

**ND Medicaid**  
**Ambulatory Surgical Center (ASC) Fee Schedule**  
**as of 7/1/2022**

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

Code	Medicaid Fee
0335T	\$2,671.36
0338T	\$1,297.61
0339T	\$1,297.61
0342T	\$1,230.90
0402T	\$513.42
0404T	\$2,179.30
0408T	\$10,388.76
0409T	\$9,052.80
0410T	\$3,178.39
0411T	\$3,178.39
0412T	\$1,048.03
0413T	\$1,048.03
0414T	\$9,052.80
0415T	\$164.51
0416T	\$521.29
0419T	\$159.40
0420T	\$159.40
0421T	\$2,442.65
0424T	\$10,205.27
0425T	\$3,655.45
0426T	\$3,655.45
0427T	\$13,971.51
0428T	\$1,435.48
0429T	\$1,102.64
0430T	\$1,102.64
0431T	\$14,069.49
0432T	\$1,435.48
0433T	\$1,102.64

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<b>Code</b>	<b>Medicaid Fee</b>
0434T	\$30.55
0440T	\$485.22
0441T	\$485.22
0442T	\$2,471.99
0446T	\$521.29
0447T	\$54.66
0448T	\$521.29
0449T	\$1,748.98
0465T	\$97.04
0479T	\$159.40
0491T	\$105.20
0499T	\$840.29
0510T	\$800.13
0511T	\$2,605.07
0512T	\$54.66
0524T	\$822.16
0525T	\$3,764.70
0526T	\$3,178.39
0527T	\$2,441.41
0530T	\$1,048.03
0531T	\$1,048.03
0532T	\$1,048.03
0583T	\$402.62
0587T	\$2,814.85
0588T	\$1,102.64
0594T	\$2,295.81
0596T	\$175.10
0597T	\$175.10
0600T	\$3,671.51
0601T	\$2,976.82
0614T	\$9,052.80
0616T	\$813.55

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<b>Code</b>	<b>Medicaid Fee</b>
0617T	\$1,467.81
0618T	\$1,467.81
0619T	\$1,617.08
0620T	\$5,533.57
0627T	\$3,537.23
0629T	\$3,537.23
0632T	\$5,533.57
0644T	\$1,689.31
0647T	\$540.77
0651T	\$320.61
0652T	\$320.61
0653T	\$320.61
0654T	\$540.77
0655T	\$840.29
0671T	\$941.51
0673T	\$357.65
0686T	\$3,725.21
0699T	\$624.91
0707T	\$1,041.66
0714T	\$1,242.13
10005	\$189.40
10009	\$189.40
10011	\$189.40
10030	\$189.40
10121	\$357.65
10180	\$599.36
11010	\$189.40
11011	\$189.40
11012	\$599.36
11042	\$105.20
11043	\$159.40
11044	\$357.65

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<b>Code</b>	<b>Medicaid Fee</b>
11307	\$54.66
11311	\$54.66
11404	\$357.65
11406	\$357.65
11424	\$357.65
11426	\$599.36
11444	\$357.65
11446	\$599.36
11450	\$599.36
11451	\$599.36
11462	\$599.36
11463	\$599.36
11470	\$599.36
11471	\$599.36
11604	\$189.40
11606	\$357.65
11624	\$357.65
11626	\$599.36
11644	\$357.65
11646	\$599.36
11770	\$599.36
11771	\$599.36
11772	\$599.36
11960	\$1,071.69
11970	\$2,285.84
11971	\$599.36
12005	\$105.20
12006	\$105.20
12007	\$54.66
12015	\$54.66
12016	\$105.20
12017	\$105.20

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<b>Code</b>	<b>Medicaid Fee</b>
12018	\$54.66
12020	\$159.40
12021	\$105.20
12031	\$105.20
12032	\$105.20
12034	\$105.20
12035	\$105.20
12036	\$159.40
12037	\$521.29
12041	\$105.20
12042	\$105.20
12044	\$159.40
12045	\$159.40
12046	\$159.40
12047	\$521.29
12051	\$105.20
12052	\$105.20
12053	\$105.20
12054	\$105.20
12055	\$105.20
12056	\$105.20
12057	\$105.20
13100	\$159.40
13101	\$159.40
13120	\$159.40
13121	\$159.40
13131	\$105.20
13132	\$159.40
13151	\$159.40
13152	\$159.40
13160	\$521.29
14000	\$521.29

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<b>Code</b>	<b>Medicaid Fee</b>
14001	\$521.29
14020	\$521.29
14021	\$521.29
14040	\$521.29
14041	\$521.29
14060	\$521.29
14061	\$521.29
14301	\$1,071.69
14350	\$521.29
15002	\$521.29
15004	\$159.40
15040	\$521.29
15050	\$159.40
15100	\$521.29
15110	\$521.29
15115	\$521.29
15120	\$1,071.69
15130	\$521.29
15135	\$1,071.69
15150	\$521.29
15155	\$1,071.69
15200	\$521.29
15220	\$521.29
15240	\$521.29
15260	\$521.29
15271	\$521.29
15273	\$1,071.69
15275	\$521.29
15277	\$521.29
15570	\$521.29
15572	\$1,071.69
15574	\$521.29

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<b>Code</b>	<b>Medicaid Fee</b>
15576	\$521.29
15600	\$1,071.69
15610	\$521.29
15620	\$521.29
15630	\$521.29
15650	\$521.29
15730	\$1,071.69
15731	\$1,071.69
15733	\$1,071.69
15734	\$1,071.69
15736	\$521.29
15738	\$1,071.69
15740	\$521.29
15750	\$1,071.69
15760	\$521.29
15769	\$1,071.69
15770	\$1,071.69
15771	\$1,071.69
15773	\$521.29
15775	\$105.20
15776	\$105.20
15781	\$189.40
15783	\$105.20
15789	\$159.40
15819	\$521.29
15820	\$521.29
15821	\$521.29
15822	\$521.29
15823	\$521.29
15824	\$521.29
15825	\$1,071.69
15826	\$1,071.69

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<b>Code</b>	<b>Medicaid Fee</b>
15828	\$1,071.69
15829	\$1,071.69
15830	\$1,356.66
15832	\$599.36
15833	\$599.36
15834	\$599.36
15835	\$599.36
15836	\$599.36
15837	\$599.36
15838	\$599.36
15839	\$599.36
15840	\$1,071.69
15841	\$1,071.69
15842	\$521.29
15845	\$1,071.69
15850	\$159.40
15876	\$1,071.69
15877	\$1,071.69
15878	\$521.29
15879	\$1,071.69
15920	\$599.36
15922	\$1,071.69
15931	\$599.36
15933	\$599.36
15934	\$1,071.69
15935	\$1,071.69
15936	\$521.29
15937	\$521.29
15940	\$599.36
15941	\$599.36
15944	\$1,071.69
15945	\$521.29



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<b>Code</b>	<b>Medicaid Fee</b>
15946	\$521.29
15950	\$357.65
15951	\$599.36
15952	\$521.29
15953	\$1,071.69
15956	\$521.29
15958	\$1,071.69
16025	\$54.66
16030	\$105.20
16035	\$105.20
17106	\$105.20
17270	\$54.66
17271	\$54.66
17311	\$159.40
17313	\$159.40
17380	\$159.40
19020	\$357.65
19081	\$357.65
19083	\$357.65
19085	\$357.65
19100	\$357.65
19101	\$708.51
19105	\$1,026.98
19110	\$708.51
19112	\$708.51
19120	\$708.51
19125	\$708.51
19296	\$2,580.81
19298	\$1,356.66
19300	\$708.51
19301	\$708.51
19302	\$1,356.66

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<b>Code</b>	<b>Medicaid Fee</b>
19303	\$1,356.66
19316	\$1,356.66
19318	\$1,356.66
19325	\$1,677.61
19328	\$708.51
19330	\$708.51
19340	\$1,356.66
19342	\$1,677.61
19350	\$708.51
19355	\$708.51
19357	\$3,375.28
19370	\$708.51
19371	\$708.51
19380	\$1,356.66
19396	\$708.51
20103	\$189.40
20150	\$800.13
20200	\$357.65
20205	\$599.36
20206	\$357.65
20220	\$357.65
20225	\$357.65
20240	\$599.36
20245	\$599.36
20250	\$1,109.29
20251	\$1,763.48
20525	\$599.36
20555	\$800.13
20650	\$800.13
20662	\$436.03
20663	\$800.13
20665	\$82.60

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<b>Code</b>	<b>Medicaid Fee</b>
20670	\$357.65
20680	\$599.36
20690	\$2,516.12
20692	\$5,476.42
20693	\$1,763.48
20694	\$436.03
20696	\$6,626.22
20697	\$436.03
20822	\$436.03
20900	\$2,295.81
20902	\$1,763.48
20910	\$159.40
20912	\$1,071.69
20920	\$521.29
20922	\$521.29
20924	\$2,322.93
20950	\$189.40
20972	\$1,763.48
20973	\$1,763.48
20982	\$1,763.48
20983	\$2,366.72
21010	\$651.88
21012	\$357.65
21014	\$599.36
21015	\$599.36
21016	\$599.36
21025	\$1,436.82
21026	\$1,436.82
21029	\$651.88
21034	\$1,436.82
21040	\$651.88
21044	\$1,436.82

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<b>Code</b>	<b>Medicaid Fee</b>
21046	\$1,436.82
21047	\$1,436.82
21048	\$1,436.82
21050	\$1,436.82
21060	\$1,436.82
21070	\$1,436.82
21085	\$64.39
21088	\$651.88
21100	\$1,436.82
21110	\$309.27
21120	\$1,436.82
21121	\$651.88
21122	\$1,436.82
21123	\$651.88
21125	\$1,436.82
21127	\$1,436.82
21137	\$651.88
21138	\$1,436.82
21139	\$1,436.82
21150	\$1,436.82
21181	\$1,436.82
21198	\$1,436.82
21199	\$1,876.69
21206	\$1,436.82
21208	\$1,989.60
21209	\$1,436.82
21210	\$1,436.82
21215	\$2,049.90
21230	\$1,436.82
21235	\$1,436.82
21240	\$1,436.82
21242	\$1,436.82

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<b>Code</b>	<b>Medicaid Fee</b>
21243	\$7,152.97
21244	\$1,976.45
21245	\$1,870.54
21246	\$1,436.82
21248	\$1,436.82
21249	\$1,436.82
21260	\$1,436.82
21267	\$2,236.12
21270	\$1,436.82
21275	\$1,436.82
21280	\$651.88
21282	\$651.88
21295	\$309.27
21296	\$651.88
21315	\$309.27
21320	\$651.88
21325	\$651.88
21330	\$1,436.82
21335	\$651.88
21336	\$800.13
21337	\$651.88
21338	\$2,094.11
21339	\$1,436.82
21340	\$651.88
21345	\$309.27
21355	\$651.88
21356	\$1,436.82
21360	\$1,436.82
21365	\$1,870.54
21390	\$1,436.82
21400	\$137.65
21401	\$403.37

