

**ND Medicaid
 Professional Services Fee Schedule
 as of 1/1/2023**

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		\$50.90
10005		\$140.77
10006		\$60.38
10007		\$312.78
10008		\$170.61
10009		\$471.80
10010		\$276.62
10021		\$103.56
10030		\$694.01
10035		\$395.98
10036		\$331.38
10040		\$119.35
10060		\$127.08
10061		\$215.54
10080		\$266.79
10081		\$359.47
10120		\$154.11
10121		\$269.25
10140		\$173.77
10160		\$131.99
10180		\$266.79
11000		\$59.68
11001		\$27.03
11004		\$548.68
11005		\$738.95
11006		\$672.25
11008		\$260.12
11010		\$461.62

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Code	Modifier	Medicaid Fee
11011		\$505.15
11012		\$653.64
11042		\$133.40
11043		\$234.85
11044		\$309.62
11045		\$40.72
11046		\$72.67
11047		\$118.65
11055		\$75.12
11056		\$86.01
11057		\$94.08
11102		\$105.66
11103		\$52.66
11104		\$131.29
11105		\$61.08
11106		\$162.53
11107		\$73.72
11200		\$91.97
11201		\$18.25
11300		\$106.01
11301		\$126.73
11302		\$143.23
11303		\$157.62
11305		\$110.93
11306		\$127.43
11307		\$145.68
11308		\$154.11
11310		\$120.76
11311		\$142.17
11312		\$160.78
11313		\$186.75
11400		\$131.99
11401		\$160.43

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Code	Modifier	Medicaid Fee
11402		\$176.57
11403		\$201.85
11404		\$228.53
11406		\$320.85
11420		\$131.64
11421		\$163.94
11422		\$183.60
11423		\$208.87
11424		\$238.36
11426		\$335.25
11440		\$148.14
11441		\$178.68
11442		\$197.29
11443		\$232.04
11444		\$287.86
11446		\$389.66
11450		\$445.47
11451		\$539.55
11462		\$433.54
11463		\$548.68
11470		\$467.24
11471		\$557.11
11600		\$203.25
11601		\$234.15
11602		\$249.94
11603		\$283.29
11604		\$315.24
11606		\$449.34
11620		\$203.96
11621		\$234.85
11622		\$258.02
11623		\$300.84
11624		\$341.56

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Code	Modifier	Medicaid Fee
11626		\$409.67
11640		\$208.87
11641		\$242.22
11642		\$273.11
11643		\$319.80
11644		\$392.82
11646		\$507.61
11719		\$14.04
11720		\$33.00
11721		\$44.93
11730		\$118.65
11732		\$34.40
11740		\$58.98
11750		\$164.64
11755		\$126.73
11760		\$193.78
11762		\$297.33
11765		\$171.66
11770		\$371.40
11771		\$639.60
11772		\$788.44
11900		\$57.92
11901		\$71.61
11920		\$198.34
11921		\$225.02
11922		\$60.73
11950		\$80.39
11951		\$107.07
11952		\$142.87
11954		\$157.62
11960		\$1,013.11
11970		\$555.35
11971		\$544.47

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Code	Modifier	Medicaid Fee
11976		\$144.98
11980		\$93.73
11981		\$101.10
11982		\$113.39
11983		\$141.82
12001		\$94.78
12002		\$113.74
12004		\$131.99
12005		\$177.63
12006		\$207.12
12007		\$232.39
12011		\$113.39
12013		\$117.60
12014		\$143.93
12015		\$172.36
12016		\$219.75
12017		\$144.98
12018		\$164.29
12020		\$307.16
12021		\$179.03
12031		\$272.41
12032		\$311.73
12034		\$342.97
12035		\$396.33
12036		\$438.10
12037		\$488.30
12041		\$273.46
12042		\$319.10
12044		\$391.41
12045		\$415.28
12046		\$508.66
12047		\$555.00
12051		\$292.42

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Code	Modifier	Medicaid Fee
12052		\$324.36
12053		\$374.56
12054		\$394.57
12055		\$514.63
12056		\$590.45
12057		\$622.05
13100		\$351.04
13101		\$409.67
13102		\$118.65
13120		\$365.79
13121		\$437.75
13122		\$128.83
13131		\$398.43
13132		\$483.39
13133		\$169.90
13151		\$432.84
13152		\$507.96
13153		\$186.05
13160		\$785.28
14000		\$638.90
14001		\$810.21
14020		\$707.35
14021		\$869.53
14040		\$763.17
14041		\$925.00
14060		\$770.89
14061		\$997.31
14301		\$1,088.23
14302		\$209.57
14350		\$679.27
15002		\$352.10
15003		\$69.86
15004		\$401.59

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Code	Modifier	Medicaid Fee
15005		\$116.20
15040		\$270.65
15050		\$602.74
15100		\$870.94
15101		\$191.32
15110		\$825.30
15111		\$109.53
15115		\$802.84
15116		\$160.78
15120		\$847.77
15121		\$214.49
15130		\$728.41
15131		\$95.48
15135		\$881.82
15136		\$94.43
15150		\$698.22
15151		\$114.09
15152		\$143.23
15155		\$793.01
15156		\$153.05
15157		\$170.26
15200		\$840.40
15201		\$142.87
15220		\$775.10
15221		\$133.75
15240		\$933.77
15241		\$175.87
15260		\$1,003.63
15261		\$208.87
15271		\$157.62
15272		\$24.92
15273		\$319.45
15274		\$84.60

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Code	Modifier	Medicaid Fee
15275		\$162.88
15276		\$32.30
15277		\$349.99
15278		\$97.94
15570		\$912.01
15572		\$876.20
15574		\$883.58
15600		\$346.48
15610		\$374.91
15620		\$454.60
15630		\$468.99
15650		\$517.79
15730		\$1,465.25
15731		\$1,123.69
15733		\$1,017.67
15734		\$1,464.55
15736		\$1,196.71
15738		\$1,251.12
15740		\$1,009.95
15750		\$917.28
15756		\$2,252.29
15757		\$2,241.76
15758		\$2,241.41
15760		\$849.17
15769		\$471.80
15770		\$667.68
15771		\$589.75
15772		\$187.81
15773		\$601.34
15774		\$184.30
15777		\$208.17
15778		\$370.35
15819		\$789.85

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Code	Modifier	Medicaid Fee
15820		\$586.94
15821		\$628.02
15822		\$468.99
15823		\$629.42
15830		\$1,149.31
15840		\$1,007.14
15841		\$1,750.30
15842		\$2,647.22
15845		\$1,047.86
15851		\$110.58
15852		\$44.93
15853		\$11.58
15854		\$16.50
15860		\$103.21
15920		\$631.88
15922		\$790.90
15931		\$686.29
15933		\$858.30
15934		\$932.37
15935		\$1,143.35
15936		\$888.14
15937		\$1,030.31
15940		\$689.10
15941		\$921.49
15944		\$925.70
15945		\$1,009.60
15946		\$1,590.93
15950		\$632.58
15951		\$893.40
15952		\$906.74
15953		\$999.42
15956		\$1,154.23
15958		\$1,177.05

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Code	Modifier	Medicaid Fee
16000		\$76.53
16020		\$86.01
16025		\$159.02
16030		\$198.34
16035		\$187.11
16036		\$76.18
17000		\$68.45
17003		\$7.02
17004		\$173.06
17106		\$346.13
17107		\$450.39
17108		\$632.93
17110		\$116.55
17111		\$136.20
17250		\$92.32
17260		\$102.15
17261		\$151.65
17262		\$182.54
17263		\$197.29
17264		\$211.33
17266		\$239.76
17270		\$152.00
17271		\$169.55
17272		\$192.72
17273		\$213.08
17274		\$248.89
17276		\$288.56
17280		\$143.23
17281		\$183.60
17282		\$209.57
17283		\$246.78
17284		\$280.48
17286		\$358.41

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Code	Modifier	Medicaid Fee
17311		\$685.59
17312		\$418.79
17313		\$644.51
17314		\$400.89
17315		\$77.93
17340		\$52.31
17360		\$123.57
19000		\$106.01
19001		\$26.68
19020		\$479.52
19030		\$170.96
19081		\$531.83
19082		\$418.44
19083		\$538.85
19084		\$414.58
19085		\$831.62
19086		\$650.83
19100		\$156.92
19101		\$335.60
19105		\$2,552.43
19110		\$494.62
19112		\$471.45
19120		\$517.09
19125		\$568.69
19126		\$152.70
19281		\$248.19
19282		\$177.63
19283		\$270.65
19284		\$203.25
19285		\$399.14
19286		\$330.68
19287		\$692.61
19288		\$539.55

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Code	Modifier	Medicaid Fee
19294		\$156.57
19296		\$4,098.08
19297		\$89.52
19298		\$921.14
19300		\$591.86
19301		\$643.11
19302		\$882.17
19303		\$929.91
19305		\$1,117.72
19306		\$1,192.14
19307		\$1,149.67
19316		\$778.96
19318		\$1,075.24
19325		\$608.36
19328		\$547.63
19330		\$637.85
19340		\$747.02
19342		\$751.93
19350		\$831.62
19355		\$757.20
19357		\$1,148.61
19361		\$1,530.90
19364		\$2,667.58
19367		\$1,739.42
19368		\$2,130.13
19369		\$1,979.53
19370		\$663.12
19371		\$702.44
19380		\$796.87
19396		\$282.94
20100		\$585.54
20101		\$617.48
20102		\$642.41

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Code	Modifier	Medicaid Fee
20103		\$575.36
20150		\$983.62
20200		\$226.07
20205		\$310.67
20206		\$240.46
20220		\$249.24
20225		\$411.42
20240		\$139.36
20245		\$337.70
20250		\$375.97
20251		\$409.67
20500		\$123.57
20501		\$153.41
20520		\$222.91
20525		\$479.17
20526		\$82.14
20527		\$86.71
20550		\$57.57
20551		\$58.62
20552		\$54.06
20553		\$62.13
20555		\$333.49
20600		\$53.36
20604		\$83.20
20605		\$55.11
20606		\$90.57
20610		\$64.94
20611		\$100.75
20612		\$64.59
20615		\$258.02
20650		\$226.07
20660		\$225.72
20661		\$498.83

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Code	Modifier	Medicaid Fee
20662		\$516.74
20663		\$476.72
20664		\$846.36
20665		\$117.95
20670		\$374.21
20680		\$610.46
20690		\$586.59
20692		\$1,106.14
20693		\$440.91
20694		\$433.54
20696		\$1,164.41
20697		\$1,982.69
20700		\$82.14
20701		\$62.49
20702		\$138.66
20703		\$100.75
20704		\$146.03
20705		\$120.06
20802		\$2,670.74
20805		\$3,170.27
20808		\$3,822.51
20816		\$1,999.89
20822		\$1,730.64
20824		\$2,003.75
20827		\$1,776.28
20838		\$2,714.97
20900		\$403.35
20902		\$269.25
20910		\$472.15
20912		\$480.93
20920		\$398.08
20922		\$600.99
20924		\$501.29

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Code	Modifier	Medicaid Fee
20931		\$103.21
20932		\$729.12
20933		\$669.09
20934		\$728.41
20937		\$157.62
20938		\$172.01
20939		\$65.65
20950		\$276.97
20955		\$2,429.22
20956		\$2,569.28
20957		\$2,676.70
20962		\$2,600.88
20969		\$2,677.05
20970		\$2,769.73
20972		\$2,760.95
20973		\$2,916.11
20974		\$81.79
20975		\$166.75
20979		\$55.82
20982		\$3,785.65
20983		\$5,554.55
20985		\$140.07
21010		\$746.67
21011		\$381.58
21012		\$335.60
21013		\$543.06
21014		\$516.03
21015		\$692.61
21016		\$989.59
21025		\$799.68
21026		\$544.82
21029		\$774.05
21030		\$472.85

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Code	Modifier	Medicaid Fee
21031		\$395.63
21032		\$381.93
21034		\$1,305.88
21040		\$479.88
21044		\$863.57
21045		\$1,194.25
21046		\$1,012.06
21047		\$1,249.71
21048		\$1,019.78
21049		\$1,211.80
21050		\$874.80
21060		\$793.01
21070		\$611.52
21073		\$385.09
21076		\$862.16
21077		\$2,118.19
21079		\$1,453.67
21080		\$1,682.90
21081		\$1,544.59
21082		\$1,418.56
21083		\$1,355.38
21084		\$1,546.70
21085		\$679.27
21086		\$1,577.94
21087		\$1,577.94
21100		\$644.51
21110		\$905.69
21116		\$231.69
21120		\$678.57
21121		\$645.57
21122		\$750.88
21123		\$862.86
21125		\$2,812.91

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Code	Modifier	Medicaid Fee
21127		\$4,318.53
21141		\$1,343.09
21142		\$1,378.55
21143		\$1,419.97
21145		\$1,560.39
21146		\$1,629.19
21147		\$1,714.14
21150		\$1,633.75
21151		\$1,796.64
21154		\$1,932.84
21155		\$2,142.06
21159		\$2,563.67
21160		\$2,779.21
21172		\$1,999.19
21175		\$2,176.12
21179		\$1,497.90
21180		\$1,672.02
21181		\$732.63
21182		\$2,077.12
21183		\$2,258.61
21184		\$2,428.52
21188		\$1,597.25
21193		\$1,238.13
21194		\$1,434.01
21195		\$1,357.13
21196		\$1,449.46
21198		\$1,036.63
21199		\$1,019.78
21206		\$975.90
21208		\$1,731.70
21209		\$838.64
21210		\$1,856.67
21215		\$4,404.54

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Code	Modifier	Medicaid Fee
21230		\$743.86
21235		\$742.81
21240		\$1,051.37
21242		\$1,018.38
21243		\$1,610.59
21244		\$1,011.71
21245		\$1,193.90
21246		\$854.79
21247		\$1,588.47
21248		\$996.61
21249		\$1,353.62
21255		\$1,353.97
21256		\$1,221.28
21260		\$1,363.80
21261		\$2,402.54
21263		\$2,224.91
21267		\$1,594.79
21268		\$1,995.68
21270		\$1,014.51
21275		\$836.18
21280		\$588.00
21282		\$399.14
21295		\$196.94
21296		\$411.07
21315		\$155.51
21320		\$225.02
21325		\$454.95
21330		\$543.77
21335		\$721.39
21336		\$654.70
21337		\$429.68
21338		\$685.59
21339		\$772.65

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Code	Modifier	Medicaid Fee
21340		\$748.77
21343		\$1,094.90
21344		\$1,393.29
21345		\$809.86
21346		\$1,046.11
21347		\$1,051.02
21348		\$1,086.13
21355		\$453.90
21356		\$551.84
21360		\$523.05
21365		\$1,075.95
21366		\$1,258.14
21385		\$729.47
21386		\$683.83
21387		\$760.71
21390		\$802.48
21395		\$996.26
21400		\$215.19
21401		\$520.95
21406		\$580.98
21407		\$642.76
21408		\$892.35
21421		\$664.88
21422		\$626.96
21423		\$793.36
21431		\$714.72
21432		\$719.64
21433		\$1,705.02
21435		\$1,386.62
21436		\$2,002.35
21440		\$721.39
21445		\$834.78
21450		\$621.35

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21451		\$804.59
21452		\$795.46
21453		\$1,143.00
21454		\$489.35
21461		\$1,924.42
21462		\$2,103.80
21465		\$797.57
21470		\$1,158.09
21480		\$146.03
21485		\$1,025.75
21490		\$785.63
21497		\$743.16
21501		\$496.02
21502		\$496.73
21510		\$444.77
21550		\$275.57
21552		\$438.45
21554		\$716.13
21555		\$443.37
21556		\$525.16
21557		\$934.13
21558		\$1,306.23
21600		\$552.19
21601		\$1,114.56
21602		\$1,512.29
21603		\$1,638.32
21610		\$1,135.98
21615		\$589.05
21616		\$678.22
21620		\$494.62
21627		\$533.94
21630		\$1,294.30
21632		\$1,167.92

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as of 1/1/2023**

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Code	Modifier	Medicaid Fee
21685		\$981.17
21700		\$339.11
21705		\$505.15
21720		\$510.42
21725		\$537.45
21740		\$981.87
21750		\$650.83
21811		\$566.58
21812		\$687.34
21813		\$935.53
21820		\$150.95
21825		\$538.15
21920		\$266.44
21925		\$500.59
21930		\$510.07
21931		\$459.87
21932		\$649.43
21933		\$721.39
21935		\$999.07
21936		\$1,368.37
22010		\$935.18
22015		\$922.54
22100		\$840.75
22101		\$836.89
22102		\$768.08
22103		\$129.18
22110		\$1,014.16
22112		\$1,077.00
22114		\$1,077.00
22116		\$131.99
22206		\$2,327.77
22207		\$2,289.15
22208		\$550.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
22210		\$1,712.04
22212		\$1,454.72
22214		\$1,455.42
22216		\$341.92
22220		\$1,556.52
22222		\$1,657.27
22224		\$1,542.48
22226		\$340.51
22310		\$309.97
22315		\$873.04
22318		\$1,550.21
22319		\$1,717.30
22325		\$1,406.98
22326		\$1,434.71
22327		\$1,462.80
22328		\$262.23
22505		\$126.73
22510		\$1,950.75
22511		\$1,948.29
22512		\$778.61
22513		\$6,272.09
22514		\$6,243.65
22515		\$3,229.95
22526		\$2,167.34
22527		\$1,794.18
22532		\$1,715.55
22533		\$1,600.05
22534		\$338.76
22548		\$1,840.87
22551		\$1,615.50
22552		\$370.35
22554		\$1,203.73
22556		\$1,591.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
22558		\$1,467.01
22585		\$306.11
22586		\$1,903.71
22590		\$1,503.87
22595		\$1,438.93
22600		\$1,241.29
22610		\$1,224.09
22612		\$1,522.12
22614		\$366.14
22630		\$1,501.76
22632		\$298.04
22633		\$1,762.24
22634		\$464.43
22800		\$1,311.50
22802		\$2,027.98
22804		\$2,329.52
22808		\$1,751.35
22810		\$1,956.71
22812		\$2,144.87
22818		\$2,091.87
22819		\$2,408.51
22830		\$793.36
22840		\$711.56
22842		\$714.37
22843		\$764.57
22844		\$929.91
22845		\$679.62
22846		\$706.65
22847		\$771.94
22848		\$339.46
22849		\$1,251.82
22850		\$712.27
22852		\$685.24

