38.15
97116		\$30.10
97129		\$23.10
97130		\$22.40
97140		\$27.65
97150		\$17.85
97151		\$28.71
97152		\$21.25
97153		\$9.78
97154		\$2.46
97155		\$28.71
97161		\$101.15
97162		\$101.15
97163		\$101.15
97164		\$69.30
97165		\$98.00
97166		\$98.00
97167		\$98.00
97168		\$66.15
97530		\$39.20
97537		\$32.20
97542		\$32.55
97597		\$101.85
97598		\$45.85
97605		\$43.05
97606		\$51.10
97607		\$351.04
97608		\$341.59
97761		\$42.35
97802		\$37.45

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
97803		\$32.20
97804		\$16.80
98925		\$31.50
98926		\$44.80
98927		\$58.45
98928		\$71.40
98929		\$85.40
98940		\$43.64
98941		\$60.70
98942		\$79.03
98966		\$13.65
98967		\$26.25
98968		\$38.50
99151		\$87.85
99152		\$52.50
99153		\$10.50
99155		\$80.85
99156		\$74.55
99157		\$61.95
99173		\$2.80
99174		\$5.25
99175		\$29.75
99183		\$105.00
99184		\$216.64
99188		\$27.54
99195		\$107.80
99202		\$72.45
99203		\$110.95
99204		\$165.90
99205		\$218.74
99211		\$22.75
99212		\$56.00
99213		\$90.65

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
99214		\$128.80
99215		\$179.54
99217		\$70.70
99218		\$95.55
99219		\$130.90
99220		\$177.44
99221		\$97.65
99222		\$132.30
99223		\$195.29
99224		\$37.80
99225		\$70.00
99226		\$100.80
99231		\$37.45
99232		\$70.00
99233		\$100.80
99234		\$127.75
99235		\$163.10
99236		\$209.29
99238		\$70.70
99239		\$104.30
99281		\$21.35
99282		\$41.30
99283		\$70.00
99284		\$119.00
99285		\$172.90
99291		\$275.79
99292		\$120.05
99304		\$87.85
99305		\$126.70
99306		\$163.10
99307		\$43.05
99308		\$67.55
99309		\$89.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
99310		\$132.30
99315		\$71.40
99316		\$102.90
99318		\$93.80
99324		\$53.20
99325		\$77.70
99326		\$136.15
99327		\$182.34
99328		\$214.19
99334		\$59.15
99335		\$93.80
99336		\$132.65
99337		\$190.04
99341		\$53.55
99342		\$75.95
99343		\$124.95
99344		\$177.44
99345		\$214.89
99347		\$53.90
99348		\$82.25
99349		\$126.35
99350		\$174.65
99354		\$126.35
99355		\$94.50
99356		\$89.60
99357		\$89.95
99360		\$59.50
99375		\$102.20
99378		\$102.20
99381		\$110.25
99382		\$115.15
99383		\$119.35
99384		\$134.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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		\$130.20
99386		\$150.50
99387		\$163.10
99391		\$99.05
99392		\$105.70
99393		\$105.35
99394		\$115.15
99395		\$117.60
99396		\$124.95
99397		\$134.40
99406		\$15.40
99407		\$28.35
99408		\$35.35
99409		\$67.90
99439		\$37.10
99458		\$40.60
99460		\$93.45
99461		\$91.00
99462		\$40.60
99463		\$107.80
99464		\$72.80
99465		\$142.45
99466		\$232.04
99467		\$116.20
99468		\$893.87
99469		\$386.74
99471		\$773.83
99472		\$394.09
99475		\$557.88
99476		\$335.29
99477		\$338.79
99478		\$133.00
99479		\$121.10

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
99480		\$116.20
99483		\$278.59
99484		\$46.20
99487		\$91.00
99489		\$43.40
99490		\$40.60
99491		\$80.85
99492		\$152.25
99493		\$152.25
99494		\$58.10
99495		\$205.09
99496		\$277.89
0001A		\$16.52
0002A		\$16.52
0011A		\$16.52
0012A		\$16.52
0021A		\$16.20
0022A		\$16.20
0031A		\$16.52
0202U		\$416.78
0223U		\$298.60
0224U		\$42.13
0225U		\$298.60
0226U		\$42.28
0240U		\$142.63
0241U		\$142.63
0373T		\$11.75
0509T		\$78.75
0509T	26	\$21.70
0509T	TC	\$57.05
A9575		\$0.17
A9576		\$1.41
A9577		\$1.81