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<b>Code</b>	<b>Medicaid Fee</b>
21406	\$1,436.82
21407	\$1,436.82
21421	\$651.88
21445	\$1,898.66
21450	\$184.43
21451	\$309.27
21452	\$1,891.81
21453	\$1,436.82
21454	\$1,955.46
21461	\$1,941.33
21462	\$2,052.00
21465	\$1,926.50
21480	\$62.73
21485	\$309.27
21490	\$651.88
21497	\$309.27
21501	\$599.36
21502	\$800.13
21550	\$357.65
21552	\$599.36
21554	\$599.36
21555	\$357.65
21556	\$599.36
21557	\$599.36
21558	\$599.36
21600	\$1,763.48
21610	\$800.13
21685	\$1,867.32
21700	\$1,763.48
21720	\$800.13
21725	\$189.40
21820	\$62.73

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<b>Code</b>	<b>Medicaid Fee</b>
21925	\$357.65
21930	\$357.65
21931	\$357.65
21932	\$599.36
21933	\$599.36
21935	\$599.36
21936	\$599.36
22102	\$1,763.48
22310	\$62.73
22315	\$800.13
22505	\$436.03
22510	\$800.13
22511	\$800.13
22513	\$1,763.48
22514	\$1,763.48
22551	\$5,142.67
22554	\$5,110.97
22612	\$5,184.34
22856	\$7,288.77
22867	\$7,593.61
22869	\$6,164.61
22900	\$599.36
22901	\$599.36
22902	\$357.65
22903	\$599.36
22904	\$599.36
22905	\$599.36
23000	\$599.36
23020	\$800.13
23030	\$599.36
23031	\$599.36
23035	\$436.03

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<b>Code</b>	<b>Medicaid Fee</b>
23040	\$800.13
23044	\$800.13
23066	\$599.36
23071	\$357.65
23073	\$599.36
23075	\$357.65
23076	\$599.36
23077	\$599.36
23078	\$599.36
23100	\$800.13
23101	\$800.13
23105	\$1,763.48
23106	\$800.13
23107	\$1,763.48
23120	\$800.13
23125	\$800.13
23130	\$800.13
23140	\$800.13
23145	\$800.13
23146	\$1,763.48
23150	\$800.13
23155	\$1,763.48
23156	\$2,295.81
23170	\$800.13
23172	\$800.13
23174	\$1,763.48
23180	\$1,763.48
23182	\$1,763.48
23184	\$1,763.48
23190	\$800.13
23195	\$1,763.48
23330	\$189.40



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<b>Code</b>	<b>Medicaid Fee</b>
23333	\$599.36
23334	\$599.36
23395	\$1,763.48
23397	\$1,763.48
23400	\$1,763.48
23405	\$1,763.48
23406	\$2,281.03
23410	\$1,763.48
23412	\$1,763.48
23415	\$1,763.48
23420	\$1,763.48
23430	\$1,763.48
23440	\$2,367.41
23450	\$2,493.28
23455	\$2,373.76
23460	\$2,752.92
23462	\$1,763.48
23465	\$1,763.48
23466	\$1,763.48
23480	\$1,763.48
23485	\$4,968.03
23490	\$2,545.66
23491	\$4,716.93
23500	\$62.73
23505	\$436.03
23515	\$2,422.19
23520	\$436.03
23525	\$62.73
23530	\$1,763.48
23532	\$2,439.70
23540	\$62.73
23545	\$62.73

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<b>Code</b>	<b>Medicaid Fee</b>
23550	\$2,319.84
23552	\$2,350.41
23570	\$62.73
23575	\$436.03
23585	\$2,409.14
23600	\$62.73
23605	\$436.03
23615	\$5,081.00
23616	\$6,996.23
23620	\$62.73
23625	\$436.03
23630	\$2,295.81
23650	\$62.73
23655	\$436.03
23660	\$1,763.48
23665	\$436.03
23670	\$1,763.48
23675	\$436.03
23680	\$5,539.80
23700	\$436.03
23800	\$1,763.48
23802	\$3,537.23
23921	\$521.29
23930	\$599.36
23931	\$357.65
23935	\$800.13
24000	\$800.13
24006	\$800.13
24066	\$599.36
24071	\$599.36
24073	\$599.36
24075	\$357.65

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<b>Code</b>	<b>Medicaid Fee</b>
24076	\$599.36
24077	\$599.36
24079	\$599.36
24100	\$800.13
24101	\$800.13
24102	\$800.13
24105	\$800.13
24110	\$800.13
24115	\$1,763.48
24116	\$2,295.81
24120	\$800.13
24125	\$800.13
24126	\$2,858.87
24130	\$800.13
24134	\$1,763.48
24136	\$800.13
24138	\$1,763.48
24140	\$800.13
24145	\$1,763.48
24147	\$800.13
24149	\$1,763.48
24152	\$1,763.48
24155	\$800.13
24160	\$800.13
24164	\$800.13
24201	\$599.36
24300	\$436.03
24301	\$1,763.48
24305	\$800.13
24310	\$800.13
24320	\$1,763.48
24330	\$1,763.48

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<b>Code</b>	<b>Medicaid Fee</b>
24331	\$1,763.48
24332	\$800.13
24340	\$1,763.48
24341	\$1,763.48
24342	\$1,763.48
24343	\$800.13
24344	\$2,304.04
24345	\$1,763.48
24346	\$3,537.23
24357	\$800.13
24358	\$800.13
24359	\$800.13
24360	\$2,282.58
24361	\$7,496.55
24362	\$5,653.81
24363	\$7,408.61
24365	\$5,249.44
24366	\$5,476.42
24370	\$4,862.98
24371	\$6,657.20
24400	\$1,763.48
24410	\$3,537.23
24420	\$2,295.81
24430	\$4,944.26
24435	\$4,932.56
24470	\$800.13
24495	\$1,763.48
24498	\$4,744.84
24500	\$62.73
24505	\$436.03
24515	\$4,835.42
24516	\$4,944.26

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<b>Code</b>	<b>Medicaid Fee</b>
24530	\$62.73
24535	\$436.03
24538	\$1,763.48
24545	\$4,991.45
24546	\$6,739.68
24560	\$62.73
24565	\$436.03
24566	\$436.03
24575	\$4,859.88
24576	\$62.73
24577	\$436.03
24579	\$4,664.58
24582	\$1,763.48
24586	\$5,015.91
24587	\$5,339.68
24600	\$62.73
24605	\$436.03
24615	\$2,461.34
24620	\$436.03
24635	\$2,443.65
24650	\$62.73
24655	\$436.03
24665	\$1,763.48
24666	\$5,511.21
24670	\$62.73
24675	\$436.03
24685	\$2,333.24
24800	\$1,763.48
24802	\$3,537.23
24925	\$800.13
25000	\$436.03
25001	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
25020	\$436.03
25023	\$800.13
25024	\$800.13
25025	\$436.03
25028	\$800.13
25031	\$436.03
25035	\$1,763.48
25040	\$800.13
25066	\$599.36
25071	\$357.65
25073	\$599.36
25075	\$357.65
25076	\$357.65
25077	\$599.36
25078	\$599.36
25085	\$800.13
25100	\$800.13
25101	\$800.13
25105	\$800.13
25107	\$800.13
25109	\$800.13
25110	\$436.03
25111	\$436.03
25112	\$436.03
25115	\$436.03
25116	\$800.13
25118	\$436.03
25119	\$800.13
25120	\$800.13
25125	\$436.03
25126	\$800.13
25130	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
25135	\$1,763.48
25136	\$1,763.48
25145	\$800.13
25150	\$800.13
25151	\$800.13
25210	\$800.13
25215	\$800.13
25230	\$800.13
25240	\$800.13
25248	\$436.03
25250	\$436.03
25251	\$800.13
25259	\$436.03
25260	\$800.13
25263	\$1,763.48
25265	\$800.13
25270	\$800.13
25272	\$800.13
25274	\$800.13
25275	\$800.13
25280	\$800.13
25290	\$800.13
25295	\$800.13
25300	\$800.13
25301	\$800.13
25310	\$800.13
25312	\$800.13
25315	\$1,763.48
25316	\$1,763.48
25320	\$1,763.48
25332	\$800.13
25335	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
25337	\$2,305.76
25350	\$2,489.50
25355	\$800.13
25360	\$2,303.02
25365	\$3,537.23
25370	\$800.13
25375	\$800.13
25390	\$2,430.44
25391	\$5,046.22
25392	\$1,763.48
25393	\$2,320.02
25394	\$800.13
25400	\$2,471.98
25405	\$2,434.04
25415	\$2,618.98
25420	\$2,523.16
25425	\$1,763.48
25426	\$1,088.49
25430	\$800.13
25431	\$1,763.48
25440	\$1,763.48
25441	\$5,626.60
25442	\$7,671.08
25443	\$2,635.98
25444	\$5,496.40
25445	\$2,655.21
25446	\$7,886.61
25447	\$800.13
25449	\$1,763.48
25450	\$800.13
25455	\$800.13
25490	\$1,763.48



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
25491	\$4,605.00
25492	\$800.13
25500	\$62.73
25505	\$436.03
25515	\$2,372.22
25520	\$436.03
25525	\$2,324.48
25526	\$2,295.81
25530	\$62.73
25535	\$62.73
25545	\$2,323.45
25560	\$62.73
25565	\$436.03
25574	\$2,517.32
25575	\$2,456.01
25600	\$62.73
25605	\$436.03
25606	\$800.13
25607	\$2,532.26
25608	\$2,527.28
25609	\$2,538.45
25622	\$62.73
25624	\$436.03
25628	\$1,763.48
25630	\$62.73
25635	\$436.03
25645	\$800.13
25650	\$62.73
25651	\$800.13
25652	\$2,294.77
25660	\$62.73
25670	\$2,751.03

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
25671	\$800.13
25675	\$62.73
25676	\$1,763.48
25680	\$62.73
25685	\$1,763.48
25690	\$436.03
25695	\$1,763.48
25800	\$2,413.43
25805	\$2,511.31
25810	\$5,012.46
25820	\$2,413.60
25825	\$2,439.53
25830	\$1,763.48
25907	\$800.13
25922	\$436.03
25929	\$521.29
25931	\$800.13
26010	\$54.66
26011	\$357.65
26020	\$800.13
26025	\$800.13
26030	\$800.13
26034	\$436.03
26035	\$800.13
26037	\$800.13
26040	\$436.03
26045	\$800.13
26055	\$436.03
26060	\$436.03
26070	\$436.03
26075	\$800.13
26080	\$436.03