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
22853		\$241.52
22854		\$312.78
22855		\$1,061.91
22856		\$1,552.66
22857		\$1,723.27
22858		\$476.01
22859		\$312.43
22861		\$2,159.27
22862		\$2,163.48
22864		\$1,930.74
22865		\$2,112.93
22867		\$1,028.91
22868		\$227.12
22869		\$435.64
22870		\$117.95
22900		\$553.95
22901		\$652.24
22902		\$480.23
22903		\$431.43
22904		\$1,024.34
22905		\$1,285.17
23000		\$589.75
23020		\$684.18
23030		\$453.20
23031		\$438.10
23035		\$677.16
23040		\$712.62
23044		\$562.37
23065		\$230.99
23066		\$576.76
23071		\$413.18
23073		\$683.13
23075		\$532.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
23076		\$536.04
23077		\$1,095.25
23078		\$1,389.43
23100		\$505.15
23101		\$456.00
23105		\$635.74
23106		\$501.64
23107		\$655.75
23120		\$584.84
23125		\$703.14
23130		\$616.78
23140		\$552.54
23145		\$690.15
23146		\$619.94
23150		\$657.15
23155		\$789.50
23156		\$673.30
23170		\$562.02
23172		\$567.64
23174		\$757.55
23180		\$658.21
23182		\$668.03
23184		\$732.98
23190		\$572.20
23195		\$735.79
23200		\$1,470.17
23210		\$1,722.22
23220		\$1,888.96
23330		\$310.67
23333		\$469.70
23334		\$1,044.35
23335		\$1,242.34
23350		\$176.22

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
23395		\$1,257.79
23397		\$1,116.32
23400		\$958.00
23405		\$616.08
23406		\$740.00
23410		\$810.21
23412		\$841.10
23415		\$692.96
23420		\$960.80
23430		\$737.89
23440		\$747.37
23450		\$930.97
23455		\$976.60
23460		\$1,071.73
23462		\$1,047.86
23465		\$1,099.12
23466		\$1,102.98
23470		\$1,177.05
23472		\$1,415.76
23473		\$1,575.83
23474		\$1,699.75
23480		\$809.51
23485		\$935.53
23490		\$848.82
23491		\$999.77
23500		\$226.42
23505		\$364.73
23515		\$713.67
23520		\$245.38
23525		\$402.65
23530		\$572.90
23532		\$622.40
23540		\$242.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
23545		\$356.66
23550		\$569.74
23552		\$650.13
23570		\$239.06
23575		\$415.99
23585		\$963.61
23600		\$340.51
23605		\$475.31
23615		\$871.99
23616		\$1,210.75
23620		\$276.27
23625		\$389.31
23630		\$771.24
23650		\$330.68
23655		\$411.77
23660		\$581.68
23665		\$438.80
23670		\$859.00
23675		\$556.05
23680		\$914.12
23700		\$194.48
23800		\$1,010.30
23802		\$1,258.84
23900		\$1,355.38
23920		\$1,101.92
23921		\$469.70
23930		\$370.70
23931		\$314.89
23935		\$509.01
24000		\$471.80
24006		\$707.70
24065		\$268.90
24066		\$631.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
24071		\$399.49
24073		\$680.32
24075		\$550.44
24076		\$539.55
24077		\$1,008.20
24079		\$1,287.27
24100		\$419.85
24101		\$504.10
24102		\$615.73
24105		\$362.28
24110		\$587.65
24115		\$729.82
24116		\$848.12
24120		\$531.83
24125		\$619.24
24126		\$646.27
24130		\$510.07
24134		\$739.65
24136		\$628.37
24138		\$684.88
24140		\$697.87
24145		\$591.16
24147		\$627.66
24149		\$1,164.06
24150		\$1,508.78
24152		\$1,313.95
24155		\$840.05
24160		\$1,229.70
24164		\$716.13
24200		\$225.02
24201		\$558.16
24220		\$202.20
24300		\$441.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
24301		\$742.46
24305		\$578.17
24310		\$475.66
24320		\$770.89
24330		\$711.21
24331		\$776.16
24332		\$612.22
24340		\$615.03
24341		\$740.70
24342		\$767.38
24343		\$711.21
24344		\$1,080.86
24345		\$707.35
24346		\$1,088.58
24357		\$424.06
24358		\$528.67
24359		\$658.21
24360		\$890.95
24361		\$992.05
24362		\$1,043.30
24363		\$1,417.51
24365		\$636.44
24366		\$676.11
24370		\$1,505.97
24371		\$1,728.18
24400		\$816.53
24410		\$1,040.84
24420		\$1,060.85
24430		\$1,038.03
24435		\$1,065.06
24470		\$667.33
24495		\$813.72
24498		\$854.79

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
24500		\$368.95
24505		\$509.36
24515		\$871.29
24516		\$847.42
24530		\$388.96
24535		\$622.40
24538		\$789.85
24545		\$915.17
24546		\$1,020.13
24560		\$340.16
24565		\$546.92
24566		\$717.18
24575		\$726.66
24576		\$359.47
24577		\$561.67
24579		\$824.60
24582		\$811.96
24586		\$1,069.63
24587		\$1,069.98
24600		\$377.72
24605		\$480.58
24615		\$707.35
24620		\$562.72
24635		\$671.19
24640		\$107.42
24650		\$269.95
24655		\$453.55
24665		\$655.75
24666		\$726.31
24670		\$298.74
24675		\$470.40
24685		\$650.83
24800		\$824.25

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
24802		\$987.48
24900		\$729.82
24920		\$724.90
24925		\$566.58
24930		\$764.22
24931		\$915.87
24935		\$1,213.20
25000		\$348.23
25001		\$349.29
25020		\$768.78
25023		\$1,336.42
25024		\$774.05
25025		\$1,157.74
25028		\$721.04
25031		\$369.30
25035		\$583.78
25040		\$557.11
25065		\$265.39
25066		\$366.49
25071		\$418.44
25073		\$530.78
25075		\$537.80
25076		\$514.98
25077		\$874.45
25078		\$1,133.17
25085		\$448.98
25100		\$351.39
25101		\$406.51
25105		\$487.25
25107		\$616.08
25109		\$534.99
25110		\$348.59
25111		\$326.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
25112		\$391.06
25115		\$750.88
25116		\$602.04
25118		\$384.39
25119		\$501.64
25120		\$501.99
25125		\$592.91
25126		\$596.77
25130		\$453.20
25135		\$559.21
25136		\$497.78
25145		\$520.25
25150		\$566.23
25151		\$582.38
25170		\$1,434.71
25210		\$493.22
25215		\$617.13
25230		\$433.89
25240		\$430.38
25246		\$208.52
25248		\$418.79
25250		\$532.53
25251		\$712.62
25259		\$436.70
25260		\$633.63
25263		\$631.88
25265		\$746.32
25270		\$494.27
25272		\$557.81
25274		\$661.72
25275		\$668.74
25280		\$565.18
25290		\$437.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
25295		\$526.92
25300		\$685.94
25301		\$639.95
25310		\$618.89
25312		\$710.51
25315		\$761.06
25316		\$903.94
25320		\$978.01
25332		\$836.54
25335		\$931.67
25337		\$879.71
25350		\$670.84
25355		\$757.20
25360		\$651.89
25365		\$904.99
25370		\$998.72
25375		\$940.80
25390		\$762.82
25391		\$981.17
25392		\$998.02
25393		\$1,108.94
25394		\$775.45
25400		\$794.41
25405		\$1,023.99
25415		\$954.49
25420		\$1,145.45
25425		\$950.27
25426		\$1,102.98
25430		\$725.25
25431		\$778.61
25440		\$761.76
25441		\$925.35
25442		\$803.89

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
25443		\$777.56
25444		\$821.79
25445		\$714.02
25446		\$1,152.83
25447		\$825.30
25449		\$1,020.48
25450		\$614.68
25455		\$725.25
25490		\$712.27
25491		\$731.57
25492		\$895.16
25500		\$291.01
25505		\$511.12
25515		\$665.93
25520		\$581.68
25525		\$781.77
25526		\$944.31
25530		\$269.95
25535		\$502.34
25545		\$622.75
25560		\$296.63
25565		\$524.46
25574		\$670.49
25575		\$894.11
25600		\$346.83
25605		\$544.47
25606		\$665.23
25607		\$734.73
25608		\$820.39
25609		\$1,040.49
25622		\$314.18
25624		\$498.83
25628		\$716.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
25630		\$311.73
25635		\$473.21
25645		\$569.39
25650		\$337.00
25651		\$490.41
25652		\$621.00
25660		\$452.14
25670		\$605.55
25671		\$530.07
25675		\$454.95
25676		\$628.02
25680		\$532.18
25685		\$727.71
25690		\$493.92
25695		\$630.12
25800		\$726.31
25805		\$837.94
25810		\$856.90
25820		\$653.64
25825		\$796.17
25830		\$1,046.81
25900		\$711.21
25905		\$695.42
25907		\$611.17
25909		\$679.62
25915		\$1,143.35
25920		\$731.57
25922		\$650.13
25924		\$715.07
25927		\$879.01
25929		\$596.07
25931		\$816.53
26010		\$365.08

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26011		\$509.01
26020		\$556.40
26025		\$421.25
26030		\$490.06
26034		\$552.54
26035		\$852.33
26037		\$557.46
26040		\$318.75
26045		\$472.85
26055		\$618.19
26060		\$260.47
26070		\$322.96
26075		\$339.46
26080		\$401.24
26100		\$341.21
26105		\$343.67
26110		\$327.87
26111		\$413.18
26113		\$543.77
26115		\$566.93
26116		\$523.05
26117		\$730.87
26118		\$1,040.84
26121		\$598.18
26123		\$832.67
26125		\$261.18
26130		\$469.70
26135		\$553.95
26140		\$508.66
26145		\$515.68
26160		\$642.06
26170		\$410.02
26180		\$451.09

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26185		\$556.40
26200		\$449.69
26205		\$602.74
26210		\$448.98
26215		\$565.18
26230		\$499.53
26235		\$491.46
26236		\$442.31
26250		\$1,046.11
26260		\$785.63
26262		\$624.51
26320		\$352.10
26340		\$359.12
26341		\$119.35
26350		\$772.29
26352		\$857.60
26356		\$796.17
26357		\$888.14
26358		\$978.36
26370		\$809.86
26372		\$938.69
26373		\$904.99
26390		\$894.46
26392		\$1,022.59
26410		\$624.51
26412		\$740.35
26415		\$871.99
26416		\$940.44
26418		\$649.08
26420		\$767.73
26426		\$503.75
26428		\$819.33
26432		\$565.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26433		\$593.26
26434		\$717.18
26437		\$688.04
26440		\$677.16
26442		\$1,012.06
26445		\$633.98
26449		\$695.42
26450		\$480.23
26455		\$475.31
26460		\$468.29
26471		\$681.73
26474		\$673.65
26476		\$665.58
26477		\$647.32
26478		\$684.53
26479		\$697.17
26480		\$810.91
26483		\$894.46
26485		\$859.00
26489		\$986.43
26490		\$857.25
26492		\$945.01
26494		\$860.41
26496		\$923.24
26497		\$922.19
26498		\$1,190.04
26499		\$888.84
26500		\$689.80
26502		\$775.81
26508		\$697.87
26510		\$663.12
26516		\$763.87
26517		\$883.93

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26518		\$894.81
26520		\$709.11
26525		\$711.56
26530		\$540.61
26531		\$630.12
26535		\$438.10
26536		\$773.70
26540		\$720.69
26541		\$851.98
26542		\$743.16
26545		\$752.29
26546		\$1,054.18
26548		\$817.93
26550		\$1,655.17
26551		\$3,247.50
26553		\$3,225.73
26554		\$3,748.44
26555		\$1,397.50
26556		\$3,354.92
26560		\$656.80
26561		\$997.31
26562		\$1,382.06
26565		\$738.24
26567		\$740.35
26568		\$953.78
26580		\$1,541.43
26587		\$1,029.61
26590		\$1,434.01
26591		\$507.26
26593		\$666.98
26596		\$828.81
26600		\$308.22
26605		\$338.41

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26607		\$516.74
26608		\$485.14
26615		\$575.36
26641		\$426.17
26645		\$439.51
26650		\$485.84
26665		\$626.61
26670		\$354.20
26675		\$468.29
26676		\$513.22
26685		\$576.41
26686		\$619.94
26700		\$342.62
26705		\$431.78
26706		\$449.34
26715		\$573.25
26720		\$204.66
26725		\$348.23
26727		\$478.12
26735		\$593.96
26740		\$238.01
26742		\$380.53
26746		\$738.95
26750		\$190.97
26755		\$325.77
26756		\$429.33
26765		\$504.10
26770		\$289.61
26775		\$400.19
26776		\$454.60
26785		\$546.92
26820		\$848.82
26841		\$793.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
26842		\$850.93
26843		\$802.13
26844		\$878.31
26850		\$754.74
26852		\$851.63
26860		\$634.33
26861		\$98.99
26862		\$786.34
26863		\$220.81
26910		\$779.67
26951		\$719.64
26952		\$703.14
26990		\$683.83
26991		\$716.13
26992		\$999.77
27000		\$406.86
27001		\$536.39
27003		\$595.37
27005		\$715.43
27006		\$715.07
27025		\$909.55
27027		\$870.94
27030		\$921.14
27033		\$955.54
27035		\$1,172.13
27036		\$1,002.58
27040		\$349.29
27041		\$699.28
27043		\$458.81
27045		\$719.64
27047		\$503.04
27048		\$597.83
27049		\$1,303.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27050		\$405.45
27052		\$574.66
27054		\$681.73
27057		\$990.99
27059		\$1,760.83
27060		\$464.08
27062		\$453.90
27065		\$524.11
27066		\$805.64
27067		\$1,019.08
27070		\$887.09
27071		\$970.63
27075		\$2,026.57
27076		\$2,446.42
27077		\$2,726.90
27078		\$1,998.49
27080		\$503.04
27086		\$321.20
27087		\$602.74
27090		\$819.69
27091		\$1,555.12
27093		\$251.35
27095		\$337.35
27096		\$167.80
27097		\$677.16
27098		\$689.45
27100		\$820.74
27105		\$859.70
27110		\$956.59
27111		\$891.30
27120		\$1,272.18
27122		\$1,084.02
27125		\$1,109.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27130		\$1,254.63
27132		\$1,629.89
27134		\$1,852.80
27137		\$1,428.75
27138		\$1,484.56
27140		\$880.06
27146		\$1,253.57
27147		\$1,429.45
27151		\$1,543.54
27156		\$1,661.84
27158		\$1,369.07
27161		\$1,196.71
27165		\$1,350.81
27170		\$1,141.24
27175		\$657.50
27176		\$909.20
27177		\$1,095.96
27178		\$909.20
27179		\$963.96
27181		\$1,099.12
27185		\$711.21
27187		\$981.17
27197		\$133.75
27198		\$314.53
27200		\$190.62
27202		\$521.65
27215		\$606.60
27216		\$896.91
27217		\$843.21
27218		\$1,155.98
27220		\$417.04
27222		\$968.53
27226		\$1,035.23