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
A9578		\$1.76
A9579		\$1.55
A9581		\$14.74
A9585		\$0.36
A9589		\$1,175.77
G0101		\$38.85
G0102		\$22.75
G0103		\$19.31
G0104		\$193.89
G0105		\$349.99
G0106		\$234.49
G0106	26	\$60.55
G0106	TC	\$173.60
G0108		\$55.30
G0109		\$15.40
G0117		\$58.10
G0118		\$42.35
G0120		\$234.49
G0120	26	\$60.55
G0120	TC	\$173.60
G0121		\$349.99
G0122		\$342.29
G0122	26	\$48.65
G0122	TC	\$293.64
G0123		\$20.26
G0124		\$21.70
G0127		\$24.15
G0128		\$7.35
G0130		\$36.40
G0130	26	\$10.85
G0130	TC	\$25.20
G0141		\$21.70
G0143		\$27.05

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
G0144		\$43.97
G0145		\$26.49
G0147		\$15.15
G0148		\$31.94
G0166		\$117.95
G0168		\$123.55
G0179		\$40.95
G0180		\$52.50
G0181		\$104.65
G0182		\$106.05
G0237		\$9.45
G0238		\$9.80
G0239		\$11.90
G0245		\$65.45
G0246		\$38.85
G0247		\$84.35
G0248		\$66.15
G0249		\$59.15
G0250		\$7.70
G0252	26	\$73.85
G0268		\$50.40
G0270		\$32.20
G0271		\$16.80
G0277		\$166.60
G0278		\$12.60
G0279		\$54.95
G0279	26	\$29.40
G0279	TC	\$25.55
G0281		\$12.95
G0288		\$33.95
G0289		\$82.25
G0296		\$28.35
G0306		\$7.77

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
G0307		\$6.47
G0328		\$18.05
G0329		\$10.85
G0337		\$71.05
G0341		\$2,194.79
G0342		\$673.38
G0343		\$1,187.52
G0372		\$8.75
G0396		\$35.35
G0397		\$65.80
G0403		\$14.70
G0404		\$6.30
G0405		\$8.05
G0406		\$37.45
G0407		\$70.00
G0408		\$100.80
G0409		\$14.00
G0412		\$708.38
G0413		\$1,034.92
G0414		\$978.92
G0415		\$1,329.96
G0416		\$353.49
G0416	26	\$178.14
G0416	TC	\$175.34
G0422		\$112.70
G0423		\$112.70
G0425		\$97.65
G0426		\$132.30
G0427		\$195.29
G0429		\$97.65
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
G0438		\$166.60
G0439		\$131.60
G0455		\$129.85
G0471		\$5.00
G0472		\$46.35
G0475		\$24.08
G0476		\$35.09
G0480		\$114.43
G0481		\$156.59
G0482		\$198.74
G0483		\$246.92
G0499		\$28.27
G0500		\$58.80
G0659		\$62.14
G2023		\$23.46
G2024		\$25.46
G2082		\$867.28
G2083		\$1,240.36
G2212		\$32.55
G2215		\$92.16
G6001		\$156.45
G6001	26	\$31.85
G6001	TC	\$124.60
G6002		\$77.00
G6002	26	\$20.30
G6002	TC	\$56.35
G6003		\$156.80
G6004		\$144.90
G6005		\$145.25
G6006		\$144.55
G6007		\$275.79
G6008		\$200.54
G6009		\$199.14

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
G6010		\$198.79
G6011		\$266.69
G6012		\$265.29
G6013		\$265.99
G6014		\$265.29
G6015		\$386.04
G6016		\$385.34
G9143		\$120.72
G9157		\$93.10
H1000		\$87.91
H1001		\$58.61
H1002		\$58.61
H1003		\$58.61
H1004		\$58.61
M0245		\$309.60
P3000		\$15.15
P3001		\$21.70
P9603		\$0.34
P9604		\$4.89
Q0035		\$19.25
Q0035	26	\$8.40
Q0035	TC	\$10.50
Q0091		\$43.40
Q0092		\$23.10
Q0111		\$15.15
Q0138		\$0.93
Q0139		\$0.93
Q0162		\$0.02
Q0164		\$0.30
Q0166		\$1.46
Q0167		\$0.80
Q0510		\$63.03
Q0511		\$30.25