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
26100	\$800.13
26105	\$800.13
26110	\$436.03
26111	\$357.65
26113	\$357.65
26115	\$357.65
26116	\$357.65
26117	\$599.36
26118	\$599.36
26121	\$800.13
26123	\$800.13
26130	\$800.13
26135	\$800.13
26140	\$436.03
26145	\$436.03
26160	\$436.03
26170	\$436.03
26180	\$436.03
26185	\$436.03
26200	\$436.03
26205	\$1,763.48
26210	\$436.03
26215	\$800.13
26230	\$800.13
26235	\$436.03
26236	\$436.03
26250	\$800.13
26260	\$800.13
26262	\$436.03
26320	\$357.65
26340	\$436.03
26350	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
26352	\$1,763.48
26356	\$800.13
26357	\$800.13
26358	\$1,763.48
26370	\$800.13
26372	\$1,763.48
26373	\$800.13
26390	\$2,354.19
26392	\$1,763.48
26410	\$436.03
26412	\$800.13
26415	\$800.13
26416	\$800.13
26418	\$436.03
26420	\$800.13
26426	\$800.13
26428	\$800.13
26432	\$436.03
26433	\$800.13
26434	\$800.13
26437	\$800.13
26440	\$436.03
26442	\$800.13
26445	\$800.13
26449	\$800.13
26450	\$800.13
26455	\$436.03
26460	\$436.03
26471	\$800.13
26474	\$436.03
26476	\$800.13
26477	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
26478	\$800.13
26479	\$800.13
26480	\$800.13
26483	\$800.13
26485	\$800.13
26489	\$800.13
26490	\$800.13
26492	\$800.13
26494	\$800.13
26496	\$800.13
26497	\$800.13
26498	\$800.13
26499	\$800.13
26500	\$1,763.48
26502	\$800.13
26508	\$800.13
26510	\$800.13
26516	\$1,034.96
26517	\$800.13
26518	\$2,295.81
26520	\$800.13
26525	\$436.03
26530	\$2,321.22
26531	\$2,573.64
26535	\$800.13
26536	\$2,419.61
26540	\$800.13
26541	\$800.13
26542	\$800.13
26545	\$800.13
26546	\$1,763.48
26548	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
26550	\$800.13
26555	\$1,763.48
26560	\$436.03
26561	\$800.13
26562	\$800.13
26565	\$800.13
26567	\$800.13
26568	\$2,295.81
26580	\$800.13
26587	\$800.13
26590	\$436.03
26591	\$800.13
26593	\$800.13
26596	\$800.13
26600	\$62.73
26605	\$62.73
26607	\$800.13
26608	\$800.13
26615	\$800.13
26641	\$62.73
26645	\$436.03
26650	\$800.13
26665	\$800.13
26670	\$62.73
26675	\$436.03
26676	\$800.13
26685	\$800.13
26686	\$800.13
26700	\$62.73
26705	\$436.03
26706	\$800.13
26715	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
26720	\$62.73
26725	\$62.73
26727	\$800.13
26735	\$800.13
26740	\$62.73
26742	\$436.03
26746	\$800.13
26750	\$62.73
26755	\$62.73
26756	\$800.13
26765	\$800.13
26770	\$62.73
26775	\$73.42
26776	\$800.13
26785	\$800.13
26820	\$2,462.20
26841	\$1,763.48
26842	\$1,763.48
26843	\$2,390.59
26844	\$2,742.27
26850	\$1,763.48
26852	\$1,763.48
26860	\$800.13
26862	\$800.13
26910	\$800.13
26951	\$800.13
26952	\$800.13
26990	\$800.13
26991	\$436.03
27000	\$436.03
27001	\$800.13
27003	\$1,763.48

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27033	\$1,763.48
27035	\$800.13
27040	\$357.65
27041	\$357.65
27043	\$599.36
27045	\$599.36
27047	\$599.36
27048	\$599.36
27049	\$599.36
27050	\$436.03
27052	\$436.03
27059	\$599.36
27060	\$1,763.48
27062	\$800.13
27065	\$1,763.48
27066	\$800.13
27067	\$1,763.48
27080	\$800.13
27086	\$599.36
27087	\$800.13
27097	\$800.13
27098	\$800.13
27100	\$2,388.36
27105	\$800.13
27110	\$2,602.49
27111	\$800.13
27130	\$5,308.33
27197	\$62.73
27198	\$62.73
27200	\$62.73
27202	\$800.13
27220	\$62.73



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27230	\$62.73
27238	\$436.03
27246	\$62.73
27250	\$62.73
27252	\$436.03
27256	\$62.73
27257	\$436.03
27265	\$62.73
27266	\$436.03
27267	\$800.13
27275	\$436.03
27279	\$7,968.18
27301	\$599.36
27305	\$800.13
27306	\$800.13
27307	\$800.13
27310	\$800.13
27323	\$357.65
27324	\$599.36
27325	\$485.22
27326	\$485.22
27327	\$357.65
27328	\$599.36
27329	\$599.36
27330	\$800.13
27331	\$800.13
27332	\$800.13
27333	\$800.13
27334	\$800.13
27335	\$1,763.48
27337	\$599.36
27339	\$599.36

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27340	\$800.13
27345	\$800.13
27347	\$800.13
27350	\$1,763.48
27355	\$800.13
27356	\$4,605.00
27357	\$2,295.81
27360	\$800.13
27364	\$599.36
27372	\$599.36
27380	\$1,763.48
27381	\$2,323.11
27385	\$1,763.48
27386	\$1,763.48
27390	\$800.13
27391	\$800.13
27392	\$800.13
27393	\$1,763.48
27394	\$1,763.48
27395	\$800.13
27396	\$1,763.48
27397	\$1,763.48
27400	\$1,763.48
27403	\$2,295.81
27405	\$1,763.48
27407	\$2,295.81
27409	\$1,763.48
27412	\$2,829.33
27415	\$6,110.88
27416	\$1,763.48
27418	\$1,763.48
27420	\$1,763.48

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27422	\$1,763.48
27424	\$1,763.48
27425	\$800.13
27427	\$2,331.35
27428	\$4,605.00
27429	\$6,231.78
27430	\$1,763.48
27435	\$800.13
27437	\$1,763.48
27438	\$4,899.14
27440	\$4,860.56
27441	\$3,537.23
27442	\$5,194.32
27443	\$4,945.99
27446	\$5,200.87
27447	\$5,272.86
27475	\$1,763.48
27479	\$1,763.48
27496	\$800.13
27497	\$800.13
27498	\$436.03
27499	\$1,763.48
27500	\$62.73
27501	\$62.73
27502	\$436.03
27503	\$436.03
27508	\$62.73
27509	\$2,542.39
27510	\$436.03
27516	\$62.73
27517	\$436.03
27520	\$62.73

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27524	\$1,763.48
27530	\$62.73
27532	\$800.13
27538	\$62.73
27550	\$62.73
27552	\$436.03
27560	\$62.73
27562	\$62.73
27566	\$1,763.48
27570	\$436.03
27594	\$800.13
27600	\$800.13
27601	\$800.13
27602	\$800.13
27603	\$599.36
27604	\$800.13
27605	\$436.03
27606	\$800.13
27607	\$800.13
27610	\$800.13
27612	\$800.13
27614	\$599.36
27615	\$599.36
27616	\$599.36
27618	\$357.65
27619	\$599.36
27620	\$800.13
27625	\$800.13
27626	\$800.13
27630	\$800.13
27632	\$599.36
27634	\$599.36

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27635	\$800.13
27637	\$2,478.17
27638	\$1,763.48
27640	\$800.13
27641	\$800.13
27647	\$800.13
27650	\$1,763.48
27652	\$2,486.92
27654	\$2,295.81
27656	\$1,180.19
27658	\$800.13
27659	\$1,763.48
27664	\$1,763.48
27665	\$1,763.48
27675	\$800.13
27676	\$1,763.48
27680	\$800.13
27681	\$800.13
27685	\$800.13
27686	\$800.13
27687	\$800.13
27690	\$1,763.48
27691	\$1,763.48
27695	\$2,307.31
27696	\$2,295.81
27698	\$2,295.29
27700	\$2,289.62
27704	\$800.13
27705	\$2,291.00
27707	\$800.13
27709	\$4,659.41
27720	\$2,548.40

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27726	\$2,380.80
27730	\$800.13
27732	\$800.13
27734	\$800.13
27740	\$800.13
27742	\$800.13
27745	\$2,456.70
27750	\$62.73
27752	\$436.03
27756	\$2,295.81
27758	\$4,993.52
27759	\$4,876.76
27760	\$62.73
27762	\$436.03
27766	\$1,763.48
27767	\$62.73
27768	\$624.96
27769	\$2,295.81
27780	\$62.73
27781	\$436.03
27784	\$1,763.48
27786	\$62.73
27788	\$62.73
27792	\$2,355.56
27808	\$62.73
27810	\$436.03
27814	\$2,368.78
27816	\$62.73
27818	\$436.03
27822	\$2,370.85
27823	\$2,346.12
27824	\$62.73

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
27825	\$436.03
27826	\$2,348.86
27827	\$5,032.79
27828	\$4,999.03
27829	\$2,391.45
27830	\$62.73
27831	\$800.13
27832	\$2,438.67
27840	\$62.73
27842	\$577.88
27846	\$1,763.48
27848	\$2,317.10
27860	\$800.13
27870	\$5,235.32
27871	\$5,449.21
27884	\$800.13
27889	\$1,763.48
27892	\$800.13
27893	\$1,763.48
27894	\$800.13
28002	\$436.03
28003	\$800.13
28005	\$800.13
28008	\$800.13
28011	\$436.03
28020	\$800.13
28022	\$800.13
28024	\$436.03
28035	\$485.22
28039	\$599.36
28041	\$599.36
28043	\$357.65

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
28045	\$599.36
28046	\$599.36
28047	\$599.36
28050	\$800.13
28052	\$800.13
28054	\$800.13
28055	\$485.22
28060	\$800.13
28062	\$800.13
28070	\$1,763.48
28072	\$800.13
28080	\$436.03
28086	\$800.13
28088	\$800.13
28090	\$436.03
28092	\$436.03
28100	\$800.13
28102	\$2,295.81
28103	\$2,498.60
28104	\$800.13
28106	\$1,763.48
28107	\$2,448.63
28108	\$436.03
28110	\$800.13
28111	\$800.13
28112	\$800.13
28113	\$800.13
28114	\$800.13
28116	\$800.13
28118	\$800.13
28119	\$800.13
28120	\$800.13