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27227		\$1,610.23
27228		\$1,827.53
27230		\$487.95
27232		\$721.74
27235		\$893.40
27236		\$1,169.68
27238		\$467.24
27240		\$943.95
27244		\$1,202.67
27245		\$1,201.97
27246		\$391.41
27248		\$735.44
27250		\$171.66
27252		\$744.56
27253		\$925.35
27254		\$1,245.85
27256		\$303.30
27257		\$353.15
27258		\$1,091.74
27259		\$1,507.38
27265		\$409.67
27266		\$581.33
27267		\$440.91
27268		\$540.96
27269		\$1,212.15
27275		\$182.54
27279		\$815.82
27280		\$1,305.18
27282		\$849.52
27284		\$1,562.84
27286		\$1,602.51
27290		\$1,588.12
27295		\$1,230.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27301		\$680.32
27303		\$631.18
27305		\$481.28
27306		\$344.37
27307		\$423.01
27310		\$724.55
27323		\$280.83
27324		\$403.70
27325		\$562.72
27326		\$521.65
27327		\$517.09
27328		\$612.22
27329		\$1,014.51
27330		\$421.95
27331		\$474.96
27332		\$641.36
27333		\$586.24
27334		\$680.32
27335		\$757.55
27337		\$412.12
27339		\$739.30
27340		\$375.62
27345		\$484.44
27347		\$523.76
27350		\$650.13
27355		\$604.85
27356		\$732.28
27357		\$810.91
27358		\$265.04
27360		\$902.88
27364		\$1,517.91
27365		\$1,997.08
27369		\$184.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27372		\$605.20
27380		\$626.26
27381		\$819.33
27385		\$611.52
27386		\$856.19
27390		\$448.63
27391		\$554.65
27392		\$706.30
27393		\$500.24
27394		\$649.43
27395		\$870.59
27396		\$613.97
27397		\$902.18
27400		\$689.80
27403		\$639.95
27405		\$671.90
27407		\$788.79
27409		\$953.08
27412		\$1,610.59
27415		\$1,345.20
27416		\$963.61
27418		\$822.49
27420		\$735.44
27422		\$735.79
27424		\$740.70
27425		\$453.90
27427		\$704.54
27428		\$1,099.82
27429		\$1,238.48
27430		\$735.08
27435		\$797.57
27437		\$654.70
27438		\$829.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27440		\$787.74
27441		\$813.02
27442		\$857.95
27443		\$805.64
27445		\$1,229.00
27446		\$1,128.60
27447		\$1,253.22
27448		\$798.62
27450		\$996.26
27454		\$1,266.21
27455		\$949.92
27457		\$944.31
27465		\$1,221.98
27466		\$1,162.30
27468		\$1,313.25
27470		\$1,157.74
27472		\$1,238.48
27475		\$657.85
27477		\$725.61
27479		\$904.29
27485		\$665.93
27486		\$1,372.58
27487		\$1,709.23
27488		\$1,176.35
27495		\$1,109.30
27496		\$546.57
27497		\$575.71
27498		\$652.24
27499		\$695.07
27500		\$522.70
27501		\$506.20
27502		\$746.67
27503		\$789.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27506		\$1,310.79
27507		\$948.87
27508		\$527.97
27509		\$678.92
27510		\$670.14
27511		\$975.90
27513		\$1,207.94
27514		\$947.47
27516		\$522.35
27517		\$683.83
27519		\$874.45
27520		\$332.09
27524		\$745.26
27530		\$314.89
27532		\$620.64
27535		\$880.42
27536		\$1,163.71
27538		\$492.51
27540		\$803.89
27550		\$517.79
27552		\$631.53
27556		\$860.76
27557		\$1,023.64
27558		\$1,162.30
27560		\$373.86
27562		\$490.06
27566		\$879.36
27570		\$152.00
27580		\$1,453.32
27590		\$755.80
27591		\$948.17
27592		\$646.62
27594		\$496.73

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27596		\$692.26
27598		\$678.57
27600		\$397.03
27601		\$443.72
27602		\$463.73
27603		\$539.20
27604		\$457.06
27605		\$341.92
27606		\$270.65
27607		\$593.26
27610		\$643.11
27612		\$558.16
27613		\$259.07
27614		\$591.16
27615		\$1,001.17
27616		\$1,234.97
27618		\$502.69
27619		\$458.11
27620		\$450.04
27625		\$571.85
27626		\$600.28
27630		\$553.24
27632		\$405.45
27634		\$664.52
27635		\$576.41
27637		\$728.77
27638		\$743.86
27640		\$822.84
27641		\$647.32
27645		\$1,722.22
27646		\$1,498.60
27647		\$994.86
27648		\$230.28

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27650		\$657.50
27652		\$658.91
27654		\$710.51
27656		\$561.32
27658		\$368.95
27659		\$469.70
27664		\$365.08
27665		\$421.60
27675		\$491.81
27676		\$604.15
27680		\$417.39
27681		\$506.56
27685		\$666.63
27686		\$530.43
27687		\$453.20
27690		\$639.60
27691		\$739.65
27692		\$97.94
27695		\$479.52
27696		\$547.63
27698		\$633.28
27700		\$612.22
27702		\$949.57
27703		\$1,091.04
27704		\$567.29
27705		\$750.53
27707		\$404.40
27709		\$1,123.34
27712		\$1,081.91
27715		\$1,054.18
27720		\$863.21
27722		\$882.87
27724		\$1,226.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27725		\$1,192.49
27726		\$943.25
27727		\$1,021.54
27730		\$585.19
27732		\$453.20
27734		\$652.59
27740		\$701.03
27742		\$768.08
27745		\$748.42
27750		\$353.50
27752		\$538.15
27756		\$577.47
27758		\$884.63
27759		\$980.46
27760		\$339.81
27762		\$486.90
27766		\$602.39
27767		\$298.74
27768		\$449.34
27769		\$721.39
27780		\$316.29
27781		\$441.26
27784		\$702.09
27786		\$320.85
27788		\$430.38
27792		\$641.71
27808		\$343.32
27810		\$476.37
27814		\$757.20
27816		\$337.70
27818		\$492.86
27822		\$875.50
27823		\$980.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
27824		\$322.96
27825		\$544.12
27826		\$856.19
27827		\$1,114.21
27828		\$1,317.11
27829		\$709.81
27830		\$396.33
27831		\$411.07
27832		\$749.48
27840		\$383.34
27842		\$496.02
27846		\$716.48
27848		\$781.77
27860		\$165.34
27870		\$998.37
27871		\$683.83
27880		\$864.97
27881		\$828.81
27882		\$570.09
27884		\$562.02
27886		\$631.53
27888		\$637.49
27889		\$615.03
27892		\$527.97
27893		\$609.41
27894		\$801.43
28001		\$177.63
28002		\$255.56
28003		\$386.85
28005		\$574.31
28008		\$436.70
28010		\$235.55
28011		\$316.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28020		\$559.21
28022		\$494.97
28024		\$464.43
28035		\$532.18
28039		\$494.97
28041		\$448.28
28043		\$390.36
28045		\$485.14
28046		\$707.70
28047		\$1,016.62
28050		\$424.06
28052		\$397.73
28054		\$374.56
28055		\$382.29
28060		\$528.67
28062		\$578.17
28070		\$523.41
28072		\$499.18
28080		\$541.31
28086		\$545.52
28088		\$464.78
28090		\$472.50
28092		\$426.52
28100		\$623.45
28102		\$606.95
28103		\$388.96
28104		\$532.18
28106		\$427.22
28107		\$513.58
28108		\$442.31
28110		\$468.64
28111		\$488.30
28112		\$491.46

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28113		\$593.26
28114		\$1,073.49
28116		\$778.96
28118		\$610.46
28119		\$534.64
28120		\$680.67
28122		\$597.83
28124		\$484.44
28126		\$396.33
28130		\$611.17
28140		\$579.92
28150		\$424.41
28153		\$415.28
28160		\$419.15
28171		\$1,083.67
28173		\$724.20
28175		\$468.99
28190		\$249.94
28192		\$468.99
28193		\$530.78
28200		\$504.80
28202		\$603.44
28208		\$490.76
28210		\$593.26
28220		\$458.46
28222		\$528.32
28225		\$422.66
28226		\$628.02
28230		\$440.56
28232		\$386.50
28234		\$416.69
28238		\$678.57
28240		\$453.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28250		\$587.29
28260		\$715.43
28261		\$1,200.22
28262		\$1,391.89
28264		\$907.80
28270		\$494.97
28272		\$391.41
28280		\$519.19
28285		\$544.82
28286		\$450.04
28288		\$613.97
28289		\$698.22
28291		\$718.94
28292		\$705.25
28295		\$1,114.56
28296		\$910.61
28297		\$1,058.75
28298		\$848.47
28299		\$1,028.56
28300		\$644.16
28302		\$708.40
28304		\$832.67
28305		\$674.00
28306		\$613.62
28307		\$795.81
28308		\$578.87
28309		\$881.82
28310		\$553.24
28312		\$526.92
28313		\$534.64
28315		\$487.95
28320		\$605.55
28322		\$790.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28340		\$575.01
28341		\$665.23
28344		\$426.87
28345		\$520.95
28360		\$1,084.72
28400		\$252.05
28405		\$394.57
28406		\$567.64
28415		\$1,120.18
28420		\$1,284.82
28430		\$245.38
28435		\$374.21
28436		\$502.69
28445		\$1,013.11
28446		\$1,201.97
28450		\$215.89
28455		\$296.28
28456		\$379.48
28465		\$637.85
28470		\$222.56
28475		\$260.12
28476		\$396.68
28485		\$565.18
28490		\$143.93
28495		\$182.54
28496		\$462.32
28505		\$667.68
28510		\$122.51
28515		\$166.75
28525		\$577.82
28530		\$115.84
28531		\$338.41
28540		\$199.04

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28545		\$314.18
28546		\$603.09
28555		\$865.32
28570		\$239.06
28575		\$382.99
28576		\$383.34
28585		\$892.35
28600		\$220.81
28605		\$347.18
28606		\$379.13
28615		\$826.36
28630		\$154.81
28635		\$176.22
28636		\$319.10
28645		\$657.85
28660		\$123.57
28665		\$152.35
28666		\$180.44
28675		\$585.19
28705		\$1,205.48
28715		\$931.32
28725		\$770.89
28730		\$727.36
28735		\$776.16
28737		\$683.83
28740		\$835.48
28750		\$793.01
28755		\$516.03
28760		\$771.59
28800		\$526.92
28805		\$701.73
28810		\$419.15
28820		\$304.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
28825		\$299.09
28890		\$314.18
29000		\$344.72
29010		\$270.65
29015		\$290.66
29035		\$254.86
29040		\$290.31
29044		\$284.70
29046		\$312.08
29049		\$98.29
29055		\$220.81
29058		\$121.81
29065		\$95.83
29075		\$86.36
29085		\$94.78
29086		\$76.53
29105		\$81.09
29125		\$65.65
29126		\$77.23
29130		\$40.72
29131		\$52.66
29200		\$34.05
29240		\$30.89
29260		\$30.19
29280		\$29.84
29305		\$245.03
29325		\$270.30
29345		\$134.10
29355		\$140.07
29358		\$158.32
29365		\$121.46
29405		\$79.34
29425		\$75.12

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
29435		\$111.63
29440		\$42.48
29445		\$128.48
29450		\$145.33
29505		\$87.41
29515		\$70.91
29520		\$36.16
29530		\$30.89
29540		\$28.08
29550		\$19.31
29580		\$64.94
29581		\$93.03
29584		\$86.01
29700		\$61.43
29705		\$62.84
29710		\$120.06
29720		\$84.25
29730		\$63.19
29740		\$97.24
29750		\$104.96
29800		\$526.21
29804		\$605.90
29805		\$466.54
29806		\$1,043.30
29807		\$1,018.38
29819		\$582.73
29820		\$532.88
29821		\$590.45
29822		\$537.80
29823		\$588.00
29824		\$671.90
29825		\$583.08
29826		\$167.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
29827		\$1,052.08
29828		\$903.23
29830		\$454.60
29834		\$489.70
29835		\$505.85
29836		\$581.68
29837		\$526.56
29838		\$590.10
29840		\$450.74
29843		\$483.74
29844		\$498.13
29845		\$582.73
29846		\$519.89
29847		\$539.55
29848		\$509.71
29850		\$617.48
29851		\$913.76
29855		\$771.94
29856		\$975.20
29860		\$637.85
29861		\$709.46
29862		\$805.64
29863		\$802.48
29866		\$1,035.93
29867		\$1,254.63
29868		\$1,630.59
29870		\$559.91
29871		\$511.12
29873		\$537.10
29874		\$531.83
29875		\$493.22
29876		\$646.62
29877		\$615.38

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
29879		\$653.99
29880		\$557.81
29881		\$537.80
29882		\$681.37
29883		\$829.16
29884		\$612.57
29885		\$747.37
29886		\$629.77
29887		\$744.21
29888		\$961.86
29889		\$1,202.67
29891		\$666.63
29892		\$635.74
29893		\$681.37
29894		\$501.64
29895		\$466.54
29897		\$490.06
29898		\$558.51
29899		\$1,001.17
29900		\$502.34
29901		\$538.15
29902		\$569.74
29904		\$631.53
29905		\$514.63
29906		\$648.73
29907		\$864.62
29914		\$982.57
29915		\$1,009.25
29916		\$1,003.28
30000		\$281.19
30020		\$283.64
30100		\$147.44
30110		\$258.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
30115		\$482.68
30117		\$1,031.01
30118		\$808.80
30120		\$516.38
30124		\$310.32
30125		\$671.90
30130		\$433.19
30140		\$303.30
30150		\$819.69
30160		\$832.32
30200		\$114.44
30210		\$155.51
30220		\$320.85
30300		\$219.75
30310		\$214.49
30320		\$504.10
30400		\$1,266.91
30410		\$1,449.11
30420		\$1,487.37
30435		\$1,375.74
30460		\$835.13
30465		\$1,049.62
30468		\$2,782.72
30469		\$2,644.76
30520		\$692.96
30540		\$760.36
30545		\$1,029.26
30560		\$342.97
30580		\$627.31
30600		\$528.32
30620		\$700.33
30630		\$688.40
30801		\$229.23

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
30802		\$288.56
30901		\$163.23
30903		\$256.61
30905		\$367.54
30906		\$385.09
30915		\$613.97
30920		\$889.19
30930		\$118.30
31000		\$190.27
31002		\$199.39
31020		\$476.37
31030		\$656.80
31032		\$607.66
31040		\$822.14
31050		\$532.53
31051		\$715.43
31070		\$492.16
31075		\$849.17
31080		\$1,115.97
31081		\$1,193.20
31084		\$1,233.92
31085		\$1,270.78
31086		\$1,201.97
31087		\$1,138.78
31090		\$1,147.91
31200		\$648.73
31201		\$818.28
31205		\$964.67
31225		\$1,808.92
31230		\$2,009.72
31231		\$195.88
31233		\$282.94
31235		\$321.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
31237		\$260.47
31238		\$253.80
31239		\$609.06
31240		\$155.86
31241		\$435.64
31253		\$490.76
31254		\$450.74
31255		\$318.04
31256		\$176.57
31257		\$437.40
31259		\$462.67
31267		\$260.12
31276		\$370.70
31287		\$197.99
31288		\$229.93
31290		\$1,136.68
31291		\$1,193.20
31292		\$990.29
31293		\$1,070.33
31294		\$1,221.63
31295		\$1,812.44
31296		\$1,837.36
31297		\$1,798.39
31298		\$3,416.35
31300		\$1,265.86
31360		\$2,058.52
31365		\$2,531.37
31367		\$2,186.65
31368		\$2,417.63
31370		\$2,058.17
31375		\$1,956.36
31380		\$1,929.33
31382		\$2,111.52

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
31390		\$2,799.92
31395		\$2,944.90
31400		\$1,028.91
31420		\$836.89
31500		\$137.26
31502		\$34.40
31505		\$94.08
31510		\$220.10
31511		\$215.89
31512		\$220.46
31513		\$128.13
31515		\$220.10
31520		\$152.70
31525		\$254.51
31526		\$153.76
31527		\$190.62
31528		\$140.77
31529		\$157.97
31530		\$194.83
31531		\$206.76
31535		\$185.00
31536		\$206.06
31540		\$236.60
31541		\$257.67
31545		\$353.85
31546		\$536.39
31551		\$1,550.91
31552		\$1,498.95
31553		\$1,701.86
31554		\$1,702.91
31560		\$305.41
31561		\$334.19
31570		\$346.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
31571		\$243.62
31572		\$552.89
31573		\$294.53
31574		\$1,016.97
31575		\$132.69
31576		\$277.32
31577		\$282.94
31578		\$314.89
31579		\$202.55
31580		\$1,308.69
31584		\$1,436.47
31587		\$1,220.58
31590		\$949.57
31591		\$1,113.86
31592		\$1,738.36
31600		\$295.58
31601		\$440.91
31603		\$310.32
31605		\$318.75
31610		\$969.93
31611		\$545.52
31612		\$95.48
31613		\$433.54
31614		\$722.10
31615		\$176.22
31622		\$254.51
31623		\$287.86
31624		\$265.04
31625		\$368.24
31626		\$851.98
31627		\$1,201.97
31628		\$391.41
31629		\$480.58

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
31630		\$194.83
31631		\$221.51
31632		\$65.65
31633		\$81.44
31634		\$1,694.84
31635		\$301.90
31636		\$214.49
31637		\$76.18
31638		\$242.92
31640		\$245.38
31641		\$251.35
31643		\$173.77
31645		\$282.94
31646		\$140.42
31647		\$203.96
31648		\$195.18
31649		\$66.70
31651		\$75.12
31652		\$1,378.55
31653		\$1,430.15
31654		\$125.32
31660		\$194.83
31661		\$204.66
31717		\$307.16
31720		\$58.98
31725		\$78.98
31730		\$1,174.24
31750		\$1,381.35
31755		\$1,773.12
31760		\$1,309.39
31766		\$1,681.14
31770		\$1,258.49
31775		\$1,326.59

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
31780		\$1,158.09
31781		\$1,420.67
31785		\$1,057.34
31786		\$1,367.31
31800		\$723.85
31805		\$783.18
31820		\$454.25
31825		\$621.35
31830		\$507.61
32035		\$709.11
32036		\$763.17
32096		\$761.06
32097		\$762.82
32098		\$723.50
32100		\$772.29
32110		\$1,404.87
32120		\$834.43
32124		\$884.28
32140		\$943.95
32141		\$1,440.68
32150		\$966.07
32151		\$957.65
32160		\$762.47
32200		\$1,088.58
32215		\$764.22
32220		\$1,523.18
32225		\$952.03
32310		\$878.66
32320		\$1,528.44
32400		\$171.31
32408		\$925.70
32440		\$1,492.28
32442		\$2,876.45