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
Q0512		\$20.17
Q0513		\$41.60
Q0514		\$83.18
Q2043		\$49,649.41
Q2050		\$298.80
Q3014		\$32.59
Q3027		\$54.42
Q4001		\$53.82
Q4002		\$203.36
Q4003		\$38.67
Q4004		\$133.78
Q4005		\$14.25
Q4006		\$32.11
Q4007		\$7.12
Q4008		\$16.04
Q4009		\$9.51
Q4010		\$21.42
Q4011		\$4.75
Q4012		\$10.69
Q4013		\$17.29
Q4014		\$29.21
Q4015		\$8.65
Q4016		\$14.61
Q4017		\$10.03
Q4018		\$15.98
Q4019		\$4.99
Q4020		\$8.00
Q4021		\$7.40
Q4022		\$13.39
Q4023		\$3.73
Q4024		\$6.65
Q4025		\$41.57
Q4026		\$129.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
Q4027		\$20.79
Q4028		\$64.85
Q4029		\$31.78
Q4030		\$83.63
Q4031		\$15.88
Q4032		\$41.82
Q4033		\$29.65
Q4034		\$73.71
Q4035		\$14.83
Q4036		\$36.86
Q4037		\$18.07
Q4038		\$45.29
Q4039		\$9.06
Q4040		\$22.66
Q4041		\$21.99
Q4042		\$37.52
Q4043		\$10.98
Q4044		\$18.78
Q4045		\$12.76
Q4046		\$20.50
Q4047		\$6.35
Q4048		\$10.28
Q4049		\$2.35
Q4074		\$140.09
Q4081		\$0.88
Q4101		\$30.46
Q4102		\$9.56
Q4103		\$31.72
Q4106		\$31.86
Q4110		\$42.33
Q4111		\$7.02
Q4121		\$43.45
Q4132		\$116.59

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
Q4133		\$135.23
Q4137		\$86.59
Q4145		\$18.66
Q4151		\$126.01
Q4154		\$110.82
Q4160		\$99.53
Q4173		\$209.82
Q4174		\$291.27
Q4186		\$156.23
Q4187		\$224.99
Q4195		\$95.49
Q4196		\$108.76
Q5101		\$0.41
Q5103		\$43.06
Q5104		\$42.09
Q5105		\$0.86
Q5106		\$8.55
Q5107		\$56.73
Q5108		\$248.16
Q5110		\$0.52
Q5111		\$267.79
Q5112		\$88.17
Q5113		\$86.43
Q5114		\$73.06
Q5115		\$68.50
Q5116		\$74.02
Q5117		\$72.50
Q5118		\$59.47
Q5119		\$67.32
Q5120		\$297.96
Q5121		\$51.50
Q5122		\$336.90
Q5123		\$73.83

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
Q9950		\$18.23
Q9956		\$31.38
Q9957		\$47.07
Q9958		\$0.07
Q9960		\$0.27
Q9961		\$0.26
Q9963		\$0.18
Q9965		\$0.85
Q9966		\$0.33
Q9967		\$0.11
Q9991		\$1,737.26
Q9992		\$1,737.26
R0070		\$74.90
R0075		\$74.90
S0302		\$133.31
S0390		\$21.21
S2083		\$108.95
S5497		\$7.34
S9326		\$57.05
S9327		\$73.34
S9330		\$57.05
S9331		\$73.34
S9338		\$73.34
S9339		\$57.05
S9364		\$268.84
S9373		\$73.34
S9497		\$98.11
S9500		\$73.58
S9501		\$81.05
S9502		\$81.05
S9503		\$81.05
S9504		\$98.11
T1001		\$16.73

**ND Medicaid
Professional Services Fee Schedule
as of 7/1/2021**

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

Code	Modifier	Medicaid Fee
T1002		\$17.48
T1003		\$14.24
T1004		\$10.95
T1015		\$116.63
T1021		\$18.57
T1025		\$351.97
T1030		\$69.91
T1031		\$56.95
U0001		\$35.91
U0002		\$51.31
U0003		\$75.00
U0004		\$75.00
U0005		\$25.00
V2020		\$26.06
V2025		\$16.31
V2104		\$7.34
V2105		\$4.89
V2111		\$2.87
V2204		\$17.14
V2299		\$17.92
V2304		\$23.31
V2430		\$35.86
V2710		\$75.76
V2715		\$3.25
V2718		\$12.66
V2744		\$7.60
V2745		\$2.04
V2760		\$2.87
V2780		\$2.45
V2784		\$8.14