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
28122	\$800.13
28126	\$800.13
28130	\$2,346.98
28140	\$800.13
28150	\$800.13
28153	\$800.13
28160	\$800.13
28171	\$800.13
28173	\$800.13
28175	\$436.03
28192	\$357.65
28193	\$357.65
28200	\$800.13
28202	\$2,283.61
28208	\$800.13
28210	\$2,320.70
28222	\$800.13
28225	\$800.13
28226	\$800.13
28234	\$436.03
28238	\$1,763.48
28240	\$800.13
28250	\$800.13
28260	\$800.13
28261	\$436.03
28262	\$1,763.48
28264	\$436.03
28270	\$800.13
28280	\$800.13
28285	\$800.13
28286	\$800.13
28288	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
28289	\$800.13
28291	\$2,664.48
28292	\$800.13
28295	\$800.13
28296	\$800.13
28297	\$2,579.48
28298	\$2,281.55
28299	\$2,303.19
28300	\$2,487.10
28302	\$2,295.81
28304	\$1,763.48
28305	\$2,535.35
28306	\$1,763.48
28307	\$1,763.48
28308	\$800.13
28309	\$2,393.00
28310	\$1,763.48
28312	\$800.13
28313	\$800.13
28315	\$800.13
28320	\$5,190.54
28322	\$2,453.27
28340	\$800.13
28341	\$800.13
28344	\$800.13
28345	\$436.03
28400	\$62.73
28405	\$62.73
28406	\$1,763.48
28415	\$2,486.41
28420	\$4,881.57
28430	\$62.73

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
28435	\$436.03
28436	\$2,295.81
28445	\$2,471.64
28446	\$2,295.81
28450	\$62.73
28456	\$2,541.19
28465	\$2,331.87
28470	\$62.73
28475	\$62.73
28476	\$800.13
28485	\$2,372.73
28495	\$62.73
28496	\$800.13
28505	\$800.13
28515	\$62.73
28525	\$800.13
28531	\$1,763.48
28540	\$62.73
28545	\$800.13
28546	\$436.03
28555	\$2,338.05
28570	\$62.73
28575	\$800.13
28576	\$1,763.48
28585	\$2,526.25
28600	\$62.73
28605	\$62.73
28606	\$800.13
28615	\$2,413.43
28635	\$436.03
28636	\$800.13
28645	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
28665	\$73.42
28666	\$800.13
28675	\$800.13
28705	\$7,275.10
28715	\$5,404.09
28725	\$5,112.35
28730	\$5,427.51
28735	\$5,518.44
28737	\$5,373.78
28740	\$2,646.97
28750	\$2,552.35
28755	\$1,763.48
28760	\$2,295.81
28810	\$800.13
28820	\$800.13
28825	\$800.13
29000	\$73.42
29010	\$73.42
29015	\$73.42
29035	\$73.42
29040	\$73.42
29044	\$43.00
29046	\$73.42
29055	\$73.42
29305	\$73.42
29325	\$73.42
29800	\$800.13
29804	\$800.13
29805	\$800.13
29806	\$1,763.48
29807	\$1,763.48
29819	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
29820	\$1,763.48
29821	\$800.13
29822	\$800.13
29823	\$800.13
29824	\$800.13
29825	\$800.13
29827	\$1,763.48
29828	\$1,763.48
29830	\$800.13
29834	\$800.13
29835	\$800.13
29836	\$1,763.48
29837	\$800.13
29838	\$800.13
29840	\$800.13
29843	\$800.13
29844	\$800.13
29845	\$800.13
29846	\$800.13
29847	\$1,763.48
29848	\$436.03
29850	\$436.03
29851	\$436.03
29855	\$2,670.15
29856	\$4,884.33
29860	\$1,763.48
29861	\$1,763.48
29862	\$1,763.48
29863	\$800.13
29866	\$1,763.48
29867	\$5,744.74
29870	\$800.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
29871	\$800.13
29873	\$800.13
29874	\$800.13
29875	\$800.13
29876	\$800.13
29877	\$800.13
29879	\$800.13
29880	\$800.13
29881	\$800.13
29882	\$800.13
29883	\$800.13
29884	\$800.13
29885	\$2,282.07
29886	\$800.13
29887	\$1,763.48
29888	\$2,426.31
29889	\$4,854.02
29891	\$800.13
29892	\$1,763.48
29893	\$800.13
29894	\$800.13
29895	\$800.13
29897	\$800.13
29898	\$800.13
29899	\$2,356.08
29900	\$800.13
29901	\$800.13
29902	\$436.03
29904	\$800.13
29905	\$2,327.06
29906	\$800.13
29907	\$4,605.00

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
29914	\$1,763.48
29915	\$1,763.48
29916	\$1,763.48
30000	\$64.39
30115	\$651.88
30117	\$651.88
30118	\$651.88
30120	\$651.88
30124	\$309.27
30125	\$1,436.82
30130	\$651.88
30140	\$651.88
30150	\$1,436.82
30160	\$1,436.82
30220	\$309.27
30310	\$651.88
30320	\$309.27
30400	\$1,436.82
30410	\$1,436.82
30420	\$1,436.82
30430	\$1,436.82
30435	\$1,436.82
30450	\$1,436.82
30460	\$1,436.82
30462	\$1,436.82
30465	\$1,436.82
30468	\$2,090.34
30520	\$651.88
30540	\$1,436.82
30545	\$1,436.82
30560	\$137.65
30580	\$1,436.82

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
30600	\$1,436.82
30620	\$1,436.82
30630	\$651.88
30801	\$309.27
30802	\$309.27
30903	\$34.32
30905	\$34.32
30906	\$64.39
30915	\$822.16
30920	\$822.16
30930	\$651.88
31000	\$64.39
31002	\$435.83
31020	\$651.88
31030	\$1,436.82
31032	\$1,436.82
31040	\$1,436.82
31050	\$1,436.82
31051	\$1,436.82
31070	\$1,436.82
31075	\$1,436.82
31080	\$1,436.82
31081	\$1,436.82
31084	\$1,436.82
31085	\$2,034.51
31086	\$1,436.82
31087	\$1,436.82
31090	\$1,436.82
31200	\$1,436.82
31201	\$309.27
31205	\$651.88
31231	\$50.10



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
31233	\$114.40
31235	\$386.52
31237	\$386.52
31238	\$386.52
31239	\$780.99
31240	\$386.52
31253	\$1,198.52
31254	\$1,198.52
31255	\$1,198.52
31256	\$780.99
31257	\$1,198.52
31259	\$1,198.52
31267	\$1,198.52
31276	\$1,198.52
31287	\$1,198.52
31288	\$1,198.52
31298	\$1,198.52
31300	\$651.88
31400	\$1,436.82
31420	\$1,436.82
31500	\$64.39
31502	\$64.39
31510	\$780.99
31511	\$50.10
31512	\$780.99
31513	\$114.40
31515	\$114.40
31520	\$114.40
31525	\$386.52
31526	\$386.52
31527	\$780.99
31528	\$780.99

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
31529	\$780.99
31530	\$386.52
31531	\$780.99
31535	\$780.99
31536	\$780.99
31540	\$780.99
31541	\$780.99
31545	\$780.99
31546	\$1,198.52
31551	\$1,436.82
31552	\$1,436.82
31553	\$1,436.82
31554	\$1,436.82
31560	\$1,198.52
31561	\$1,198.52
31570	\$780.99
31571	\$780.99
31572	\$780.99
31574	\$386.52
31575	\$50.10
31576	\$386.52
31577	\$114.40
31578	\$780.99
31580	\$1,436.82
31590	\$1,436.82
31591	\$1,436.82
31592	\$1,436.82
31603	\$309.27
31605	\$64.39
31611	\$651.88
31612	\$651.88
31613	\$651.88

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
31614	\$1,436.82
31615	\$137.65
31622	\$386.52
31623	\$386.52
31624	\$386.52
31625	\$386.52
31626	\$1,198.52
31628	\$780.99
31629	\$780.99
31630	\$780.99
31631	\$1,198.52
31634	\$1,198.52
31635	\$386.52
31636	\$1,809.95
31638	\$1,198.52
31640	\$780.99
31641	\$780.99
31643	\$386.52
31645	\$386.52
31646	\$114.40
31647	\$1,687.99
31648	\$780.99
31649	\$386.52
31652	\$780.99
31653	\$780.99
31717	\$114.40
31730	\$386.52
31750	\$1,436.82
31755	\$1,436.82
31820	\$651.88
31825	\$651.88
31830	\$651.88

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
32400	\$357.65
32408	\$357.65
32550	\$1,140.72
32552	\$164.51
32553	\$384.33
32554	\$164.51
32555	\$164.51
32556	\$415.38
32557	\$328.11
32960	\$164.51
32994	\$2,027.30
32998	\$1,388.75
33016	\$328.11
33206	\$4,584.68
33207	\$4,649.16
33208	\$4,742.93
33210	\$2,441.41
33211	\$3,759.64
33212	\$4,043.74
33213	\$4,733.07
33214	\$4,666.34
33215	\$822.16
33216	\$3,336.71
33217	\$4,297.87
33218	\$1,048.03
33220	\$1,400.32
33221	\$7,255.65
33222	\$521.29
33223	\$521.29
33224	\$4,597.07
33226	\$822.16
33227	\$3,866.63

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
33228	\$4,624.38
33229	\$7,225.98
33230	\$12,493.93
33231	\$16,075.84
33233	\$3,457.96
33234	\$1,401.95
33235	\$1,375.31
33240	\$12,244.75
33241	\$1,048.03
33249	\$16,066.91
33262	\$11,894.68
33263	\$12,011.14
33264	\$16,003.46
33270	\$16,133.93
33271	\$4,466.66
33273	\$1,048.03
33274	\$7,071.19
33275	\$1,453.09
33285	\$4,235.11
33286	\$189.40
34490	\$822.16
35188	\$1,425.73
35207	\$822.16
35875	\$1,425.73
35876	\$1,425.73
36002	\$164.51
36260	\$1,425.73
36261	\$1,577.17
36262	\$1,048.03
36440	\$120.80
36450	\$120.80
36455	\$120.80

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
36465	\$521.29
36466	\$521.29
36475	\$822.16
36478	\$822.16
36511	\$415.13
36512	\$415.13
36513	\$120.80
36514	\$415.13
36522	\$1,230.90
36555	\$822.16
36556	\$822.16
36557	\$1,859.58
36558	\$822.16
36560	\$822.16
36561	\$822.16
36563	\$2,534.44
36565	\$822.16
36566	\$1,425.73
36568	\$328.11
36569	\$328.11
36570	\$822.16
36571	\$822.16
36572	\$164.51
36573	\$328.11
36575	\$164.51
36576	\$328.11
36578	\$1,103.64
36580	\$445.28
36581	\$1,086.51
36582	\$822.16
36583	\$2,455.03
36584	\$328.11