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
32445		\$3,331.75
32480		\$1,406.63
32482		\$1,505.97
32484		\$1,360.29
32486		\$2,207.36
32488		\$2,259.66
32491		\$1,400.31
32501		\$227.12
32503		\$1,700.10
32504		\$1,933.90
32505		\$887.79
32506		\$146.74
32507		\$146.74
32540		\$1,639.02
32550		\$854.09
32551		\$150.95
32552		\$183.24
32553		\$540.61
32554		\$249.24
32555		\$335.25
32556		\$801.43
32557		\$714.37
32560		\$273.11
32561		\$95.13
32562		\$84.95
32601		\$291.37
32604		\$451.09
32606		\$435.64
32607		\$291.01
32608		\$357.01
32609		\$243.97
32650		\$640.30
32651		\$1,041.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
32652		\$1,576.53
32653		\$1,009.95
32654		\$1,116.32
32655		\$910.96
32656		\$768.08
32658		\$683.13
32659		\$699.63
32661		\$762.11
32662		\$851.28
32663		\$1,325.54
32664		\$808.10
32665		\$1,167.92
32666		\$829.51
32667		\$147.09
32668		\$147.09
32669		\$1,272.53
32670		\$1,518.61
32671		\$1,674.48
32672		\$1,438.22
32673		\$1,153.18
32674		\$201.50
32701		\$202.55
32800		\$901.83
32810		\$860.06
32815		\$2,652.48
32820		\$1,268.32
32851		\$3,087.07
32852		\$3,345.44
32853		\$4,311.51
32854		\$4,563.56
32900		\$1,350.81
32905		\$1,265.86
32906		\$1,558.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
32940		\$1,171.08
32960		\$128.48
32994		\$5,373.06
32997		\$338.05
32998		\$3,387.56
33016		\$222.91
33017		\$233.79
33018		\$274.16
33019		\$209.57
33020		\$788.44
33025		\$732.28
33030		\$1,892.47
33031		\$2,336.54
33050		\$958.35
33120		\$1,973.91
33130		\$1,297.10
33140		\$1,472.63
33141		\$123.57
33202		\$733.68
33203		\$767.73
33206		\$441.26
33207		\$461.62
33208		\$500.24
33210		\$154.46
33211		\$161.48
33212		\$312.43
33213		\$326.12
33214		\$463.73
33215		\$299.44
33216		\$361.57
33217		\$358.06
33218		\$378.42
33220		\$364.73

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33221		\$350.34
33222		\$334.54
33223		\$397.73
33224		\$491.11
33225		\$445.12
33226		\$470.40
33227		\$329.28
33228		\$344.02
33229		\$363.68
33230		\$372.11
33231		\$386.85
33233		\$228.53
33234		\$469.34
33235		\$617.48
33236		\$751.23
33237		\$805.29
33238		\$908.50
33240		\$354.55
33241		\$209.92
33243		\$1,307.99
33244		\$837.59
33249		\$883.58
33250		\$1,380.65
33251		\$1,540.38
33254		\$1,293.24
33255		\$1,541.08
33256		\$1,824.02
33257		\$555.00
33258		\$619.24
33259		\$807.05
33261		\$1,526.69
33262		\$362.28
33263		\$376.32

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33264		\$391.76
33265		\$1,291.84
33266		\$1,741.88
33267		\$995.21
33268		\$123.57
33269		\$788.44
33270		\$544.12
33271		\$434.59
33272		\$336.30
33273		\$384.04
33274		\$464.78
33275		\$481.28
33285		\$4,806.83
33286		\$133.40
33289		\$317.34
33300		\$2,304.25
33305		\$3,844.62
33310		\$1,112.10
33315		\$1,811.38
33320		\$1,003.63
33321		\$1,129.31
33322		\$1,319.57
33330		\$1,351.16
33335		\$1,767.50
33340		\$747.37
33361		\$1,141.59
33362		\$1,243.75
33363		\$1,289.38
33364		\$1,285.87
33365		\$1,346.25
33366		\$1,482.81
33367		\$573.96
33368		\$695.77

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33369		\$917.98
33370		\$127.08
33390		\$1,821.56
33391		\$2,164.88
33404		\$1,656.22
33405		\$2,143.82
33406		\$2,711.11
33410		\$2,396.22
33411		\$3,160.79
33412		\$2,964.56
33413		\$3,039.68
33414		\$2,023.41
33415		\$1,913.18
33416		\$1,912.48
33417		\$1,580.40
33418		\$1,706.42
33419		\$400.19
33420		\$1,375.74
33422		\$1,576.89
33425		\$2,577.01
33426		\$2,249.13
33427		\$2,305.30
33430		\$2,645.81
33440		\$3,206.43
33460		\$2,262.47
33463		\$2,915.76
33464		\$2,303.54
33465		\$2,597.37
33468		\$2,307.05
33471		\$1,257.44
33474		\$2,057.11
33475		\$2,195.07
33476		\$1,444.89

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33477		\$1,279.90
33478		\$1,491.93
33496		\$1,577.59
33500		\$1,479.30
33501		\$1,061.20
33502		\$1,215.31
33503		\$1,263.40
33504		\$1,392.24
33505		\$1,937.76
33506		\$1,932.14
33507		\$1,622.87
33508		\$15.09
33509		\$162.53
33510		\$1,828.93
33511		\$2,006.91
33512		\$2,288.45
33513		\$2,341.46
33514		\$2,463.27
33516		\$2,550.68
33517		\$175.87
33518		\$385.45
33519		\$510.07
33521		\$611.52
33522		\$686.64
33523		\$776.51
33530		\$492.16
33533		\$1,769.96
33534		\$2,076.42
33535		\$2,310.57
33536		\$2,488.89
33542		\$2,470.29
33545		\$2,892.95
33548		\$2,804.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33572		\$215.89
33600		\$1,628.14
33602		\$1,581.10
33606		\$1,683.25
33608		\$1,704.31
33610		\$1,681.50
33611		\$1,838.41
33612		\$1,886.86
33615		\$1,887.56
33617		\$2,042.72
33619		\$2,599.12
33620		\$1,554.42
33621		\$881.82
33622		\$3,222.93
33641		\$1,547.05
33645		\$1,634.11
33647		\$1,713.09
33660		\$1,656.22
33665		\$1,802.96
33670		\$1,854.91
33675		\$1,857.37
33676		\$1,906.16
33677		\$1,979.18
33681		\$1,747.84
33684		\$1,779.79
33688		\$1,772.77
33690		\$1,143.70
33692		\$1,840.52
33694		\$1,838.41
33697		\$1,935.65
33702		\$1,465.96
33710		\$1,932.49
33720		\$1,467.36

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33724		\$1,452.26
33726		\$1,914.24
33730		\$1,894.93
33732		\$1,562.49
33735		\$1,233.57
33736		\$1,337.12
33737		\$1,233.57
33741		\$710.51
33745		\$1,014.87
33746		\$405.81
33750		\$1,198.11
33755		\$1,252.87
33762		\$1,216.01
33764		\$1,252.87
33766		\$1,263.05
33767		\$1,348.01
33768		\$389.66
33770		\$1,991.47
33771		\$2,046.23
33774		\$1,705.02
33775		\$1,754.51
33776		\$1,855.61
33777		\$1,787.51
33778		\$2,216.84
33779		\$2,185.24
33780		\$2,226.67
33781		\$2,171.90
33782		\$3,032.66
33783		\$3,275.58
33786		\$2,145.22
33788		\$1,450.86
33800		\$934.83
33802		\$1,034.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33803		\$1,092.45
33813		\$1,179.50
33814		\$1,446.30
33820		\$919.03
33822		\$968.88
33824		\$1,123.34
33840		\$1,178.80
33845		\$1,269.02
33851		\$1,210.05
33852		\$1,328.35
33853		\$1,735.21
33858		\$3,194.84
33859		\$2,297.58
33863		\$2,960.70
33864		\$3,028.10
33866		\$863.92
33871		\$3,064.61
33875		\$2,563.67
33877		\$3,384.76
33880		\$1,676.93
33881		\$1,438.22
33883		\$1,045.06
33884		\$364.73
33886		\$903.23
33889		\$738.59
33891		\$889.54
33894		\$927.10
33895		\$737.89
33897		\$549.03
33900		\$557.11
33901		\$732.63
33902		\$707.35
33903		\$833.73

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33904		\$279.78
33910		\$2,480.82
33915		\$1,303.77
33916		\$3,929.22
33917		\$1,384.51
33920		\$1,709.93
33922		\$1,318.87
33924		\$267.14
33925		\$1,617.96
33926		\$2,271.60
33927		\$2,386.04
33935		\$4,647.46
33945		\$4,581.46
33946		\$293.82
33947		\$324.36
33948		\$229.58
33949		\$222.21
33951		\$397.38
33952		\$403.70
33953		\$444.07
33954		\$448.28
33955		\$776.51
33956		\$783.18
33957		\$173.42
33958		\$173.42
33959		\$219.75
33962		\$219.75
33963		\$438.45
33964		\$462.67
33965		\$173.42
33966		\$223.26
33967		\$244.33
33968		\$31.59

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
33969		\$255.56
33970		\$333.49
33971		\$675.06
33973		\$470.75
33974		\$849.88
33975		\$1,221.63
33976		\$1,485.26
33977		\$1,055.94
33978		\$1,251.12
33979		\$1,821.56
33980		\$1,670.61
33981		\$778.26
33982		\$1,828.93
33983		\$2,161.02
33984		\$266.09
33985		\$481.63
33986		\$491.11
33987		\$195.53
33988		\$728.41
33989		\$462.67
33990		\$341.21
33991		\$447.58
33992		\$177.98
33993		\$157.62
33995		\$343.67
33997		\$153.05
34001		\$851.98
34051		\$947.47
34101		\$561.67
34111		\$565.18
34151		\$1,305.53
34201		\$956.59
34203		\$888.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
34401		\$1,407.33
34421		\$648.73
34451		\$1,334.67
34471		\$1,005.39
34490		\$618.19
34501		\$835.83
34502		\$1,463.15
34510		\$951.68
34520		\$922.54
34530		\$880.06
34701		\$1,163.36
34702		\$1,726.43
34703		\$1,285.87
34704		\$2,127.67
34705		\$1,428.75
34706		\$2,126.27
34707		\$1,084.72
34708		\$1,728.89
34709		\$300.14
34710		\$745.97
34711		\$274.16
34712		\$616.43
34713		\$114.79
34714		\$251.35
34715		\$278.03
34716		\$347.53
34717		\$413.88
34718		\$1,155.98
34808		\$183.60
34812		\$191.67
34813		\$219.05
34820		\$311.38
34830		\$1,635.86

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
34831		\$1,791.72
34832		\$1,758.37
34833		\$362.63
34834		\$119.71
35001		\$1,058.39
35002		\$1,060.15
35005		\$929.56
35011		\$948.87
35013		\$1,185.82
35021		\$1,197.76
35022		\$1,368.37
35045		\$917.28
35081		\$1,614.10
35082		\$2,023.41
35091		\$1,665.35
35092		\$2,428.16
35102		\$1,748.90
35103		\$2,065.54
35111		\$1,235.32
35112		\$1,517.21
35121		\$1,467.71
35122		\$1,754.16
35131		\$1,277.09
35132		\$1,517.21
35141		\$1,026.10
35142		\$1,237.78
35151		\$1,155.28
35152		\$1,299.21
35180		\$732.98
35182		\$1,696.94
35184		\$899.02
35188		\$1,199.86
35189		\$1,402.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
35190		\$725.61
35201		\$891.65
35206		\$744.21
35207		\$743.86
35211		\$1,325.19
35216		\$1,985.50
35221		\$1,395.75
35226		\$784.23
35231		\$1,207.24
35236		\$947.82
35241		\$1,362.75
35246		\$1,480.70
35251		\$1,636.91
35256		\$955.19
35261		\$913.76
35266		\$814.07
35271		\$1,311.15
35276		\$1,384.51
35281		\$1,525.63
35286		\$877.61
35301		\$1,058.04
35302		\$1,048.92
35303		\$1,153.18
35304		\$1,189.68
35305		\$1,146.16
35306		\$411.42
35311		\$1,470.87
35321		\$837.59
35331		\$1,356.08
35341		\$1,297.45
35351		\$1,203.38
35355		\$960.80
35361		\$1,413.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
35363		\$1,508.08
35371		\$763.87
35372		\$910.61
35390		\$147.44
35400		\$136.91
35500		\$295.23
35501		\$1,354.67
35506		\$1,183.37
35508		\$1,234.62
35509		\$1,311.50
35510		\$1,142.29
35511		\$1,041.19
35512		\$1,119.83
35515		\$1,234.62
35516		\$1,133.52
35518		\$1,061.20
35521		\$1,142.64
35522		\$1,087.18
35523		\$1,201.97
35525		\$1,059.10
35526		\$1,636.91
35531		\$1,808.92
35533		\$1,399.96
35535		\$1,765.40
35536		\$1,569.16
35537		\$1,932.49
35538		\$2,165.23
35539		\$2,032.19
35540		\$2,263.88
35556		\$1,305.18
35558		\$1,153.18
35560		\$1,582.85
35563		\$1,230.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
35565		\$1,224.44
35566		\$1,554.07
35570		\$1,369.42
35571		\$1,237.08
35572		\$320.15
35583		\$1,343.09
35585		\$1,556.88
35587		\$1,262.00
35600		\$174.82
35601		\$1,307.64
35606		\$1,095.25
35612		\$973.79
35616		\$1,023.64
35621		\$1,025.75
35623		\$1,222.33
35626		\$1,507.03
35631		\$1,721.16
35632		\$1,676.58
35633		\$1,843.33
35634		\$1,641.13
35636		\$1,481.05
35637		\$1,540.03
35638		\$1,618.66
35642		\$922.19
35645		\$882.87
35646		\$1,593.03
35647		\$1,447.35
35650		\$950.27
35654		\$1,275.34
35656		\$1,006.44
35661		\$1,015.57
35663		\$1,133.52
35665		\$1,096.66

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
35666		\$1,211.10
35671		\$1,068.22
35681		\$74.07
35682		\$327.52
35683		\$377.72
35685		\$183.24
35686		\$148.84
35691		\$882.17
35693		\$781.42
35694		\$920.79
35695		\$955.54
35697		\$135.85
35700		\$140.77
35701		\$426.52
35702		\$387.55
35703		\$397.03
35800		\$707.70
35820		\$1,899.84
35840		\$1,156.34
35860		\$791.25
35870		\$1,161.60
35875		\$559.21
35876		\$885.33
35879		\$863.57
35881		\$955.54
35883		\$1,121.93
35884		\$1,151.07
35901		\$448.98
35903		\$538.50
35905		\$1,560.39
35907		\$1,777.68
36002		\$150.60
36005		\$275.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
36010		\$585.19
36011		\$875.85
36012		\$895.51
36013		\$841.80
36014		\$850.58
36015		\$920.43
36100		\$574.31
36140		\$550.79
36160		\$597.83
36200		\$635.04
36215		\$1,110.00
36216		\$1,133.17
36217		\$1,884.05
36218		\$212.73
36221		\$1,059.80
36222		\$1,275.69
36223		\$1,693.08
36224		\$2,126.62
36225		\$1,604.97
36226		\$2,050.09
36227		\$236.25
36228		\$1,319.22
36245		\$1,333.96
36246		\$884.98
36247		\$1,527.39
36248		\$122.51
36251		\$1,381.71
36252		\$1,479.30
36253		\$2,170.50
36254		\$2,131.53
36260		\$638.20
36261		\$403.35
36262		\$308.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
36400		\$27.73
36405		\$24.22
36406		\$17.55
36410		\$17.90
36415		\$3.16
36416		\$7.02
36420		\$44.58
36425		\$39.32
36430		\$39.32
36440		\$50.55
36450		\$172.01
36455		\$118.30
36456		\$97.94
36460		\$334.54
36465		\$1,420.32
36466		\$1,568.11
36470		\$117.95
36471		\$204.31
36473		\$1,318.87
36474		\$268.90
36475		\$1,149.67
36476		\$293.82
36478		\$1,047.51
36479		\$308.92
36481		\$1,871.76
36482		\$1,805.41
36483		\$135.50
36500		\$173.77
36510		\$87.06
36511		\$109.53
36512		\$107.07
36513		\$104.96
36514		\$599.58

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
36516		\$1,912.83
36522		\$1,466.31
36555		\$197.99
36556		\$223.61
36557		\$1,250.42
36558		\$894.11
36560		\$1,326.94
36561		\$1,056.99
36563		\$1,196.71
36565		\$870.94
36566		\$4,668.87
36568		\$89.52
36569		\$91.27
36570		\$1,581.80
36571		\$1,378.90
36572		\$399.14
36573		\$412.48
36575		\$157.97
36576		\$361.57
36578		\$458.81
36580		\$200.80
36581		\$844.26
36582		\$946.76
36583		\$1,239.18
36584		\$354.90
36585		\$1,256.73
36589		\$167.10
36590		\$224.67
36591		\$27.38
36592		\$30.54
36593		\$33.70
36595		\$637.14
36596		\$117.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
36597		\$114.09
36598		\$127.78
36600		\$29.14
36620		\$43.53
36625		\$102.15
36640		\$115.84
36660		\$68.80
36680		\$56.52
36800		\$119.35
36810		\$208.52
36815		\$126.02
36818		\$650.48
36819		\$688.40
36820		\$678.22
36821		\$624.86
36823		\$1,352.57
36825		\$748.77
36830		\$628.72
36831		\$580.63
36832		\$713.67
36833		\$762.11
36835		\$466.54
36836		\$7,358.21
36837		\$10,470.56
36838		\$1,069.28
36860		\$236.25
36861		\$131.29
36901		\$754.39
36902		\$1,299.56
36903		\$4,708.19
36904		\$1,940.21
36905		\$2,462.57
36906		\$5,950.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
36907		\$632.23
36908		\$1,538.97
36909		\$2,106.96
37140		\$2,223.86
37145		\$2,063.78
37160		\$2,119.60
37180		\$2,036.40
37181		\$2,223.86
37182		\$796.87
37183		\$6,414.96
37184		\$1,838.41
37185		\$497.78
37186		\$1,278.50
37187		\$1,850.70
37188		\$1,583.91
37191		\$2,218.59
37192		\$1,351.87
37193		\$1,604.27
37197		\$1,679.74
37200		\$209.92
37211		\$366.84
37212		\$322.26
37213		\$221.51
37214		\$116.20
37215		\$934.83
37216		\$974.50
37217		\$1,012.41
37218		\$773.70
37220		\$2,712.16
37221		\$3,346.49
37222		\$647.32
37223		\$1,381.35
37224		\$3,175.53

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
37225		\$9,638.59
37226		\$8,992.67
37227		\$12,354.26
37228		\$4,524.24
37229		\$9,750.92
37230		\$9,810.25
37231		\$12,824.30
37232		\$875.85
37233		\$1,090.69
37234		\$3,952.74
37235		\$4,230.77
37236		\$2,975.44
37237		\$1,391.53
37238		\$3,751.25
37239		\$1,853.51
37241		\$5,101.36
37242		\$7,809.65
37243		\$9,433.93
37244		\$7,191.12
37246		\$1,970.76
37247		\$577.47
37248		\$1,469.11
37249		\$467.59
37252		\$1,034.17
37253		\$173.06
37500		\$592.21
37565		\$705.95
37600		\$719.29
37605		\$688.75
37606		\$693.66
37607		\$357.36
37609		\$318.40
37615		\$519.89

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
37616		\$1,052.78
37617		\$1,256.38
37618		\$377.02
37619		\$1,653.41
37650		\$431.78
37660		\$1,262.70
37700		\$235.20
37718		\$370.35
37722		\$444.07
37735		\$546.22
37760		\$540.96
37761		\$510.42
37765		\$431.43
37766		\$500.59
37780		\$223.61
37785		\$354.90
37788		\$1,239.18
37790		\$478.47
38100		\$1,109.30
38101		\$1,120.88
38102		\$249.59
38115		\$1,241.99
38120		\$1,021.89
38200		\$129.53
38205		\$86.01
38206		\$84.95
38207		\$44.23
38208		\$28.08
38209		\$11.94
38210		\$78.28
38211		\$70.91
38212		\$47.04
38213		\$11.94

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
38214		\$40.37
38215		\$47.04
38220		\$161.13
38221		\$167.80
38222		\$181.49
38230		\$195.88
38232		\$192.02
38240		\$244.33
38241		\$179.73
38242		\$127.43
38243		\$123.92
38300		\$349.99
38305		\$484.79
38308		\$452.85
38380		\$564.48
38381		\$767.38
38382		\$661.37
38500		\$337.70
38505		\$184.30
38510		\$530.07
38520		\$457.06
38525		\$430.03
38530		\$551.49
38531		\$435.64
38542		\$517.09
38550		\$513.58
38555		\$998.02
38562		\$695.42
38564		\$686.64
38570		\$505.50
38571		\$651.18
38572		\$890.95
38573		\$1,148.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
38700		\$800.38
38720		\$1,319.57
38724		\$1,432.61
38740		\$681.73
38745		\$854.44
38746		\$201.50
38747		\$253.45
38760		\$814.42
38765		\$1,273.94
38770		\$789.14
38780		\$1,016.62
38790		\$79.69
38792		\$84.60
38794		\$293.82
38900		\$131.29
39000		\$485.84
39010		\$754.39
39200		\$827.41
39220		\$1,085.78
39401		\$292.07
39402		\$380.88
39501		\$824.95
39503		\$5,478.03
39540		\$829.87
39541		\$904.29
39545		\$860.06
39560		\$775.45
39561		\$1,200.92
40490		\$126.02
40510		\$501.99
40520		\$514.28
40525		\$549.73
40527		\$625.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
40530		\$570.09
40650		\$491.11
40652		\$526.92
40654		\$594.32
40700		\$993.10
40701		\$1,171.43
40702		\$984.32
40720		\$1,010.30
40761		\$1,061.20
40800		\$212.03
40801		\$298.04
40804		\$194.13
40805		\$292.77
40806		\$103.91
40808		\$175.17
40810		\$224.67
40812		\$295.58
40814		\$384.04
40816		\$411.42
40818		\$379.13
40819		\$277.32
40820		\$274.87
40830		\$242.92
40831		\$320.50
40840		\$880.06
40842		\$941.85
40843		\$1,209.34
40844		\$1,511.24
40845		\$1,499.66
41000		\$155.51
41005		\$224.32
41006		\$372.81
41007		\$338.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
41008		\$400.19
41009		\$433.89
41010		\$227.83
41015		\$410.02
41016		\$486.55
41017		\$479.52
41018		\$535.34
41019		\$485.49
41100		\$193.78
41105		\$193.42
41108		\$173.77
41110		\$238.36
41112		\$349.29
41113		\$375.26
41114		\$613.62
41115		\$272.41
41116		\$346.48
41120		\$1,083.67
41130		\$1,327.29
41135		\$2,166.29
41140		\$2,193.32
41145		\$2,760.95
41150		\$2,203.85
41153		\$2,394.46
41155		\$2,989.13
41250		\$292.07
41251		\$319.80
41252		\$336.30
41510		\$468.64
41512		\$682.08
41520		\$377.37
41530		\$985.73
41800		\$304.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
41805		\$328.93
41806		\$430.73
41822		\$363.68
41823		\$540.61
41825		\$228.53
41826		\$315.59
41827		\$448.63
41828		\$358.41
41830		\$480.58
41872		\$481.63
41874		\$399.49
42000		\$165.69
42100		\$150.95
42104		\$223.26
42106		\$266.44
42107		\$471.45
42120		\$1,019.78
42140		\$324.71
42145		\$689.10
42160		\$240.46
42180		\$262.23
42182		\$337.00
42200		\$919.73
42205		\$954.84
42210		\$1,066.82
42215		\$699.28
42220		\$576.76
42225		\$996.61
42226		\$919.03
42227		\$855.84
42235		\$755.09
42260		\$871.64
42280		\$183.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
42281		\$233.09
42300		\$221.16
42305		\$425.11
42310		\$176.57
42320		\$268.90
42330		\$238.36
42335		\$446.88
42340		\$548.33
42400		\$101.80
42405		\$308.57
42408		\$565.53
42409		\$410.02
42410		\$625.21
42415		\$1,048.92
42420		\$1,174.59
42425		\$831.97
42426		\$1,332.91
42440		\$413.88
42450		\$482.33
42500		\$460.22
42505		\$584.49
42507		\$499.18
42509		\$821.09
42510		\$611.17
42550		\$165.34
42600		\$560.97
42650		\$76.18
42660		\$116.20
42665		\$390.36
42700		\$197.29
42720		\$451.09
42725		\$793.71
42800		\$162.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
42804		\$223.61
42806		\$248.19
42808		\$235.90
42809		\$207.47
42810		\$398.78
42815		\$542.36
42820		\$290.31
42821		\$303.30
42825		\$268.90
42826		\$255.56
42830		\$212.73
42831		\$231.34
42835		\$198.34
42836		\$244.68
42842		\$1,022.94
42844		\$1,387.32
42845		\$2,207.01
42860		\$193.78
42870		\$605.20
42890		\$1,426.29
42892		\$1,878.08
42894		\$2,368.84
42900		\$328.93
42950		\$814.77
42953		\$976.25
42955		\$774.40
42960		\$161.13
42961		\$419.85
42962		\$515.33
42970		\$411.77
42971		\$453.20
42972		\$505.85
42975		\$111.63

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43020		\$552.54
43030		\$520.25
43045		\$1,246.55
43100		\$632.93
43101		\$962.21
43107		\$2,826.95
43108		\$4,189.70
43112		\$3,286.82
43113		\$4,098.43
43116		\$4,682.56
43117		\$3,086.02
43118		\$3,420.21
43121		\$2,703.38
43122		\$2,438.70
43123		\$4,247.97
43124		\$3,598.19
43130		\$781.77
43135		\$1,395.04
43180		\$540.96
43191		\$152.35
43192		\$166.75
43193		\$166.39
43194		\$188.16
43195		\$181.49
43196		\$192.72
43197		\$198.69
43198		\$219.75
43200		\$278.73
43201		\$274.16
43202		\$384.04
43204		\$133.40
43205		\$139.01
43206		\$319.45

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43210		\$418.44
43211		\$231.34
43212		\$183.60
43213		\$1,342.04
43214		\$189.56
43215		\$418.79
43216		\$440.91
43217		\$448.63
43220		\$987.84
43226		\$409.67
43227		\$642.41
43229		\$769.49
43231		\$156.92
43232		\$196.94
43233		\$224.32
43235		\$314.18
43236		\$430.38
43237		\$193.42
43238		\$229.23
43239		\$403.00
43240		\$386.15
43241		\$140.07
43242		\$259.42
43243		\$233.44
43244		\$241.87
43245		\$641.36
43246		\$195.53
43247		\$404.75
43248		\$439.51
43249		\$1,191.09
43250		\$481.98
43251		\$529.37
43252		\$355.96

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43253		\$259.07
43254		\$266.79
43255		\$675.76
43257		\$228.88
43259		\$222.91
43260		\$318.04
43261		\$333.84
43262		\$352.45
43263		\$352.45
43264		\$358.77
43265		\$427.57
43266		\$214.14
43270		\$788.44
43273		\$117.60
43274		\$456.00
43275		\$371.05
43276		\$474.96
43277		\$373.51
43278		\$426.87
43279		\$1,233.92
43280		\$1,039.44
43281		\$1,477.19
43282		\$1,659.73
43283		\$149.54
43284		\$633.28
43285		\$651.54
43286		\$3,026.69
43287		\$3,367.91
43288		\$3,556.42
43291		\$479.52
43300		\$623.45
43305		\$1,085.07
43310		\$1,408.38

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43312		\$1,500.36
43313		\$2,786.58
43314		\$2,984.22
43320		\$1,346.95
43325		\$1,310.79
43327		\$791.95
43328		\$1,067.87
43330		\$1,289.38
43331		\$1,276.74
43332		\$1,106.14
43333		\$1,207.24
43334		\$1,183.37
43335		\$1,265.16
43336		\$1,376.44
43337		\$1,465.96
43338		\$107.77
43340		\$1,330.45
43341		\$1,333.96
43351		\$1,261.30
43352		\$1,021.18
43360		\$2,132.94
43361		\$2,588.94
43400		\$1,466.66
43405		\$1,391.89
43410		\$1,022.24
43415		\$2,436.24
43420		\$1,008.20
43425		\$1,373.28
43450		\$197.64
43453		\$881.82
43460		\$209.57
43497		\$782.83
43500		\$762.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43501		\$1,302.02
43502		\$1,470.17
43510		\$921.14
43520		\$672.95
43605		\$811.26
43610		\$946.76
43611		\$1,180.21
43620		\$1,904.41
43621		\$2,178.57
43622		\$2,215.78
43631		\$1,397.50
43632		\$1,951.80
43633		\$1,846.49
43634		\$2,039.56
43635		\$107.07
43640		\$1,151.42
43641		\$1,164.41
43644		\$1,671.32
43645		\$1,769.26
43651		\$638.90
43652		\$742.81
43653		\$565.88
43752		\$39.67
43753		\$21.06
43754		\$241.87
43755		\$216.59
43756		\$302.60
43757		\$404.40
43761		\$123.22
43762		\$243.62
43763		\$366.49
43770		\$1,093.15
43771		\$1,237.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
43772		\$918.68
43773		\$1,237.78
43774		\$928.86
43775		\$1,057.69
43800		\$899.72
43810		\$981.87
43820		\$1,297.10
43825		\$1,265.86
43830		\$685.94
43831		\$600.63
43832		\$1,009.25
43840		\$1,312.55
43842		\$1,152.83
43843		\$1,240.94
43845		\$1,882.29
43846		\$1,594.09
43847		\$1,743.63
43848		\$1,859.47
43860		\$1,578.29
43865		\$1,644.99
43870		\$691.20
43880		\$1,543.89
43886		\$364.03
43887		\$326.82
43888		\$457.76
44005		\$1,054.53
44010		\$841.10
44015		\$134.80
44020		\$942.90
44021		\$939.04
44025		\$952.73
44050		\$905.34
44055		\$1,431.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
44100		\$105.31
44110		\$825.65
44111		\$950.62
44120		\$1,177.40
44121		\$229.58
44125		\$1,137.38
44126		\$2,370.94
44127		\$2,734.98
44128		\$230.64
44130		\$1,271.13
44139		\$115.49
44140		\$1,296.40
44141		\$1,757.32
44143		\$1,599.70
44144		\$1,702.21
44145		\$1,595.14
44146		\$2,035.70
44147		\$1,859.83
44150		\$1,800.50
44151		\$2,079.23
44155		\$2,011.83
44156		\$2,223.86
44157		\$2,110.12
44158		\$2,162.07
44160		\$1,200.57
44180		\$889.54
44186		\$632.58
44187		\$1,070.33
44188		\$1,185.12
44202		\$1,338.18
44203		\$228.88
44204		\$1,485.26
44205		\$1,292.54

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
44206		\$1,684.66
44207		\$1,753.11
44208		\$1,913.18
44210		\$1,723.97
44211		\$2,079.58
44212		\$1,980.58
44213		\$179.38
44227		\$1,603.21
44300		\$814.42
44310		\$1,008.20
44312		\$585.54
44314		\$979.76
44316		\$1,364.15
44320		\$1,163.36
44322		\$993.80
44340		\$613.97
44345		\$1,021.18
44346		\$1,146.86
44360		\$141.82
44361		\$156.57
44363		\$189.21
44364		\$201.50
44365		\$179.73
44366		\$236.25
44369		\$242.22
44370		\$262.93
44372		\$235.20
44373		\$188.51
44376		\$280.48
44377		\$294.88
44378		\$379.48
44379		\$403.70
44380		\$207.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
44381		\$1,064.71
44382		\$321.91
44384		\$151.65
44385		\$226.42
44386		\$333.84
44388		\$329.28
44389		\$435.64
44390		\$423.71
44391		\$684.18
44392		\$401.24
44394		\$459.16
44401		\$2,628.96
44402		\$258.02
44403		\$299.79
44404		\$447.23
44405		\$596.77
44406		\$226.42
44407		\$271.71
44408		\$228.18
44500		\$19.31
44602		\$1,352.92
44603		\$1,556.88
44604		\$1,017.32
44605		\$1,255.68
44615		\$1,038.74
44620		\$839.34
44625		\$981.87
44626		\$1,536.52
44640		\$1,347.65
44650		\$1,391.89
44660		\$1,293.59
44661		\$1,492.28
44680		\$1,038.74

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
44700		\$975.90
44701		\$161.13
44705		\$112.33
44720		\$260.12
44721		\$364.03
44800		\$752.64
44820		\$824.60
44850		\$729.47
44900		\$761.06
44950		\$622.05
44955		\$79.69
44960		\$849.88
44970		\$586.24
45000		\$423.71
45005		\$332.44
45020		\$565.53
45100		\$299.79
45108		\$367.19
45110		\$1,778.73
45111		\$1,060.85
45112		\$1,803.66
45113		\$1,836.66
45114		\$1,747.14
45116		\$1,517.91
45119		\$1,850.00
45120		\$1,544.59
45121		\$1,684.30
45123		\$1,090.69
45126		\$2,673.89
45130		\$1,060.50
45135		\$1,277.09
45136		\$1,760.48
45150		\$415.63

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
45160		\$994.50
45171		\$617.84
45172		\$819.33
45190		\$706.65
45300		\$134.45
45303		\$1,038.39
45305		\$190.27
45307		\$222.91
45308		\$214.14
45309		\$220.81
45315		\$237.31
45317		\$229.93
45320		\$233.09
45321		\$99.35
45327		\$111.98
45330		\$196.94
45331		\$307.86
45332		\$293.82
45333		\$352.45
45334		\$534.99
45335		\$313.48
45337		\$113.04
45338		\$316.99
45340		\$498.83
45341		\$122.51
45342		\$167.45
45346		\$2,549.63
45347		\$152.00
45349		\$195.53
45350		\$734.38
45378		\$354.20
45379		\$454.60
45380		\$458.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
45381		\$468.29
45382		\$711.92
45384		\$513.58
45385		\$474.61
45386		\$654.70
45388		\$2,712.51
45389		\$285.75
45390		\$327.52
45391		\$254.51
45392		\$299.44
45393		\$247.84
45395		\$1,908.97
45397		\$2,079.93
45398		\$891.65
45400		\$1,108.59
45402		\$1,473.33
45500		\$562.37
45505		\$600.63
45520		\$170.96
45540		\$1,033.47
45541		\$927.46
45550		\$1,426.64
45560		\$682.78
45562		\$1,114.21
45563		\$1,609.88
45800		\$1,233.57
45805		\$1,426.29
45820		\$1,236.72
45825		\$1,495.09
45900		\$208.17
45905		\$168.15
45910		\$191.67
45915		\$363.68