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
36585	\$822.16
36589	\$164.51
36590	\$328.11
36595	\$1,067.86
36596	\$328.11
36597	\$328.11
36640	\$822.16
36800	\$1,425.73
36810	\$822.16
36815	\$1,425.73
36818	\$1,425.73
36819	\$1,425.73
36820	\$1,425.73
36821	\$822.16
36825	\$1,425.73
36830	\$1,425.73
36831	\$1,425.73
36832	\$1,425.73
36833	\$1,425.73
36835	\$1,223.57
36860	\$328.11
36861	\$2,003.55
36901	\$328.11
36902	\$1,297.61
36903	\$3,874.75
36904	\$1,737.20
36905	\$3,334.31
36906	\$6,411.03
37184	\$3,992.00
37187	\$3,932.50
37188	\$1,135.74
37197	\$822.16

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
37200	\$1,425.73
37211	\$1,861.80
37212	\$1,116.77
37220	\$1,718.37
37221	\$3,747.77
37224	\$1,847.63
37225	\$4,058.99
37226	\$3,924.75
37227	\$6,783.95
37228	\$3,493.04
37229	\$6,336.53
37230	\$6,247.54
37231	\$6,358.88
37236	\$3,679.53
37238	\$3,760.52
37241	\$3,342.05
37242	\$3,820.01
37243	\$2,567.14
37246	\$1,691.21
37248	\$1,297.61
37500	\$1,425.73
37607	\$822.16
37609	\$357.65
37650	\$822.16
37700	\$822.16
37718	\$822.16
37722	\$822.16
37735	\$822.16
37760	\$822.16
37761	\$822.16
37780	\$822.16
37785	\$822.16



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
37790	\$840.29
38206	\$415.13
38222	\$599.36
38230	\$415.13
38232	\$1,230.90
38241	\$415.13
38242	\$415.13
38243	\$415.13
38300	\$599.36
38305	\$599.36
38308	\$708.51
38500	\$708.51
38505	\$357.65
38510	\$708.51
38520	\$708.51
38525	\$708.51
38530	\$708.51
38542	\$1,388.75
38550	\$708.51
38555	\$1,356.66
38570	\$1,388.75
38571	\$2,286.59
38572	\$2,286.59
38573	\$2,286.59
38700	\$1,356.66
38740	\$1,388.75
38745	\$1,388.75
38760	\$1,356.66
40500	\$651.88
40510	\$651.88
40520	\$651.88
40525	\$651.88

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
40527	\$1,436.82
40530	\$651.88
40650	\$137.65
40652	\$137.65
40654	\$309.27
40700	\$1,436.82
40701	\$1,436.82
40702	\$1,436.82
40720	\$651.88
40761	\$1,436.82
40801	\$137.65
40814	\$651.88
40816	\$651.88
40818	\$137.65
40819	\$309.27
40830	\$64.39
40831	\$137.65
40840	\$1,436.82
40842	\$1,436.82
40843	\$1,436.82
40844	\$1,436.82
40845	\$1,436.82
41005	\$64.39
41006	\$309.27
41007	\$309.27
41008	\$651.88
41009	\$137.65
41010	\$309.27
41015	\$137.65
41016	\$1,436.82
41017	\$651.88
41018	\$309.27

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
41019	\$1,436.82
41112	\$651.88
41113	\$651.88
41114	\$651.88
41116	\$651.88
41120	\$1,436.82
41251	\$64.39
41252	\$64.39
41510	\$651.88
41512	\$1,870.54
41520	\$651.88
41820	\$651.88
41821	\$309.27
41827	\$1,436.82
41850	\$309.27
41870	\$309.27
42000	\$64.39
42107	\$1,436.82
42120	\$1,436.82
42140	\$651.88
42145	\$1,436.82
42180	\$137.65
42182	\$1,436.82
42200	\$1,436.82
42205	\$651.88
42210	\$2,288.87
42215	\$1,436.82
42220	\$1,436.82
42225	\$1,436.82
42226	\$1,436.82
42227	\$1,436.82
42235	\$1,436.82

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
42260	\$1,436.82
42281	\$1,436.82
42300	\$309.27
42305	\$651.88
42310	\$137.65
42320	\$137.65
42340	\$651.88
42405	\$309.27
42408	\$651.88
42409	\$651.88
42410	\$1,436.82
42415	\$1,436.82
42420	\$1,436.82
42425	\$1,436.82
42440	\$1,436.82
42450	\$1,436.82
42500	\$1,436.82
42505	\$1,436.82
42507	\$1,436.82
42509	\$1,436.82
42510	\$651.88
42600	\$651.88
42665	\$651.88
42700	\$64.39
42720	\$651.88
42725	\$1,436.82
42804	\$651.88
42806	\$651.88
42808	\$651.88
42810	\$651.88
42815	\$1,436.82
42820	\$1,436.82

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
42821	\$651.88
42825	\$1,436.82
42826	\$651.88
42830	\$651.88
42831	\$651.88
42835	\$651.88
42836	\$651.88
42860	\$651.88
42870	\$1,436.82
42890	\$1,436.82
42892	\$1,436.82
42900	\$548.67
42950	\$1,436.82
42955	\$309.27
42960	\$137.65
42962	\$651.88
42970	\$64.39
42972	\$651.88
42975	\$50.10
43030	\$1,436.82
43130	\$1,436.82
43180	\$1,436.82
43191	\$415.38
43192	\$415.38
43193	\$415.38
43194	\$415.38
43195	\$822.91
43196	\$822.91
43200	\$246.27
43201	\$415.38
43202	\$415.38
43204	\$415.38

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
43205	\$415.38
43206	\$415.38
43210	\$2,964.80
43211	\$415.38
43212	\$1,961.27
43213	\$415.38
43214	\$415.38
43215	\$415.38
43216	\$415.38
43217	\$415.38
43220	\$415.38
43226	\$415.38
43227	\$415.38
43229	\$1,076.13
43231	\$415.38
43232	\$415.38
43233	\$415.38
43235	\$246.27
43236	\$246.27
43237	\$415.38
43238	\$415.38
43239	\$246.27
43240	\$2,069.55
43241	\$415.38
43242	\$415.38
43243	\$415.38
43244	\$415.38
43245	\$415.38
43246	\$415.38
43247	\$246.27
43248	\$246.27
43249	\$415.38

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
43250	\$415.38
43251	\$415.38
43252	\$822.91
43253	\$415.38
43254	\$415.38
43255	\$415.38
43257	\$822.91
43259	\$415.38
43260	\$822.91
43261	\$822.91
43262	\$822.91
43263	\$822.91
43264	\$822.91
43265	\$1,239.73
43266	\$1,999.90
43270	\$415.38
43274	\$1,629.65
43275	\$822.91
43276	\$1,654.76
43277	\$822.91
43278	\$822.91
43284	\$3,456.42
43285	\$1,388.75
43450	\$246.27
43453	\$415.38
43653	\$1,388.75
43752	\$82.60
43755	\$42.49
43756	\$246.27
43757	\$246.27
43761	\$80.99
43762	\$80.99

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
43763	\$80.99
43870	\$822.91
43886	\$1,071.69
43887	\$521.29
43888	\$1,071.69
44100	\$246.27
44312	\$1,071.69
44340	\$1,071.69
44360	\$415.38
44361	\$415.38
44363	\$415.38
44364	\$415.38
44365	\$415.38
44366	\$415.38
44369	\$415.38
44370	\$2,144.64
44372	\$415.38
44373	\$415.38
44376	\$415.38
44377	\$415.38
44378	\$415.38
44379	\$1,239.73
44380	\$246.27
44381	\$415.38
44382	\$246.27
44384	\$822.91
44385	\$241.53
44386	\$241.53
44388	\$241.53
44389	\$315.61
44390	\$241.53
44391	\$315.61



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
44392	\$315.61
44394	\$315.61
44401	\$315.61
44402	\$2,136.55
44403	\$315.61
44404	\$315.61
44405	\$315.61
44406	\$315.61
44407	\$315.61
44408	\$241.53
44500	\$246.27
45000	\$315.61
45005	\$315.61
45020	\$691.07
45100	\$691.07
45108	\$691.07
45150	\$315.61
45160	\$691.07
45171	\$691.07
45172	\$691.07
45190	\$691.07
45303	\$315.61
45305	\$315.61
45307	\$691.07
45308	\$691.07
45309	\$315.61
45315	\$315.61
45317	\$315.61
45320	\$691.07
45321	\$691.07
45327	\$1,602.49
45331	\$241.53

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
45332	\$315.61
45333	\$241.53
45334	\$315.61
45335	\$241.53
45337	\$241.53
45338	\$315.61
45340	\$315.61
45341	\$241.53
45342	\$315.61
45346	\$315.61
45347	\$2,036.24
45349	\$691.07
45350	\$315.61
45378	\$241.53
45379	\$315.61
45380	\$315.61
45381	\$315.61
45382	\$315.61
45384	\$315.61
45385	\$315.61
45386	\$315.61
45388	\$315.61
45389	\$2,060.02
45390	\$691.07
45391	\$315.61
45392	\$315.61
45393	\$315.61
45398	\$315.61
45500	\$691.07
45505	\$691.07
45541	\$691.07
45560	\$691.07

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
45900	\$241.53
45905	\$315.61
45910	\$315.61
45915	\$315.61
45990	\$691.07
46020	\$691.07
46030	\$315.61
46040	\$315.61
46045	\$691.07
46050	\$241.53
46060	\$691.07
46070	\$691.07
46080	\$691.07
46083	\$80.99
46200	\$691.07
46220	\$315.61
46230	\$691.07
46250	\$691.07
46255	\$691.07
46257	\$691.07
46258	\$691.07
46260	\$691.07
46261	\$691.07
46262	\$691.07
46270	\$691.07
46275	\$691.07
46280	\$691.07
46285	\$691.07
46288	\$691.07
46505	\$315.61
46604	\$315.61
46607	\$315.61

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
46608	\$241.53
46610	\$691.07
46611	\$241.53
46612	\$691.07
46615	\$691.07
46700	\$691.07
46706	\$691.07
46707	\$907.22
46750	\$691.07
46753	\$691.07
46754	\$691.07
46760	\$691.07
46761	\$691.07
46916	\$54.66
46917	\$691.07
46922	\$691.07
46924	\$691.07
46945	\$691.07
46946	\$691.07
46947	\$691.07
46948	\$691.07
47000	\$357.65
47382	\$1,388.75
47383	\$2,068.82
47533	\$846.65
47534	\$846.65
47535	\$846.65
47536	\$846.65
47537	\$246.27
47538	\$2,101.68
47539	\$1,881.53
47540	\$2,049.75

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
47541	\$846.65
47552	\$846.65
47553	\$846.65
47554	\$1,388.75
47555	\$1,146.33
47556	\$2,072.87
47562	\$1,388.75
47563	\$1,388.75
47564	\$1,388.75
48102	\$357.65
49082	\$246.27
49083	\$246.27
49084	\$246.27
49180	\$357.65
49250	\$846.65
49320	\$1,388.75
49321	\$1,388.75
49322	\$1,388.75
49324	\$1,388.75
49325	\$1,388.75
49402	\$846.65
49406	\$357.65
49407	\$357.65
49418	\$846.65
49419	\$1,425.73
49421	\$846.65
49422	\$822.16
49423	\$415.38
49426	\$846.65
49429	\$822.16
49436	\$415.38
49440	\$415.38

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
49441	\$415.38
49442	\$315.61
49446	\$415.38
49450	\$246.27
49451	\$246.27
49452	\$246.27
49460	\$246.27
49465	\$70.03
49495	\$846.65
49496	\$846.65
49500	\$846.65
49501	\$846.65
49505	\$846.65
49507	\$846.65
49520	\$846.65
49521	\$846.65
49525	\$846.65
49540	\$1,388.75
49550	\$846.65
49553	\$846.65
49555	\$846.65
49557	\$846.65
49560	\$846.65
49561	\$846.65
49565	\$1,388.75
49566	\$1,388.75
49570	\$846.65
49572	\$846.65
49580	\$846.65
49582	\$846.65
49585	\$846.65
49587	\$846.65

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
49590	\$846.65
49600	\$846.65
49650	\$1,388.75
49651	\$1,388.75
49652	\$1,388.75
49653	\$1,388.75
49654	\$2,286.59
49655	\$2,286.59
49656	\$2,286.59
49657	\$2,286.59
50080	\$2,442.65
50081	\$2,442.65
50200	\$357.65
50382	\$479.96
50384	\$479.96
50385	\$479.96
50387	\$479.96
50389	\$175.10
50390	\$189.40
50396	\$175.10
50432	\$479.96
50433	\$840.29
50434	\$479.96
50435	\$479.96
50436	\$840.29
50437	\$840.29
50551	\$1,242.13
50553	\$1,242.13
50555	\$2,442.65
50557	\$2,442.65
50561	\$1,242.13
50562	\$2,442.65

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
50570	\$840.29
50572	\$175.10
50574	\$840.29
50575	\$1,242.13
50576	\$1,242.13
50580	\$1,242.13
50590	\$840.29
50592	\$1,388.75
50593	\$3,415.45
50686	\$42.49
50688	\$479.96
50693	\$840.29
50694	\$840.29
50695	\$1,097.96
50727	\$840.29
50947	\$1,388.75
50948	\$2,286.59
50951	\$840.29
50953	\$840.29
50955	\$1,242.13
50957	\$1,242.13
50961	\$1,242.13
50970	\$840.29
50972	\$840.29
50974	\$1,242.13
50976	\$1,242.13
50980	\$1,242.13
51020	\$840.29
51030	\$840.29
51040	\$479.96
51045	\$479.96
51050	\$1,242.13



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
51065	\$840.29
51080	\$599.36
51102	\$479.96
51500	\$1,388.75
51520	\$840.29
51535	\$840.29
51703	\$42.49
51710	\$175.10
51715	\$1,148.20
51725	\$80.99
51726	\$80.99
51785	\$80.99
51880	\$840.29
51992	\$1,907.49
52000	\$175.10
52001	\$840.29
52005	\$479.96
52007	\$840.29
52010	\$175.10
52204	\$479.96
52214	\$840.29
52224	\$840.29
52234	\$840.29
52235	\$840.29
52240	\$1,242.13
52250	\$840.29
52260	\$479.96
52270	\$479.96
52275	\$479.96
52276	\$479.96
52277	\$840.29
52281	\$479.96

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
52282	\$840.29
52283	\$479.96
52285	\$175.10
52287	\$479.96
52290	\$479.96
52300	\$840.29
52301	\$840.29
52305	\$1,242.13
52310	\$479.96
52315	\$479.96
52317	\$840.29
52318	\$840.29
52320	\$840.29
52325	\$1,242.13
52327	\$1,785.81
52330	\$840.29
52332	\$840.29
52334	\$840.29
52341	\$840.29
52342	\$840.29
52343	\$840.29
52344	\$840.29
52345	\$840.29
52346	\$1,242.13
52351	\$840.29
52352	\$840.29
52353	\$1,242.13
52354	\$1,242.13
52355	\$1,242.13
52356	\$1,242.13
52400	\$840.29
52402	\$840.29

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
52450	\$840.29
52500	\$840.29
52601	\$1,242.13
52630	\$1,242.13
52640	\$840.29
52647	\$1,242.13
52648	\$1,242.13
52649	\$1,242.13
52700	\$840.29
53000	\$479.96
53010	\$1,242.13
53020	\$479.96
53025	\$479.96
53040	\$840.29
53080	\$175.10
53085	\$479.96
53200	\$479.96
53210	\$840.29
53215	\$1,242.13
53220	\$840.29
53230	\$1,242.13
53235	\$1,242.13
53240	\$840.29
53250	\$840.29
53260	\$840.29
53265	\$479.96
53270	\$840.29
53275	\$840.29
53400	\$1,242.13
53405	\$1,242.13
53410	\$1,242.13
53420	\$1,242.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
53425	\$1,242.13
53430	\$1,242.13
53431	\$1,242.13
53440	\$5,574.72
53442	\$1,629.54
53444	\$8,940.14
53445	\$9,353.10
53446	\$1,242.13
53447	\$9,253.48
53449	\$1,242.13
53450	\$840.29
53451	\$5,988.39
53452	\$2,079.12
53453	\$840.29
53454	\$80.99
53460	\$840.29
53502	\$840.29
53505	\$1,242.13
53510	\$1,242.13
53515	\$1,242.13
53520	\$1,242.13
53605	\$840.29
53665	\$479.96
53854	\$840.29
53860	\$479.96
54000	\$840.29
54001	\$479.96
54015	\$357.65
54057	\$521.29
54060	\$521.29
54065	\$521.29
54100	\$357.65

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
54105	\$599.36
54110	\$840.29
54111	\$1,242.13
54112	\$2,442.65
54115	\$599.36
54120	\$840.29
54150	\$479.96
54160	\$175.10
54161	\$479.96
54162	\$479.96
54163	\$479.96
54164	\$479.96
54205	\$1,242.13
54220	\$80.99
54300	\$840.29
54304	\$840.29
54308	\$1,242.13
54312	\$840.29
54316	\$1,242.13
54318	\$840.29
54322	\$840.29
54324	\$840.29
54326	\$840.29
54328	\$840.29
54340	\$840.29
54344	\$1,242.13
54348	\$1,242.13
54352	\$1,242.13
54360	\$840.29
54380	\$479.96
54385	\$479.96
54400	\$5,736.74

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
54401	\$9,342.92
54405	\$9,346.14
54406	\$840.29
54408	\$1,242.13
54410	\$9,148.50
54415	\$840.29
54416	\$9,141.53
54420	\$840.29
54435	\$840.29
54437	\$840.29
54440	\$840.29
54450	\$80.99
54500	\$599.36
54505	\$840.29
54512	\$840.29
54520	\$840.29
54522	\$840.29
54530	\$846.65
54550	\$846.65
54560	\$479.96
54600	\$840.29
54620	\$840.29
54640	\$846.65
54650	\$846.65
54660	\$1,839.03
54670	\$840.29
54680	\$840.29
54690	\$1,388.75
54692	\$1,388.75
54700	\$479.96
54800	\$357.65
54830	\$840.29

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
54840	\$479.96
54860	\$840.29
54861	\$840.29
54865	\$840.29
54900	\$479.96
54901	\$840.29
55040	\$846.65
55041	\$846.65
55060	\$840.29
55100	\$357.65
55110	\$840.29
55120	\$479.96
55150	\$840.29
55175	\$840.29
55180	\$1,242.13
55200	\$840.29
55250	\$479.96
55400	\$840.29
55500	\$840.29
55520	\$840.29
55530	\$840.29
55535	\$846.65
55540	\$846.65
55550	\$1,388.75
55600	\$479.96
55680	\$840.29
55700	\$479.96
55705	\$840.29
55706	\$840.29
55720	\$840.29
55725	\$840.29
55860	\$1,242.13

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
55873	\$3,789.62
55874	\$1,768.63
55875	\$1,242.13
55880	\$1,242.13
55920	\$1,122.70
56420	\$51.85
56440	\$781.94
56441	\$781.94
56442	\$781.94
56515	\$521.29
56620	\$781.94
56625	\$781.94
56700	\$781.94
56740	\$781.94
56800	\$781.94
56805	\$781.94
56810	\$781.94
57000	\$781.94
57010	\$781.94
57020	\$1,122.70
57022	\$599.36
57023	\$599.36
57065	\$781.94
57105	\$781.94
57120	\$1,122.70
57130	\$781.94
57135	\$781.94
57155	\$1,122.70
57156	\$85.84
57180	\$51.85
57200	\$781.94
57210	\$781.94



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
57220	\$1,122.70
57230	\$781.94
57240	\$1,122.70
57250	\$1,122.70
57260	\$1,122.70
57265	\$1,122.70
57268	\$1,122.70
57282	\$1,673.98
57283	\$1,673.98
57287	\$781.94
57288	\$1,520.31
57289	\$1,673.98
57291	\$1,122.70
57295	\$781.94
57300	\$781.94
57310	\$1,673.98
57320	\$1,122.70
57400	\$781.94
57410	\$781.94
57415	\$781.94
57425	\$2,286.59
57426	\$1,673.98
57513	\$781.94
57520	\$781.94
57522	\$781.94
57530	\$1,122.70
57550	\$1,122.70
57556	\$1,122.70
57558	\$781.94
57700	\$781.94
57720	\$781.94
58120	\$781.94

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
58145	\$781.94
58260	\$1,122.70
58262	\$1,122.70
58345	\$781.94
58346	\$1,122.70
58350	\$1,122.70
58353	\$1,122.70
58541	\$1,388.75
58542	\$2,286.59
58543	\$2,286.59
58544	\$2,286.59
58545	\$1,388.75
58546	\$2,286.59
58550	\$1,388.75
58552	\$2,286.59
58553	\$2,286.59
58554	\$2,286.59
58555	\$781.94
58558	\$781.94
58559	\$1,122.70
58560	\$1,122.70
58561	\$1,122.70
58562	\$781.94
58563	\$1,122.70
58565	\$1,461.60
58570	\$2,286.59
58571	\$2,286.59
58572	\$2,286.59
58573	\$2,286.59
58600	\$781.94
58615	\$781.94
58660	\$1,388.75