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
45990		\$102.50
46020		\$113.39
46030		\$269.60
46040		\$566.23
46045		\$438.80
46050		\$247.49
46060		\$486.55
46070		\$273.46
46080		\$296.63
46083		\$218.00
46200		\$491.11
46220		\$261.53
46221		\$295.58
46230		\$322.26
46250		\$493.57
46255		\$535.34
46257		\$419.50
46258		\$474.61
46260		\$480.58
46261		\$526.21
46262		\$579.57
46270		\$549.03
46275		\$579.22
46280		\$481.63
46285		\$576.76
46288		\$557.46
46320		\$221.16
46500		\$331.38
46505		\$322.26
46600		\$126.73
46601		\$155.51
46604		\$731.22
46606		\$300.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
46607		\$216.94
46608		\$312.43
46610		\$295.93
46611		\$239.76
46612		\$359.12
46614		\$177.28
46615		\$189.56
46700		\$654.34
46705		\$566.23
46706		\$175.52
46707		\$500.59
46710		\$1,082.27
46712		\$2,145.22
46715		\$549.03
46716		\$1,207.94
46730		\$1,930.39
46735		\$2,216.13
46740		\$2,103.10
46742		\$2,423.95
46744		\$3,405.12
46746		\$3,748.09
46748		\$4,058.76
46750		\$743.51
46751		\$659.96
46753		\$609.76
46754		\$356.31
46760		\$1,096.31
46761		\$903.58
46900		\$245.73
46910		\$274.52
46916		\$270.65
46917		\$458.11
46922		\$328.58

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
46924		\$577.47
46930		\$225.72
46940		\$274.16
46942		\$261.88
46945		\$344.72
46946		\$387.20
46947		\$383.34
46948		\$447.23
47000		\$319.80
47001		\$98.29
47010		\$1,177.40
47015		\$1,131.41
47100		\$828.11
47120		\$2,248.78
47122		\$3,293.13
47125		\$2,948.76
47130		\$3,165.35
47135		\$5,170.51
47140		\$3,428.29
47141		\$4,095.62
47142		\$4,501.42
47146		\$311.38
47147		\$362.28
47300		\$1,099.47
47350		\$1,326.24
47360		\$1,808.57
47361		\$2,896.81
47362		\$1,387.67
47370		\$1,207.94
47371		\$1,215.66
47380		\$1,394.69
47381		\$1,427.69
47382		\$3,983.28

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
47383		\$6,495.35
47400		\$2,071.50
47420		\$1,289.38
47425		\$1,323.78
47460		\$1,231.11
47480		\$855.49
47490		\$333.84
47531		\$460.92
47532		\$904.29
47533		\$1,258.84
47534		\$1,368.37
47535		\$958.35
47536		\$688.04
47537		\$533.59
47538		\$4,153.54
47539		\$4,596.21
47540		\$4,655.88
47541		\$1,241.99
47542		\$534.64
47543		\$416.69
47544		\$908.85
47550		\$156.57
47552		\$267.85
47553		\$268.90
47554		\$490.41
47555		\$319.80
47556		\$362.28
47562		\$641.36
47563		\$697.87
47564		\$1,082.27
47570		\$751.93
47600		\$1,035.93
47605		\$1,091.74

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
47610		\$1,212.15
47612		\$1,230.41
47620		\$1,326.94
47700		\$1,032.42
47701		\$1,679.04
47711		\$1,503.87
47712		\$1,923.36
47715		\$1,289.73
47720		\$1,122.99
47721		\$1,312.90
47740		\$1,273.58
47741		\$1,428.75
47760		\$2,164.18
47765		\$2,910.85
47780		\$2,374.10
47785		\$3,096.90
47800		\$1,497.20
47801		\$1,085.07
47802		\$1,476.84
47900		\$1,320.62
48000		\$1,811.73
48001		\$2,214.73
48020		\$1,143.00
48100		\$854.09
48102		\$543.06
48105		\$2,741.65
48120		\$1,066.82
48140		\$1,506.68
48145		\$1,574.43
48146		\$1,825.77
48148		\$1,210.75
48150		\$2,992.99
48152		\$2,782.37

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
48153		\$2,983.51
48154		\$2,794.30
48155		\$1,762.59
48400		\$101.80
48500		\$1,118.07
48510		\$1,067.52
48520		\$1,064.36
48540		\$1,261.65
48545		\$1,300.97
48547		\$1,725.03
48548		\$1,611.29
48552		\$223.61
48554		\$2,534.18
48556		\$1,248.31
49000		\$745.97
49002		\$1,007.14
49010		\$889.89
49013		\$434.24
49014		\$361.93
49020		\$1,542.13
49040		\$975.55
49060		\$1,064.01
49062		\$744.91
49082		\$223.61
49083		\$311.02
49084		\$102.50
49180		\$180.44
49185		\$1,384.86
49203		\$1,158.79
49204		\$1,472.63
49205		\$1,686.41
49215		\$2,147.68
49250		\$579.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
49255		\$772.65
49320		\$320.15
49321		\$336.30
49322		\$365.08
49323		\$617.84
49324		\$375.26
49325		\$400.19
49326		\$179.03
49327		\$123.92
49400		\$155.51
49402		\$826.36
49405		\$955.19
49406		\$954.84
49407		\$801.43
49411		\$505.50
49412		\$78.28
49418		\$1,063.31
49419		\$415.28
49421		\$216.24
49422		\$212.03
49423		\$645.57
49424		\$196.94
49425		\$686.99
49426		\$652.24
49427		\$37.91
49428		\$417.39
49429		\$442.67
49435		\$112.68
49436		\$183.95
49440		\$896.21
49441		\$1,011.00
49442		\$856.54
49446		\$862.51

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
49450		\$648.38
49451		\$695.42
49452		\$841.10
49460		\$728.06
49465		\$142.87
49491		\$776.51
49492		\$930.97
49495		\$398.43
49496		\$600.28
49500		\$407.56
49501		\$591.16
49505		\$510.07
49507		\$572.55
49520		\$616.08
49521		\$695.42
49525		\$559.21
49540		\$659.26
49550		\$562.02
49553		\$616.43
49555		\$589.05
49557		\$703.49
49560		\$716.13
49561		\$898.32
49565		\$745.62
49566		\$906.39
49568		\$253.45
49570		\$411.42
49572		\$506.91
49580		\$332.79
49582		\$475.31
49585		\$438.45
49587		\$468.29
49590		\$559.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
49591		\$328.93
49592		\$456.71
49593		\$550.08
49594		\$715.43
49595		\$740.00
49596		\$982.57
49600		\$715.43
49605		\$4,700.47
49606		\$1,095.61
49610		\$675.41
49611		\$596.77
49613		\$405.81
49614		\$548.68
49615		\$613.97
49616		\$823.55
49617		\$850.58
49618		\$1,189.68
49621		\$717.53
49622		\$885.68
49623		\$190.62
49650		\$423.36
49651		\$552.19
49652		\$721.74
49653		\$903.58
49654		\$817.93
49655		\$1,001.88
49656		\$887.44
49657		\$1,272.53
49900		\$801.78
49904		\$1,350.11
49905		\$336.30
50010		\$694.71
50020		\$998.72

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
50040		\$909.55
50045		\$916.57
50060		\$1,117.37
50065		\$1,184.42
50070		\$1,161.60
50075		\$1,426.99
50080		\$853.03
50081		\$1,253.22
50100		\$1,047.51
50120		\$932.72
50125		\$965.37
50130		\$1,013.81
50135		\$1,100.17
50200		\$554.65
50205		\$730.52
50220		\$1,028.91
50225		\$1,174.24
50230		\$1,250.42
50234		\$1,276.04
50236		\$1,436.47
50240		\$1,300.61
50250		\$1,194.25
50280		\$940.09
50290		\$883.93
50320		\$1,475.43
50327		\$206.06
50328		\$180.79
50329		\$171.66
50340		\$932.37
50360		\$2,343.21
50365		\$2,804.48
50370		\$1,179.86
50380		\$1,978.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
50382		\$1,084.02
50384		\$926.05
50385		\$1,089.29
50386		\$803.89
50387		\$605.90
50389		\$453.55
50390		\$93.38
50391		\$124.97
50396		\$115.14
50400		\$1,133.17
50405		\$1,366.96
50430		\$675.76
50431		\$348.23
50432		\$976.25
50433		\$1,216.01
50434		\$978.71
50435		\$652.59
50436		\$147.79
50437		\$244.33
50500		\$1,207.94
50520		\$1,121.58
50525		\$1,419.62
50526		\$1,518.96
50540		\$1,124.74
50541		\$899.02
50542		\$1,144.05
50543		\$1,460.69
50544		\$1,216.01
50545		\$1,306.58
50546		\$1,178.10
50547		\$1,566.00
50548		\$1,313.60
50551		\$358.77

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
50553		\$384.39
50555		\$408.97
50557		\$416.34
50561		\$471.45
50562		\$563.42
50570		\$476.72
50572		\$516.03
50574		\$548.33
50575		\$692.96
50576		\$546.92
50580		\$589.05
50590		\$748.42
50592		\$3,093.74
50593		\$4,136.34
50600		\$920.43
50605		\$971.34
50606		\$512.87
50610		\$926.75
50620		\$886.73
50630		\$876.55
50650		\$1,019.08
50660		\$1,120.88
50684		\$133.05
50686		\$144.98
50688		\$76.53
50690		\$123.22
50693		\$1,072.44
50694		\$1,198.46
50695		\$1,438.93
50700		\$910.25
50705		\$2,003.75
50706		\$904.64
50715		\$1,175.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
50722		\$1,001.88
50725		\$1,080.51
50727		\$505.85
50728		\$717.18
50740		\$1,183.37
50750		\$1,130.36
50760		\$1,106.84
50770		\$1,130.36
50780		\$1,085.42
50782		\$1,054.53
50783		\$1,105.08
50785		\$1,188.28
50800		\$908.50
50810		\$1,360.64
50815		\$1,202.32
50820		\$1,285.17
50825		\$1,612.69
50830		\$1,762.94
50840		\$1,208.29
50845		\$1,232.86
50860		\$928.86
50900		\$829.87
50920		\$867.08
50930		\$1,080.16
50940		\$873.04
50945		\$952.38
50947		\$1,356.08
50948		\$1,247.26
50951		\$376.32
50953		\$397.73
50955		\$423.71
50957		\$427.57
50961		\$386.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
50970		\$360.17
50972		\$348.23
50974		\$459.16
50976		\$452.49
50980		\$346.13
51020		\$465.83
51030		\$469.34
51040		\$289.26
51045		\$497.08
51050		\$466.19
51060		\$576.06
51065		\$573.60
51080		\$404.75
51100		\$75.12
51101		\$162.88
51102		\$247.84
51500		\$629.42
51520		\$588.70
51525		\$844.96
51530		\$758.95
51535		\$767.73
51550		\$943.60
51555		\$1,235.32
51565		\$1,264.46
51570		\$1,439.63
51575		\$1,780.49
51580		\$1,856.32
51585		\$2,064.48
51590		\$1,887.56
51595		\$2,136.45
51596		\$2,301.09
51597		\$2,244.57
51600		\$227.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
51605		\$37.91
51610		\$134.45
51700		\$78.63
51701		\$44.93
51702		\$63.54
51703		\$154.11
51705		\$98.99
51710		\$139.01
51715		\$384.04
51720		\$88.81
51725		\$238.71
51725	26	\$74.42
51725	TC	\$164.29
51726		\$316.64
51726	26	\$83.20
51726	TC	\$233.44
51727		\$381.58
51727	26	\$103.91
51727	TC	\$277.68
51728		\$384.74
51728	26	\$102.15
51728	TC	\$282.59
51729		\$405.81
51729	26	\$123.57
51729	TC	\$282.24
51736		\$13.34
51736	26	\$8.43
51736	TC	\$4.91
51741		\$13.69
51741	26	\$8.43
51741	TC	\$5.27
51784		\$64.94
51784	26	\$36.86

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
51784	TC	\$28.08
51785		\$462.32
51785	26	\$86.36
51785	TC	\$375.97
51792		\$285.75
51792	26	\$53.36
51792	TC	\$232.39
51797		\$206.06
51797	26	\$38.97
51797	TC	\$167.10
51798		\$10.53
51800		\$1,019.43
51820		\$1,066.12
51840		\$692.61
51841		\$800.73
51845		\$575.71
51860		\$732.63
51865		\$881.82
51880		\$459.16
51900		\$811.61
51920		\$752.29
51925		\$1,071.38
51940		\$1,607.07
51960		\$1,358.19
51980		\$703.49
51990		\$733.68
51992		\$820.74
52000		\$252.75
52001		\$449.34
52005		\$317.69
52007		\$475.66
52010		\$399.49
52204		\$398.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
52214		\$799.68
52224		\$833.73
52234		\$239.06
52235		\$280.13
52240		\$380.88
52250		\$232.74
52260		\$205.01
52265		\$392.12
52270		\$441.26
52275		\$565.18
52276		\$256.96
52277		\$313.83
52281		\$340.51
52282		\$326.47
52283		\$365.79
52285		\$361.93
52287		\$405.81
52290		\$236.95
52300		\$272.06
52301		\$281.54
52305		\$270.30
52310		\$330.33
52315		\$482.68
52317		\$932.37
52318		\$459.52
52320		\$239.41
52325		\$310.67
52327		\$254.86
52330		\$631.88
52332		\$422.66
52334		\$177.63
52341		\$275.92
52342		\$300.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
52343		\$334.19
52344		\$359.12
52345		\$382.99
52346		\$433.54
52351		\$293.82
52352		\$344.02
52353		\$380.88
52354		\$405.10
52355		\$453.55
52356		\$403.70
52400		\$468.29
52402		\$258.37
52441		\$1,368.37
52442		\$945.01
52450		\$468.99
52500		\$485.84
52601		\$716.48
52630		\$400.89
52640		\$319.10
52647		\$1,643.58
52648		\$1,693.78
52649		\$813.37
52700		\$436.70
53000		\$147.09
53010		\$294.53
53020		\$94.43
53025		\$66.70
53040		\$387.90
53060		\$187.81
53080		\$416.34
53085		\$641.00
53200		\$156.21
53210		\$764.22

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
53215		\$911.31
53220		\$446.53
53230		\$602.04
53235		\$625.91
53240		\$420.55
53250		\$392.12
53260		\$206.41
53265		\$229.23
53270		\$211.33
53275		\$259.42
53400		\$787.39
53405		\$859.00
53410		\$963.26
53415		\$1,109.30
53420		\$827.41
53425		\$920.08
53430		\$954.13
53431		\$1,130.71
53440		\$741.75
53442		\$774.75
53444		\$781.07
53445		\$746.32
53446		\$635.04
53447		\$794.76
53448		\$1,252.52
53449		\$605.55
53450		\$405.45
53460		\$452.85
53500		\$735.79
53502		\$480.58
53505		\$480.23
53510		\$624.51
53515		\$783.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
53520		\$552.19
53600		\$88.81
53601		\$85.65
53605		\$62.13
53620		\$177.28
53621		\$169.20
53660		\$76.53
53661		\$75.12
53665		\$37.21
53850		\$1,517.21
53852		\$1,478.24
53854		\$1,795.94
53855		\$709.11
53860		\$2,595.61
54000		\$166.39
54001		\$201.15
54015		\$300.49
54050		\$144.63
54055		\$138.31
54056		\$145.33
54057		\$143.93
54060		\$199.04
54065		\$225.02
54100		\$207.47
54105		\$278.38
54110		\$618.89
54111		\$785.99
54112		\$921.49
54115		\$454.95
54120		\$623.80
54125		\$807.05
54130		\$1,171.43
54135		\$1,480.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
54150		\$150.25
54160		\$223.26
54161		\$194.83
54162		\$260.12
54163		\$216.24
54164		\$192.72
54200		\$116.90
54205		\$526.56
54220		\$221.51
54230		\$106.01
54231		\$141.82
54235		\$88.11
54240		\$105.66
54240	26	\$64.24
54240	TC	\$41.42
54250		\$121.81
54250	26	\$107.42
54250	TC	\$14.39
54300		\$638.55
54304		\$737.19
54308		\$706.30
54312		\$805.99
54316		\$978.01
54318		\$701.73
54322		\$769.49
54324		\$952.03
54326		\$926.75
54328		\$921.14
54332		\$993.10
54336		\$1,167.22
54340		\$563.07
54344		\$928.86
54348		\$993.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
54352		\$1,386.97
54360		\$710.86
54380		\$787.39
54385		\$916.57
54390		\$1,219.17
54400		\$526.21
54401		\$657.50
54405		\$795.81
54406		\$720.69
54408		\$779.67
54410		\$850.58
54411		\$1,013.11
54415		\$525.86
54416		\$707.70
54417		\$884.63
54420		\$692.96
54430		\$630.82
54435		\$410.02
54437		\$669.44
54438		\$1,312.20
54450		\$67.40
54500		\$72.67
54505		\$207.12
54512		\$530.07
54520		\$324.36
54522		\$580.27
54530		\$502.69
54535		\$733.33
54550		\$485.84
54560		\$677.86
54600		\$447.93
54620		\$294.17
54640		\$425.11