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
58661	\$1,388.75
58662	\$1,388.75
58670	\$1,388.75
58671	\$1,388.75
58672	\$1,388.75
58673	\$1,388.75
58674	\$2,286.59
58800	\$781.94
58805	\$781.94
58820	\$781.94
58900	\$781.94
58970	\$192.95
58974	\$192.95
58976	\$85.84
59001	\$85.84
59012	\$85.84
59070	\$85.84
59072	\$119.80
59074	\$85.84
59076	\$85.84
59100	\$1,122.70
59150	\$1,388.75
59151	\$1,388.75
59160	\$781.94
59320	\$781.94
59412	\$781.94
59414	\$781.94
59812	\$781.94
59820	\$781.94
59821	\$781.94
59840	\$781.94
59841	\$781.94

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
59866	\$85.84
59870	\$781.94
59871	\$781.94
60000	\$309.27
60200	\$1,388.75
60210	\$1,388.75
60212	\$1,388.75
60220	\$1,388.75
60225	\$1,388.75
60240	\$1,388.75
60280	\$1,388.75
60281	\$1,388.75
60500	\$1,436.82
61000	\$193.27
61001	\$193.27
61020	\$250.54
61026	\$193.27
61050	\$79.52
61055	\$79.52
61070	\$193.27
61215	\$1,467.96
61330	\$651.88
61770	\$1,467.96
61790	\$485.22
61791	\$485.22
61880	\$1,102.64
61885	\$10,934.95
61886	\$14,433.86
61888	\$6,033.55
62194	\$485.22
62225	\$1,467.96
62230	\$1,467.96

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
62263	\$250.54
62264	\$250.54
62267	\$189.40
62268	\$250.54
62269	\$357.65
62270	\$193.27
62272	\$193.27
62273	\$193.27
62280	\$250.54
62281	\$250.54
62282	\$250.54
62287	\$485.22
62292	\$485.22
62294	\$250.54
62320	\$193.27
62321	\$193.27
62322	\$193.27
62323	\$193.27
62324	\$250.54
62325	\$250.54
62326	\$250.54
62327	\$250.54
62328	\$193.27
62329	\$193.27
62350	\$2,125.21
62355	\$485.22
62360	\$8,289.67
62361	\$8,083.07
62362	\$8,510.42
62365	\$1,467.96
62380	\$1,763.48
63001	\$1,763.48

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
63003	\$1,763.48
63005	\$1,763.48
63020	\$1,763.48
63030	\$1,763.48
63042	\$1,763.48
63045	\$1,763.48
63046	\$1,763.48
63047	\$1,763.48
63055	\$1,763.48
63056	\$1,763.48
63600	\$485.22
63610	\$715.83
63650	\$2,688.03
63655	\$10,083.23
63661	\$485.22
63662	\$1,102.64
63663	\$2,702.85
63664	\$5,458.33
63685	\$14,364.97
63688	\$1,523.43
63744	\$2,019.57
63746	\$485.22
64415	\$250.54
64416	\$250.54
64417	\$250.54
64420	\$193.27
64421	\$250.54
64430	\$250.54
64446	\$250.54
64448	\$326.17
64449	\$250.54
64451	\$193.27

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
64461	\$193.27
64463	\$193.27
64479	\$250.54
64483	\$250.54
64490	\$250.54
64493	\$250.54
64510	\$250.54
64517	\$250.54
64520	\$250.54
64530	\$250.54
64553	\$5,845.25
64555	\$2,873.57
64561	\$2,748.18
64568	\$14,603.04
64569	\$6,643.29
64570	\$1,467.96
64575	\$6,019.31
64580	\$8,718.07
64581	\$2,908.85
64582	\$14,603.04
64583	\$4,758.89
64584	\$1,467.96
64585	\$1,102.64
64590	\$10,841.27
64595	\$1,762.86
64600	\$250.54
64605	\$485.22
64610	\$485.22
64620	\$250.54
64624	\$485.22
64625	\$485.22
64628	\$5,539.46

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
64630	\$250.54
64633	\$485.22
64635	\$485.22
64680	\$250.54
64681	\$250.54
64702	\$485.22
64704	\$485.22
64708	\$485.22
64712	\$485.22
64713	\$485.22
64714	\$485.22
64716	\$485.22
64718	\$485.22
64719	\$485.22
64721	\$485.22
64722	\$485.22
64726	\$485.22
64732	\$485.22
64734	\$485.22
64736	\$485.22
64738	\$485.22
64740	\$485.22
64742	\$485.22
64744	\$485.22
64746	\$485.22
64763	\$485.22
64766	\$485.22
64771	\$485.22
64772	\$485.22
64774	\$485.22
64776	\$485.22
64782	\$485.22



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
64784	\$485.22
64786	\$1,467.96
64788	\$485.22
64790	\$485.22
64792	\$1,467.96
64795	\$485.22
64802	\$485.22
64820	\$485.22
64821	\$800.13
64822	\$800.13
64823	\$800.13
64831	\$485.22
64834	\$1,467.96
64835	\$1,467.96
64836	\$1,467.96
64840	\$1,467.96
64856	\$1,467.96
64857	\$1,467.96
64858	\$861.88
64861	\$485.22
64862	\$1,467.96
64864	\$1,467.96
64865	\$1,467.96
64885	\$1,467.96
64886	\$2,496.72
64890	\$1,911.08
64891	\$1,911.08
64892	\$2,186.82
64893	\$1,467.96
64895	\$1,467.96
64896	\$1,467.96
64897	\$1,467.96

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
64898	\$1,467.96
64905	\$1,467.96
64907	\$1,467.96
64910	\$2,282.88
64912	\$2,274.73
65091	\$811.27
65093	\$811.27
65101	\$811.27
65103	\$811.27
65105	\$811.27
65110	\$811.27
65112	\$811.27
65114	\$811.27
65125	\$513.42
65130	\$811.27
65135	\$811.27
65140	\$811.27
65150	\$811.27
65155	\$811.27
65175	\$811.27
65235	\$624.91
65260	\$624.91
65265	\$624.91
65270	\$513.42
65272	\$513.42
65275	\$811.27
65280	\$1,127.47
65285	\$1,127.47
65290	\$811.27
65400	\$246.47
65410	\$513.42
65420	\$513.42

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
65426	\$513.42
65450	\$79.62
65710	\$1,127.47
65730	\$1,127.47
65750	\$1,127.47
65755	\$1,127.47
65756	\$1,127.47
65770	\$4,408.03
65772	\$246.47
65775	\$513.42
65780	\$1,049.68
65781	\$1,557.84
65782	\$811.27
65785	\$1,127.47
65800	\$624.91
65810	\$624.91
65815	\$624.91
65820	\$1,127.47
65850	\$624.91
65865	\$624.91
65870	\$624.91
65875	\$624.91
65880	\$1,127.47
65900	\$624.91
65920	\$624.91
65930	\$624.91
66020	\$624.91
66030	\$624.91
66130	\$513.42
66150	\$1,127.47
66155	\$1,622.50
66160	\$624.91

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
66170	\$624.91
66172	\$624.91
66174	\$1,127.47
66175	\$1,127.47
66179	\$1,464.41
66180	\$1,517.99
66183	\$1,638.98
66184	\$624.91
66185	\$624.91
66225	\$1,499.22
66250	\$513.42
66500	\$624.91
66505	\$624.91
66600	\$1,127.47
66605	\$624.91
66625	\$624.91
66630	\$624.91
66635	\$624.91
66680	\$624.91
66682	\$624.91
66700	\$624.91
66710	\$513.42
66711	\$624.91
66720	\$513.42
66740	\$513.42
66762	\$153.17
66770	\$153.17
66820	\$624.91
66821	\$153.17
66825	\$624.91
66830	\$624.91
66840	\$624.91

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
66850	\$624.91
66852	\$1,127.47
66920	\$624.91
66930	\$1,127.47
66940	\$624.91
66982	\$624.91
66983	\$624.91
66984	\$624.91
66985	\$624.91
66986	\$624.91
66987	\$1,467.81
66988	\$1,467.81
66989	\$1,908.42
66991	\$1,908.42
67005	\$624.91
67010	\$624.91
67015	\$624.91
67025	\$624.91
67027	\$1,437.08
67030	\$624.91
67031	\$153.17
67036	\$1,127.47
67039	\$1,127.47
67040	\$1,127.47
67041	\$1,127.47
67042	\$1,127.47
67043	\$1,127.47
67107	\$1,127.47
67108	\$1,127.47
67113	\$1,127.47
67115	\$1,127.47
67120	\$624.91

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
67121	\$624.91
67141	\$79.62
67208	\$79.62
67210	\$153.17
67218	\$811.27
67220	\$153.17
67229	\$153.17
67250	\$513.42
67255	\$624.91
67311	\$513.42
67312	\$811.27
67314	\$513.42
67316	\$513.42
67318	\$513.42
67343	\$513.42
67346	\$811.27
67400	\$811.27
67405	\$513.42
67412	\$513.42
67413	\$513.42
67414	\$811.27
67415	\$513.42
67420	\$811.27
67430	\$811.27
67440	\$811.27
67445	\$811.27
67450	\$811.27
67550	\$811.27
67560	\$811.27
67570	\$811.27
67700	\$79.62
67715	\$513.42

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
67808	\$513.42
67810	\$79.62
67830	\$246.47
67835	\$513.42
67875	\$246.47
67880	\$513.42
67882	\$513.42
67900	\$513.42
67901	\$513.42
67902	\$811.27
67903	\$513.42
67904	\$513.42
67906	\$811.27
67908	\$513.42
67909	\$513.42
67911	\$513.42
67912	\$513.42
67914	\$513.42
67916	\$513.42
67917	\$513.42
67921	\$513.42
67923	\$513.42
67924	\$513.42
67935	\$513.42
67938	\$79.62
67950	\$513.42
67961	\$513.42
67966	\$513.42
67971	\$513.42
67973	\$513.42
67974	\$811.27
67975	\$513.42

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
68115	\$513.42
68130	\$513.42
68320	\$513.42
68325	\$811.27
68326	\$811.27
68328	\$513.42
68330	\$624.91
68335	\$811.27
68340	\$513.42
68360	\$811.27
68362	\$513.42
68371	\$513.42
68500	\$811.27
68505	\$811.27
68510	\$513.42
68520	\$811.27
68525	\$513.42
68530	\$79.62
68540	\$513.42
68550	\$811.27
68700	\$513.42
68705	\$79.62
68720	\$811.27
68745	\$811.27
68750	\$811.27
68760	\$79.62
68770	\$513.42
68810	\$79.62
68811	\$513.42
68815	\$513.42
68816	\$513.42
69110	\$599.36