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
54650		\$702.44
54660		\$355.26
54670		\$405.81
54680		\$775.81
54690		\$645.92
54692		\$743.86
54700		\$210.27
54800		\$122.51
54830		\$369.30
54840		\$319.80
54860		\$414.93
54861		\$562.02
54865		\$356.66
54900		\$788.79
54901		\$1,040.84
55000		\$121.81
55040		\$335.60
55041		\$506.91
55060		\$376.67
55100		\$234.15
55110		\$384.74
55120		\$352.10
55150		\$489.35
55175		\$361.57
55180		\$682.08
55200		\$391.41
55250		\$343.32
55300		\$181.84
55400		\$493.57
55500		\$388.60
55520		\$448.63
55530		\$349.64
55535		\$426.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
55540		\$541.31
55550		\$425.11
55600		\$418.09
55605		\$518.49
55650		\$708.76
55680		\$344.37
55700		\$247.49
55705		\$261.53
55706		\$371.75
55720		\$447.23
55725		\$588.70
55801		\$1,076.30
55810		\$1,281.66
55812		\$1,575.13
55815		\$1,724.32
55821		\$858.30
55831		\$928.86
55840		\$1,147.21
55842		\$1,147.56
55845		\$1,333.61
55860		\$860.41
55862		\$1,075.60
55865		\$1,309.74
55866		\$1,411.54
55867		\$1,037.68
55870		\$174.82
55873		\$6,215.92
55874		\$3,114.10
55875		\$768.43
55876		\$153.41
55880		\$963.26
55920		\$456.71
56405		\$152.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
56420		\$193.07
56440		\$178.68
56441		\$188.16
56442		\$46.34
56501		\$199.74
56515		\$283.99
56605		\$98.29
56606		\$38.26
56620		\$589.75
56625		\$667.33
56630		\$955.54
56631		\$1,173.19
56632		\$1,426.29
56633		\$1,218.82
56634		\$1,280.60
56637		\$1,497.90
56640		\$1,509.48
56700		\$203.96
56740		\$314.53
56800		\$252.05
56805		\$1,155.63
56810		\$270.65
56820		\$126.38
56821		\$169.20
57000		\$202.20
57010		\$457.76
57020		\$129.18
57022		\$181.84
57023		\$318.04
57061		\$174.12
57065		\$253.45
57100		\$104.96
57105		\$182.19

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
57106		\$540.26
57107		\$1,441.73
57109		\$1,708.53
57110		\$895.86
57111		\$1,708.53
57120		\$530.43
57130		\$236.95
57135		\$253.45
57150		\$61.08
57155		\$399.49
57156		\$232.39
57160		\$75.47
57170		\$79.34
57180		\$207.47
57200		\$334.54
57210		\$395.27
57220		\$348.94
57230		\$419.50
57240		\$610.46
57250		\$613.27
57260		\$772.65
57265		\$863.57
57267		\$244.68
57268		\$507.61
57270		\$807.05
57280		\$957.29
57282		\$689.80
57283		\$693.66
57284		\$826.71
57285		\$689.45
57287		\$744.91
57288		\$739.65
57289		\$790.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
57291		\$548.33
57292		\$821.44
57295		\$501.64
57296		\$948.17
57300		\$613.97
57305		\$976.25
57307		\$1,084.02
57308		\$661.72
57310		\$494.27
57311		\$555.70
57320		\$563.42
57330		\$763.17
57335		\$1,166.87
57400		\$128.48
57410		\$103.91
57415		\$176.22
57420		\$133.40
57421		\$179.03
57423		\$919.73
57425		\$963.26
57426		\$867.78
57452		\$128.13
57454		\$170.26
57455		\$163.59
57456		\$153.41
57460		\$327.17
57461		\$363.68
57465		\$53.71
57500		\$161.13
57505		\$161.48
57510		\$171.66
57511		\$206.41
57513		\$213.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
57520		\$359.12
57522		\$308.22
57530		\$374.91
57531		\$1,734.15
57540		\$785.63
57545		\$827.06
57550		\$432.48
57555		\$616.43
57556		\$585.89
57558		\$161.83
57700		\$361.57
57720		\$337.00
57800		\$79.34
58100		\$103.91
58110		\$49.50
58120		\$302.60
58140		\$922.54
58145		\$567.29
58146		\$1,140.89
58150		\$998.37
58152		\$1,221.28
58180		\$946.41
58200		\$1,325.89
58210		\$1,794.18
58240		\$2,898.56
58260		\$831.97
58262		\$917.98
58263		\$983.27
58267		\$1,059.45
58270		\$887.09
58275		\$980.46
58280		\$1,048.57
58285		\$1,403.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
58290		\$1,137.03
58291		\$1,228.30
58292		\$1,293.94
58294		\$1,202.32
58300		\$115.84
58301		\$112.68
58340		\$263.28
58346		\$499.89
58353		\$1,007.49
58356		\$1,810.33
58400		\$465.13
58410		\$809.15
58520		\$793.01
58540		\$908.85
58541		\$725.61
58542		\$823.90
58543		\$835.13
58544		\$895.86
58545		\$888.49
58546		\$1,097.36
58548		\$1,855.26
58550		\$870.94
58552		\$967.47
58553		\$1,103.33
58554		\$1,284.82
58555		\$381.23
58558		\$1,445.95
58559		\$277.68
58560		\$305.06
58561		\$348.94
58562		\$450.04
58563		\$2,314.08
58570		\$797.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
58571		\$898.32
58572		\$1,024.34
58573		\$1,201.27
58575		\$1,907.57
58600		\$368.60
58605		\$335.95
58611		\$73.72
58615		\$253.45
58660		\$669.79
58661		\$643.11
58662		\$702.44
58670		\$370.00
58671		\$369.30
58672		\$722.10
58673		\$782.83
58674		\$803.89
58700		\$791.25
58720		\$750.53
58740		\$888.84
58760		\$814.42
58770		\$854.44
58800		\$368.60
58805		\$428.62
58820		\$341.21
58822		\$710.51
58825		\$705.25
58900		\$437.40
58920		\$709.81
58925		\$759.66
58940		\$552.54
58943		\$1,154.58
58950		\$1,142.64
58951		\$1,421.72

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
58952		\$1,624.28
58953		\$1,968.65
58954		\$2,129.08
58956		\$1,338.18
58957		\$1,571.27
58958		\$1,636.21
58960		\$985.38
58970		\$241.17
58976		\$257.67
59000		\$114.09
59001		\$166.75
59012		\$188.16
59015		\$149.90
59020		\$69.16
59020	26	\$34.75
59020	TC	\$34.40
59025		\$47.39
59025	26	\$27.38
59025	TC	\$20.01
59030		\$104.96
59050		\$47.04
59051		\$38.97
59070		\$385.80
59072		\$486.90
59074		\$368.60
59076		\$486.90
59100		\$818.28
59120		\$781.07
59121		\$781.42
59130		\$904.64
59136		\$859.00
59140		\$404.05
59150		\$758.60

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
59151		\$741.75
59160		\$275.92
59200		\$107.77
59300		\$230.64
59320		\$142.52
59325		\$225.37
59350		\$260.12
59400		\$2,305.30
59409		\$758.60
59410		\$1,006.79
59412		\$96.54
59414		\$84.60
59425		\$543.41
59426		\$993.10
59430		\$260.82
59510		\$2,526.11
59514		\$851.63
59515		\$1,230.76
59525		\$450.04
59610		\$2,389.90
59612		\$848.12
59614		\$1,074.19
59618		\$2,549.98
59620		\$878.31
59622		\$1,277.80
59812		\$357.71
59820		\$435.29
59821		\$426.87
59830		\$448.98
59840		\$246.08
59841		\$417.04
59850		\$375.26
59851		\$414.93

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
59852		\$571.50
59855		\$407.21
59856		\$474.96
59857		\$552.89
59866		\$223.26
59870		\$526.21
59871		\$124.97
60000		\$187.81
60100		\$110.93
60200		\$658.21
60210		\$693.66
60212		\$995.21
60220		\$695.07
60225		\$923.24
60240		\$897.27
60252		\$1,290.08
60254		\$1,628.14
60260		\$1,065.42
60270		\$1,327.29
60271		\$1,032.07
60280		\$454.60
60281		\$594.67
60300		\$110.93
60500		\$945.71
60502		\$1,265.16
60505		\$1,369.07
60512		\$232.39
60520		\$1,017.32
60521		\$1,070.33
60522		\$1,303.42
60540		\$1,044.35
60545		\$1,205.48
60600		\$1,296.40

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
60605		\$1,542.83
60650		\$1,150.37
61000		\$105.31
61001		\$100.40
61020		\$99.70
61026		\$102.86
61050		\$80.04
61055		\$114.79
61070		\$55.11
61105		\$443.37
61107		\$286.45
61108		\$860.76
61120		\$711.92
61140		\$1,197.06
61150		\$1,265.86
61151		\$936.23
61154		\$1,205.48
61156		\$1,164.06
61210		\$335.60
61215		\$493.92
61250		\$821.09
61253		\$936.23
61304		\$1,537.22
61305		\$1,873.87
61312		\$1,928.98
61313		\$1,855.96
61314		\$1,713.79
61315		\$1,927.58
61316		\$80.39
61320		\$1,767.85
61321		\$1,982.69
61322		\$2,222.45
61323		\$2,220.70

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
61330		\$1,679.04
61333		\$1,878.43
61340		\$1,349.76
61343		\$2,050.79
61345		\$1,907.57
61450		\$1,790.32
61458		\$1,882.29
61460		\$1,966.19
61500		\$1,248.66
61501		\$1,089.29
61510		\$2,060.97
61512		\$2,378.67
61514		\$1,791.02
61516		\$1,750.65
61517		\$79.69
61518		\$2,582.97
61519		\$2,732.87
61520		\$3,499.20
61521		\$2,945.60
61522		\$2,041.32
61524		\$1,945.83
61526		\$3,191.68
61530		\$2,850.12
61531		\$1,155.98
61533		\$1,430.85
61534		\$1,549.50
61535		\$951.33
61536		\$2,397.62
61537		\$2,281.43
61538		\$2,468.53
61539		\$2,199.28
61540		\$2,029.73
61541		\$2,006.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
61543		\$2,027.62
61544		\$1,771.01
61545		\$2,963.86
61546		\$2,150.49
61548		\$1,483.86
61550		\$1,132.46
61552		\$1,398.91
61556		\$1,600.41
61557		\$1,583.55
61558		\$1,762.24
61559		\$2,242.11
61563		\$1,851.75
61564		\$2,243.52
61566		\$2,088.71
61567		\$2,377.97
61570		\$1,751.00
61571		\$1,861.23
61575		\$2,330.57
61576		\$3,945.02
61580		\$2,476.26
61581		\$2,840.64
61582		\$2,930.86
61583		\$2,787.98
61584		\$2,759.20
61585		\$3,126.04
61586		\$2,471.69
61590		\$2,994.75
61591		\$3,001.42
61592		\$3,018.97
61595		\$2,348.13
61596		\$2,433.08
61597		\$2,820.98
61598		\$2,722.69

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
61600		\$2,109.07
61601		\$2,334.08
61605		\$2,163.83
61606		\$2,788.33
61607		\$2,588.94
61608		\$3,090.58
61611		\$427.92
61613		\$3,101.82
61615		\$2,688.64
61616		\$3,180.10
61618		\$1,226.54
61619		\$1,368.01
61623		\$539.90
61624		\$1,080.51
61626		\$850.93
61630		\$1,289.38
61635		\$1,383.46
61640		\$458.11
61641		\$160.78
61642		\$321.91
61645		\$791.60
61650		\$537.45
61651		\$227.48
61680		\$2,110.82
61682		\$3,841.46
61684		\$2,641.25
61686		\$4,149.33
61690		\$2,033.59
61692		\$3,374.93
61697		\$3,906.06
61698		\$4,272.19
61700		\$3,158.68
61702		\$3,719.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
61703		\$1,277.09
61705		\$2,420.09
61708		\$2,367.79
61710		\$1,997.79
61711		\$2,399.38
61720		\$1,194.95
61735		\$1,496.85
61736		\$894.81
61737		\$1,063.31
61750		\$1,321.68
61751		\$1,305.88
61760		\$1,486.67
61770		\$1,516.51
61781		\$215.54
61782		\$169.20
61783		\$214.84
61790		\$838.29
61791		\$1,061.55
61796		\$957.65
61797		\$200.45
61798		\$1,292.19
61799		\$276.97
61800		\$139.72
61850		\$930.61
61860		\$1,463.15
61863		\$1,414.00
61864		\$258.37
61867		\$2,123.46
61868		\$456.00
61880		\$561.32
61885		\$506.56
61886		\$840.40
61888		\$379.13

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
62000		\$976.60
62005		\$1,195.65
62010		\$1,444.19
62100		\$1,495.79
62115		\$1,587.07
62117		\$1,834.20
62120		\$1,997.43
62121		\$1,525.28
62140		\$971.34
62141		\$1,080.86
62142		\$847.77
62143		\$988.19
62145		\$1,320.97
62146		\$1,175.29
62147		\$1,345.55
62148		\$115.49
62160		\$173.06
62161		\$1,425.59
62162		\$1,766.80
62164		\$1,961.28
62165		\$1,453.32
62180		\$1,497.55
62190		\$880.77
62192		\$934.83
62194		\$473.56
62200		\$1,291.49
62201		\$1,145.45
62220		\$922.19
62223		\$989.59
62225		\$512.52
62230		\$798.27
62252		\$80.39
62252	26	\$42.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
62252	TC	\$37.91
62256		\$582.73
62258		\$1,052.43
62263		\$657.15
62264		\$457.41
62267		\$277.68
62268		\$253.45
62269		\$259.07
62270		\$128.48
62272		\$172.71
62273		\$171.66
62280		\$340.16
62281		\$244.68
62282		\$336.30
62284		\$201.15
62287		\$576.41
62290		\$374.91
62291		\$339.81
62292		\$575.36
62294		\$896.91
62302		\$271.36
62303		\$276.27
62304		\$268.20
62305		\$292.42
62320		\$167.45
62321		\$274.16
62322		\$142.52
62323		\$270.30
62324		\$141.12
62325		\$265.04
62326		\$142.87
62327		\$276.62
62328		\$250.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
62329		\$314.89
62350		\$389.66
62351		\$871.64
62355		\$267.85
62360		\$316.29
62361		\$415.28
62362		\$374.56
62365		\$288.91
62367		\$31.59
62368		\$44.23
62369		\$95.13
62370		\$95.48
63001		\$1,166.87
63003		\$1,168.62
63005		\$1,138.78
63011		\$1,058.75
63012		\$1,139.13
63015		\$1,398.20
63016		\$1,441.38
63017		\$1,197.06
63020		\$1,109.65
63030		\$936.93
63035		\$179.03
63040		\$1,319.92
63042		\$1,243.04
63045		\$1,223.38
63046		\$1,172.13
63047		\$1,059.80
63048		\$197.29
63050		\$1,421.72
63051		\$1,621.82
63052		\$241.87
63053		\$181.14

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
63055		\$1,532.65
63056		\$1,418.92
63057		\$299.44
63064		\$1,679.04
63066		\$187.81
63075		\$1,296.05
63076		\$228.88
63077		\$1,432.26
63078		\$188.86
63081		\$1,669.91
63082		\$247.84
63085		\$1,828.58
63086		\$178.68
63087		\$2,283.18
63088		\$241.17
63090		\$1,873.87
63091		\$167.80
63101		\$2,193.32
63102		\$2,155.76
63103		\$274.16
63170		\$1,495.44
63172		\$1,325.19
63173		\$1,616.55
63185		\$1,096.66
63190		\$1,213.20
63191		\$1,299.56
63197		\$1,603.21
63200		\$1,436.47
63250		\$2,751.83
63251		\$2,814.66
63252		\$2,813.96
63265		\$1,573.73
63266		\$1,622.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
63267		\$1,306.23
63268		\$1,347.65
63270		\$1,940.92
63271		\$1,938.11
63272		\$1,771.36
63273		\$1,748.55
63275		\$1,699.05
63276		\$1,683.60
63277		\$1,478.94
63278		\$1,497.90
63280		\$1,982.69
63281		\$1,963.38
63282		\$1,854.91
63283		\$1,782.95
63285		\$2,434.13
63286		\$2,404.64
63287		\$2,551.03
63290		\$2,593.86
63295		\$301.55
63300		\$1,718.36
63301		\$2,060.27
63302		\$2,036.05
63303		\$2,157.51
63304		\$2,191.56
63305		\$2,329.52
63306		\$2,289.50
63307		\$2,241.76
63308		\$296.63
63600		\$1,027.15
63610		\$533.94
63620		\$1,054.88
63621		\$230.64
63650		\$2,468.89

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
63655		\$802.84
63661		\$704.19
63662		\$812.66
63663		\$929.21
63664		\$844.61
63685		\$354.20
63688		\$364.03
63700		\$1,239.88
63702		\$1,352.22
63704		\$1,572.67
63706		\$1,741.17
63707		\$899.02
63709		\$1,069.28
63710		\$1,044.35
63740		\$936.23
63741		\$648.73
63744		\$658.56
63746		\$584.49
64400		\$115.14
64405		\$74.42
64408		\$83.55
64415		\$115.49
64416		\$63.19
64417		\$144.63
64418		\$89.52
64420		\$99.70
64421		\$33.35
64425		\$114.79
64430		\$101.10
64435		\$82.85
64445		\$129.89
64446		\$58.27
64447		\$90.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
64448		\$60.03
64449		\$61.08
64450		\$77.58
64451		\$240.46
64454		\$233.09
64455		\$50.20
64461		\$139.01
64462		\$74.07
64463		\$245.38
64479		\$276.27
64480		\$140.42
64483		\$257.31
64484		\$116.20
64486		\$115.84
64487		\$229.58
64488		\$143.58
64489		\$377.02
64490		\$196.23
64491		\$98.64
64492		\$98.99
64493		\$180.44
64494		\$92.68
64495		\$92.32
64505		\$142.52
64510		\$152.35
64517		\$198.34
64520		\$241.52
64530		\$243.27
64553		\$2,677.76
64555		\$2,346.72
64561		\$777.91
64566		\$123.92
64568		\$595.37