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
69120	\$1,436.82
69140	\$1,436.82
69145	\$599.36
69150	\$1,436.82
69205	\$357.65
69300	\$651.88
69310	\$1,436.82
69320	\$1,436.82
69420	\$64.39
69421	\$651.88
69436	\$309.27
69440	\$651.88
69450	\$651.88
69501	\$1,436.82
69502	\$1,436.82
69505	\$1,436.82
69511	\$1,436.82
69530	\$1,436.82
69550	\$1,436.82
69552	\$1,436.82
69601	\$1,436.82
69602	\$1,436.82
69603	\$1,436.82
69604	\$1,436.82
69620	\$651.88
69631	\$1,436.82
69632	\$1,436.82
69633	\$1,436.82
69635	\$1,436.82
69636	\$1,436.82
69637	\$1,436.82
69641	\$1,436.82

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
69642	\$1,436.82
69643	\$1,436.82
69644	\$1,436.82
69645	\$1,436.82
69646	\$1,436.82
69650	\$651.88
69660	\$1,436.82
69661	\$1,436.82
69662	\$1,436.82
69666	\$651.88
69667	\$651.88
69670	\$1,436.82
69676	\$651.88
69700	\$309.27
69705	\$2,144.48
69706	\$2,144.48
69711	\$651.88
69714	\$5,797.78
69716	\$4,605.00
69717	\$2,802.72
69719	\$4,605.00
69720	\$1,436.82
69726	\$800.13
69727	\$800.13
69740	\$1,436.82
69745	\$1,436.82
69805	\$1,436.82
69806	\$1,436.82
69905	\$1,436.82
69910	\$1,436.82
69915	\$651.88
69930	\$19,086.77

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
92920	\$1,839.04
92928	\$3,594.28
93451	\$845.49
93452	\$845.49
93453	\$845.49
93454	\$845.49
93455	\$845.49
93456	\$845.49
93457	\$845.49
93458	\$845.49
93459	\$845.49
93460	\$845.49
93461	\$845.49
93985	\$70.03
93986	\$33.14
C5271	\$159.40
C5273	\$521.29
C5275	\$159.40
C5277	\$159.40
C9600	\$3,766.27
C9725	\$241.53
C9727	\$309.27
C9728	\$511.98
C9739	\$2,044.52
C9740	\$4,232.03
C9757	\$4,605.00
C9761	\$3,180.00
C9764	\$2,567.14
C9765	\$6,649.43
C9766	\$4,250.50
C9767	\$7,050.08
C9769	\$1,617.08

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
C9770	\$968.67
C9771	\$848.66
C9772	\$3,492.54
C9773	\$6,247.54
C9774	\$6,336.53
C9775	\$6,358.46
C9777	\$1,071.32
C9778	\$1,461.60
C9781	\$2,295.81
G0105	\$241.53
G0121	\$241.53
G0186	\$153.17
G0260	\$193.27
G0276	\$1,763.48
G2170	\$5,533.57
G2171	\$5,940.85
0331T	\$397.72
0332T	\$397.72
0394T	\$73.57
0395T	\$215.90
0422T	\$24.62
0508T	\$33.14
0558T	\$24.62
0598T	\$80.55
0609T	\$70.03
0611T	\$70.03
0633T	\$33.14
0634T	\$54.37
0635T	\$54.37
0636T	\$70.03
0637T	\$112.08
0638T	\$112.08

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
0648T	\$283.25
0689T	\$24.62
0697T	\$70.03
70336	\$70.03
70450	\$33.14
70460	\$54.37
70470	\$54.37
70480	\$33.14
70481	\$54.37
70482	\$54.37
70486	\$33.14
70487	\$54.37
70488	\$54.37
70490	\$33.14
70491	\$54.37
70492	\$54.37
70496	\$54.37
70498	\$54.37
70540	\$70.03
70542	\$112.08
70543	\$112.08
70544	\$70.03
70546	\$112.08
70547	\$70.03
70548	\$112.08
70549	\$112.08
70551	\$70.03
70552	\$112.08
70553	\$112.08
70554	\$70.03
70555	\$70.03
70557	\$147.06

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
70558	\$54.37
70559	\$54.37
71250	\$33.14
71260	\$54.37
71270	\$54.37
71275	\$54.37
71550	\$70.03
71552	\$112.08
72083	\$33.14
72084	\$33.14
72125	\$33.14
72127	\$54.37
72128	\$33.14
72129	\$54.37
72130	\$54.37
72131	\$33.14
72133	\$54.37
72141	\$70.03
72142	\$112.08
72146	\$70.03
72147	\$112.08
72148	\$70.03
72149	\$112.08
72156	\$112.08
72157	\$112.08
72158	\$112.08
72191	\$54.37
72192	\$33.14
72193	\$54.37
72194	\$54.37
72195	\$70.03
72196	\$112.08

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
72197	\$112.08
73200	\$33.14
73202	\$54.37
73206	\$54.37
73218	\$70.03
73219	\$112.08
73220	\$112.08
73221	\$70.03
73223	\$112.08
73700	\$33.14
73701	\$54.37
73702	\$54.37
73706	\$54.37
73718	\$70.03
73719	\$112.08
73720	\$112.08
73721	\$70.03
73723	\$112.08
74150	\$33.14
74160	\$54.37
74170	\$54.37
74174	\$112.08
74175	\$54.37
74177	\$112.08
74178	\$112.08
74181	\$70.03
74182	\$112.08
74183	\$112.08
74230	\$54.37
74246	\$54.37
74251	\$54.37
74261	\$33.14

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
74262	\$54.37
74283	\$54.37
74400	\$54.37
74410	\$54.37
74415	\$54.37
74420	\$112.08
74712	\$70.03
74775	\$70.03
75557	\$70.03
75559	\$147.06
75561	\$112.08
75572	\$54.37
75573	\$54.37
75574	\$54.37
75803	\$328.11
75805	\$822.16
75810	\$822.16
75898	\$822.16
76145	\$103.07
76390	\$24.62
76391	\$70.03
76498	\$24.62
76700	\$33.14
76705	\$33.14
76770	\$33.14
76776	\$33.14
76801	\$33.14
76805	\$33.14
76818	\$33.14
76826	\$70.03
76830	\$33.14
76856	\$33.14



**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
76872	\$33.14
76873	\$33.14
76936	\$80.55
76978	\$54.37
76981	\$33.14
76982	\$33.14
77046	\$70.03
77047	\$70.03
77078	\$24.62
77084	\$70.03
77280	\$38.62
77285	\$103.07
77290	\$103.07
77299	\$38.62
77301	\$384.33
77317	\$103.07
77318	\$103.07
77333	\$38.62
77336	\$38.62
77338	\$103.07
77370	\$38.62
77385	\$165.13
77386	\$165.13
77399	\$38.62
77402	\$36.46
77407	\$73.57
77412	\$73.57
77424	\$1,158.02
77425	\$1,158.02
77520	\$165.13
77522	\$393.70
77523	\$393.70

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
77525	\$393.70
77600	\$73.57
77605	\$215.90
77610	\$165.13
77615	\$165.13
77620	\$165.13
77750	\$73.57
77767	\$73.57
77768	\$73.57
77771	\$215.90
77772	\$215.90
77778	\$215.90
77789	\$36.46
77799	\$36.46
78012	\$114.73
78013	\$114.73
78014	\$114.73
78015	\$114.73
78016	\$114.73
78018	\$148.93
78070	\$114.73
78071	\$114.73
78072	\$148.93
78075	\$397.72
78099	\$114.73
78102	\$114.73
78103	\$114.73
78104	\$114.73
78110	\$397.72
78111	\$397.72
78120	\$114.73
78121	\$148.93

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
78122	\$148.93
78130	\$114.73
78140	\$114.73
78185	\$114.73
78191	\$114.73
78195	\$148.93
78199	\$114.73
78201	\$148.93
78202	\$148.93
78215	\$114.73
78216	\$114.73
78226	\$114.73
78227	\$148.93
78230	\$114.73
78231	\$114.73
78232	\$114.73
78258	\$114.73
78261	\$114.73
78262	\$114.73
78264	\$114.73
78265	\$114.73
78266	\$148.93
78278	\$114.73
78282	\$114.73
78290	\$114.73
78291	\$114.73
78299	\$114.73
78300	\$114.73
78305	\$114.73
78306	\$114.73
78315	\$114.73
78399	\$114.73

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
78414	\$148.93
78428	\$114.73
78429	\$450.45
78430	\$450.45
78431	\$670.66
78432	\$819.66
78433	\$819.66
78445	\$114.73
78451	\$397.72
78452	\$397.72
78453	\$397.72
78454	\$397.72
78456	\$397.72
78457	\$148.93
78458	\$114.73
78459	\$397.72
78466	\$114.73
78468	\$148.93
78469	\$148.93
78472	\$114.73
78473	\$114.73
78481	\$148.93
78483	\$148.93
78491	\$450.45
78492	\$450.45
78494	\$114.73
78499	\$114.73
78579	\$114.73
78580	\$114.73
78582	\$148.93
78597	\$114.73
78598	\$148.93

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
78599	\$114.73
78600	\$114.73
78601	\$114.73
78605	\$148.93
78606	\$148.93
78608	\$450.45
78610	\$148.93
78630	\$148.93
78635	\$148.93
78645	\$148.93
78650	\$397.72
78660	\$114.73
78699	\$114.73
78700	\$114.73
78701	\$114.73
78707	\$148.93
78708	\$148.93
78709	\$148.93
78725	\$114.73
78740	\$114.73
78761	\$114.73
78799	\$114.73
78800	\$114.73
78801	\$114.73
78802	\$397.72
78803	\$397.72
78804	\$397.72
78811	\$397.72
78812	\$450.45
78813	\$450.45
78814	\$450.45
78815	\$450.45

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
78816	\$450.45
78830	\$397.72
78831	\$397.72
78832	\$450.45
78999	\$114.73
79300	\$77.01
79445	\$77.01
79999	\$77.01
91035	\$148.56
C8900	\$112.08
C8901	\$70.03
C8902	\$112.08
C8903	\$54.37
C8905	\$112.08
C8906	\$112.08
C8908	\$112.08
C8909	\$112.08
C8910	\$70.03
C8911	\$112.08
C8912	\$112.08
C8913	\$70.03
C8914	\$112.08
C8918	\$112.08
C8919	\$70.03
C8920	\$112.08
C8931	\$112.08
C8932	\$70.03
C8933	\$112.08
C8934	\$112.08
C8935	\$70.03
C8936	\$112.08
C9762	\$147.06

**ND Medicaid  
Ambulatory Surgical Center (ASC) Fee Schedule  
as of 7/1/2022**

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

<b>Code</b>	<b>Medicaid Fee</b>
C9763	\$147.06
G0235	\$114.73