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
64569		\$734.38
64570		\$699.28
64575		\$316.29
64580		\$308.92
64581		\$645.57
64582		\$843.56
64583		\$795.11
64584		\$670.49
64585		\$251.70
64590		\$270.65
64595		\$239.41
64600		\$475.66
64605		\$655.40
64610		\$796.52
64611		\$127.43
64612		\$135.85
64615		\$149.19
64616		\$134.10
64617		\$164.99
64620		\$210.98
64624		\$410.02
64625		\$496.02
64628		\$444.07
64629		\$205.36
64630		\$261.53
64632		\$91.27
64633		\$458.81
64634		\$273.11
64635		\$463.38
64636		\$258.02
64640		\$256.96
64642		\$150.95
64643		\$92.68

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
64644		\$178.33
64645		\$120.41
64646		\$156.92
64647		\$178.33
64650		\$90.57
64653		\$107.07
64680		\$365.79
64681		\$491.11
64702		\$509.71
64704		\$325.07
64708		\$500.94
64712		\$588.00
64713		\$773.00
64714		\$742.81
64716		\$510.77
64718		\$598.18
64719		\$406.51
64721		\$444.42
64722		\$355.96
64726		\$270.30
64727		\$175.17
64732		\$437.05
64734		\$493.22
64736		\$331.74
64738		\$453.90
64740		\$465.48
64742		\$494.27
64744		\$485.14
64746		\$419.85
64755		\$891.65
64760		\$509.36
64763		\$503.75
64766		\$621.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
64771		\$574.66
64772		\$555.00
64774		\$414.23
64776		\$391.76
64778		\$174.12
64782		\$454.25
64783		\$207.82
64784		\$717.53
64786		\$974.14
64787		\$231.34
64788		\$400.89
64790		\$816.53
64792		\$1,035.58
64795		\$182.54
64802		\$805.64
64804		\$1,125.44
64809		\$1,027.15
64818		\$764.22
64820		\$721.74
64821		\$685.24
64822		\$690.85
64823		\$780.72
64831		\$688.04
64832		\$322.26
64834		\$730.87
64835		\$802.48
64836		\$802.48
64837		\$350.34
64840		\$944.31
64856		\$990.99
64857		\$1,034.17
64858		\$1,148.61
64859		\$238.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
64861		\$1,429.80
64862		\$1,339.58
64864		\$846.36
64865		\$1,086.48
64866		\$1,237.78
64868		\$996.61
64872		\$111.28
64874		\$166.75
64876		\$188.51
64885		\$1,090.34
64886		\$1,269.72
64890		\$1,055.94
64891		\$1,121.93
64892		\$1,027.50
64893		\$1,094.90
64895		\$1,292.89
64896		\$1,392.94
64897		\$1,235.67
64898		\$1,337.12
64901		\$571.50
64902		\$661.72
64905		\$988.54
64907		\$1,267.97
64910		\$765.27
64911		\$1,008.20
64912		\$880.42
64913		\$170.26
65091		\$766.68
65093		\$760.36
65101		\$874.45
65103		\$900.78
65105		\$978.01
65110		\$1,341.69

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
65112		\$1,533.36
65114		\$1,599.70
65125		\$468.99
65130		\$876.91
65135		\$887.09
65140		\$951.68
65150		\$725.25
65155		\$988.19
65175		\$802.84
65205		\$29.14
65210		\$39.32
65220		\$60.38
65222		\$68.45
65235		\$731.92
65260		\$983.97
65265		\$1,107.19
65270		\$295.23
65272		\$541.31
65273		\$378.78
65275		\$596.77
65280		\$668.03
65285		\$1,100.52
65286		\$713.32
65290		\$488.65
65400		\$698.58
65410		\$144.63
65420		\$552.89
65426		\$684.88
65430		\$115.49
65435		\$82.50
65436		\$387.55
65450		\$329.63
65600		\$445.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
65710		\$1,144.05
65730		\$1,252.87
65750		\$1,262.70
65755		\$1,256.73
65756		\$1,170.03
65770		\$1,402.42
65772		\$459.87
65775		\$575.71
65778		\$1,431.90
65779		\$1,238.13
65780		\$668.03
65781		\$1,319.22
65782		\$1,139.84
65785		\$2,300.03
65800		\$119.71
65810		\$462.67
65815		\$655.75
65820		\$836.54
65850		\$842.15
65855		\$247.49
65860		\$309.62
65865		\$479.17
65870		\$595.37
65875		\$634.69
65880		\$666.63
65900		\$994.50
65920		\$791.25
65930		\$641.71
66020		\$201.50
66030		\$182.19
66130		\$716.83
66150		\$876.91
66155		\$876.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
66160		\$984.68
66170		\$1,090.34
66172		\$1,190.74
66174		\$760.01
66175		\$795.81
66179		\$1,077.35
66180		\$1,134.92
66183		\$1,026.45
66184		\$790.20
66185		\$848.82
66225		\$932.37
66250		\$768.08
66500		\$401.59
66505		\$436.35
66600		\$918.33
66605		\$1,093.50
66625		\$427.57
66630		\$564.48
66635		\$570.09
66680		\$522.00
66682		\$726.31
66700		\$454.60
66710		\$445.47
66711		\$505.50
66720		\$470.05
66740		\$441.61
66761		\$303.30
66762		\$480.23
66770		\$531.83
66820		\$483.39
66821		\$337.35
66825		\$846.36
66830		\$706.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
66840		\$689.80
66850		\$784.23
66852		\$834.43
66920		\$744.56
66930		\$853.39
66940		\$781.42
66982		\$741.40
66984		\$541.31
66985		\$766.33
66986		\$898.67
66989		\$850.23
66990		\$87.41
66991		\$679.62
67005		\$472.85
67010		\$540.96
67015		\$608.01
67025		\$749.48
67027		\$842.85
67028		\$113.74
67030		\$560.97
67031		\$392.47
67036		\$891.30
67039		\$953.08
67040		\$1,028.56
67041		\$1,134.22
67042		\$1,134.22
67043		\$1,196.00
67101		\$337.00
67105		\$297.33
67107		\$1,115.26
67108		\$1,180.56
67110		\$895.86
67113		\$1,319.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
67115		\$496.37
67120		\$679.27
67121		\$897.97
67141		\$272.76
67145		\$243.97
67208		\$602.39
67210		\$516.38
67218		\$1,386.97
67220		\$532.18
67221		\$273.81
67225		\$29.14
67227		\$296.28
67228		\$339.81
67229		\$1,150.37
67250		\$926.40
67255		\$687.34
67311		\$481.98
67312		\$660.66
67314		\$552.89
67316		\$706.65
67318		\$683.83
67320		\$254.86
67331		\$242.92
67332		\$262.23
67334		\$239.41
67335		\$186.05
67340		\$289.61
67343		\$668.39
67345		\$241.17
67346		\$188.51
67400		\$1,058.75
67405		\$923.59
67412		\$1,018.73

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
67413		\$986.78
67414		\$1,483.51
67415		\$101.45
67420		\$1,763.29
67430		\$1,415.05
67440		\$1,373.63
67445		\$1,550.21
67450		\$1,421.72
67500		\$76.18
67505		\$87.06
67515		\$51.95
67550		\$1,106.84
67560		\$1,130.71
67570		\$1,376.44
67700		\$298.74
67710		\$255.21
67715		\$275.57
67800		\$129.89
67801		\$163.94
67805		\$204.66
67808		\$366.14
67810		\$192.72
67820		\$19.31
67825		\$137.26
67830		\$280.48
67835		\$439.51
67840		\$291.01
67850		\$222.56
67875		\$188.51
67880		\$475.66
67882		\$579.57
67900		\$658.91
67901		\$813.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
67902		\$723.15
67903		\$612.92
67904		\$751.23
67906		\$501.99
67908		\$552.54
67909		\$558.86
67911		\$555.70
67912		\$940.09
67914		\$503.40
67915		\$327.87
67916		\$626.61
67917		\$639.25
67921		\$493.92
67922		\$317.34
67923		\$626.61
67924		\$666.28
67930		\$378.42
67935		\$608.36
67938		\$286.10
67950		\$594.67
67961		\$597.83
67966		\$786.34
67971		\$714.02
67973		\$917.28
67974		\$915.52
67975		\$676.46
68020		\$122.16
68040		\$62.84
68100		\$186.75
68110		\$243.27
68115		\$344.72
68130		\$564.83
68135		\$157.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
68200		\$42.13
68320		\$759.31
68325		\$651.54
68326		\$639.60
68328		\$699.98
68330		\$636.44
68335		\$641.71
68340		\$621.00
68360		\$553.95
68362		\$650.13
68371		\$411.42
68400		\$308.92
68420		\$345.08
68440		\$104.96
68500		\$1,073.14
68505		\$1,068.22
68510		\$462.67
68520		\$744.91
68525		\$255.21
68530		\$446.88
68540		\$990.99
68550		\$1,234.97
68700		\$599.23
68705		\$271.01
68720		\$817.23
68745		\$821.79
68750		\$869.18
68760		\$227.12
68761		\$150.60
68770		\$623.80
68801		\$98.29
68810		\$164.29
68811		\$133.75

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
68815		\$389.31
68816		\$917.98
68840		\$134.80
68841		\$38.26
68850		\$59.68
69000		\$192.02
69005		\$224.32
69020		\$243.97
69100		\$99.35
69105		\$152.00
69110		\$486.90
69120		\$398.78
69140		\$933.77
69145		\$428.62
69150		\$1,020.83
69155		\$1,635.16
69200		\$81.44
69205		\$94.78
69209		\$15.45
69210		\$47.39
69220		\$78.28
69222		\$223.97
69300		\$662.07
69310		\$1,152.83
69320		\$1,600.41
69420		\$196.94
69421		\$153.05
69424		\$134.10
69433		\$207.47
69436		\$160.08
69440		\$707.00
69450		\$562.72
69501		\$721.04

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
69502		\$954.84
69505		\$1,262.00
69511		\$1,290.43
69530		\$1,708.88
69535		\$2,692.15
69540		\$220.10
69550		\$1,093.15
69552		\$1,616.20
69554		\$2,550.68
69601		\$1,032.07
69602		\$1,106.84
69603		\$1,317.11
69604		\$1,130.36
69610		\$388.60
69620		\$767.73
69631		\$909.20
69632		\$1,106.14
69633		\$1,072.09
69635		\$1,297.10
69636		\$1,445.24
69637		\$1,465.96
69641		\$1,061.20
69642		\$1,360.29
69643		\$1,244.45
69644		\$1,541.43
69645		\$1,516.86
69646		\$1,603.56
69650		\$818.28
69660		\$937.99
69661		\$1,219.17
69662		\$1,170.38
69666		\$822.84
69667		\$823.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
69670		\$962.21
69676		\$851.63
69700		\$676.11
69705		\$2,975.79
69706		\$3,068.47
69711		\$851.98
69714		\$650.13
69716		\$615.38
69717		\$656.10
69719		\$615.38
69720		\$1,205.13
69725		\$1,875.27
69726		\$419.85
69727		\$479.52
69728		\$600.28
69729		\$679.27
69730		\$694.71
69740		\$1,170.38
69745		\$1,249.01
69801		\$234.15
69805		\$1,034.87
69806		\$931.67
69905		\$935.18
69910		\$999.42
69915		\$1,506.33
69930		\$1,223.74
69950		\$1,740.12
69955		\$1,971.11
69960		\$1,882.29
69970		\$2,129.08
69990		\$199.04
70010		\$58.27
70015		\$177.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70015	26	\$57.92
70015	TC	\$120.06
70030		\$33.70
70030	26	\$9.13
70030	TC	\$24.57
70100		\$40.02
70100	26	\$9.13
70100	TC	\$30.89
70110		\$45.64
70110	26	\$12.29
70110	TC	\$33.35
70120		\$40.37
70120	26	\$9.13
70120	TC	\$31.24
70130		\$65.29
70130	26	\$16.85
70130	TC	\$48.44
70134		\$64.24
70134	26	\$17.90
70134	TC	\$46.34
70140		\$33.35
70140	26	\$10.18
70140	TC	\$23.17
70150		\$49.50
70150	26	\$12.99
70150	TC	\$36.51
70160		\$39.67
70160	26	\$8.78
70160	TC	\$30.89
70170	26	\$14.39
70190		\$39.67
70190	26	\$11.23
70190	TC	\$28.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70200		\$50.55
70200	26	\$14.04
70200	TC	\$36.51
70210		\$33.70
70210	26	\$8.78
70210	TC	\$24.92
70220		\$39.32
70220	26	\$10.88
70220	TC	\$28.43
70240		\$34.40
70240	26	\$9.48
70240	TC	\$24.92
70250		\$37.21
70250	26	\$9.13
70250	TC	\$28.08
70260		\$46.69
70260	26	\$14.04
70260	TC	\$32.65
70300		\$12.99
70300	26	\$5.27
70300	TC	\$7.72
70310		\$39.67
70310	26	\$8.07
70310	TC	\$31.59
70320		\$56.87
70320	26	\$11.23
70320	TC	\$45.64
70328		\$36.16
70328	26	\$9.13
70328	TC	\$27.03
70330		\$55.82
70330	26	\$11.94
70330	TC	\$43.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70332		\$89.52
70332	26	\$26.68
70332	TC	\$62.84
70336		\$293.47
70336	26	\$71.26
70336	TC	\$222.21
70350		\$16.50
70350	26	\$8.78
70350	TC	\$7.72
70355		\$18.25
70355	26	\$10.18
70355	TC	\$8.07
70360		\$32.65
70360	26	\$9.13
70360	TC	\$23.52
70370		\$98.64
70370	26	\$15.09
70370	TC	\$83.55
70371		\$108.82
70371	26	\$41.07
70371	TC	\$67.75
70380		\$39.32
70380	26	\$8.43
70380	TC	\$30.89
70390		\$126.02
70390	26	\$18.61
70390	TC	\$107.42
70450		\$113.74
70450	26	\$41.07
70450	TC	\$72.67
70460		\$160.43
70460	26	\$55.11
70460	TC	\$105.31

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70470		\$188.16
70470	26	\$61.78
70470	TC	\$126.38
70480		\$170.96
70480	26	\$62.13
70480	TC	\$108.82
70481		\$196.23
70481	26	\$54.76
70481	TC	\$141.47
70482		\$230.28
70482	26	\$61.43
70482	TC	\$168.85
70486		\$137.96
70486	26	\$41.42
70486	TC	\$96.54
70487		\$164.64
70487	26	\$54.76
70487	TC	\$109.88
70488		\$200.80
70488	26	\$61.43
70488	TC	\$139.36
70490		\$161.83
70490	26	\$62.13
70490	TC	\$99.70
70491		\$200.09
70491	26	\$67.05
70491	TC	\$133.05
70492		\$240.82
70492	26	\$78.28
70492	TC	\$162.53
70496		\$269.25
70496	26	\$84.60
70496	TC	\$184.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70498		\$269.25
70498	26	\$84.60
70498	TC	\$184.65
70540		\$248.89
70540	26	\$65.29
70540	TC	\$183.60
70542		\$295.58
70542	26	\$78.28
70542	TC	\$217.30
70543		\$372.81
70543	26	\$103.56
70543	TC	\$269.25
70544		\$235.20
70544	26	\$58.27
70544	TC	\$176.93
70545		\$248.19
70545	26	\$57.92
70545	TC	\$190.27
70546		\$360.17
70546	26	\$71.61
70546	TC	\$288.56
70547		\$235.90
70547	26	\$58.27
70547	TC	\$177.63
70548		\$268.55
70548	26	\$72.67
70548	TC	\$195.88
70549		\$377.72
70549	26	\$87.41
70549	TC	\$290.31
70551		\$213.08
70551	26	\$71.61
70551	TC	\$141.47

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
70552		\$295.58
70552	26	\$86.36
70552	TC	\$209.22
70553		\$348.23
70553	26	\$110.58
70553	TC	\$237.66
70554		\$416.69
70554	26	\$102.15
70554	TC	\$314.53
70555	26	\$121.46
70557	26	\$152.70
70558	26	\$170.96
70559	26	\$159.02
71045		\$26.68
71045	26	\$9.13
71045	TC	\$17.55
71046		\$34.75
71046	26	\$10.88
71046	TC	\$23.87
71047		\$43.88
71047	26	\$13.34
71047	TC	\$30.54
71048		\$48.09
71048	26	\$15.45
71048	TC	\$32.65
71100		\$38.26
71100	26	\$11.23
71100	TC	\$27.03
71101		\$43.88
71101	26	\$13.34
71101	TC	\$30.54
71110		\$45.64
71110	26	\$14.39

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
71110	TC	\$31.24
71111		\$54.76
71111	26	\$15.80
71111	TC	\$38.97
71120		\$35.10
71120	26	\$9.83
71120	TC	\$25.28
71130		\$43.18
71130	26	\$10.88
71130	TC	\$32.30
71250		\$143.23
71250	26	\$52.66
71250	TC	\$90.57
71260		\$180.44
71260	26	\$56.52
71260	TC	\$123.92
71270		\$214.14
71270	26	\$60.73
71270	TC	\$153.41
71271		\$148.14
71271	26	\$52.66
71271	TC	\$95.48
71275		\$272.76
71275	26	\$88.11
71275	TC	\$184.65
71550		\$308.57
71550	26	\$70.56
71550	TC	\$238.01
71551		\$415.99
71551	26	\$83.90
71551	TC	\$332.09
71552		\$490.06
71552	26	\$109.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
71552	TC	\$380.88
71555		\$367.54
71555	26	\$87.06
71555	TC	\$280.48
72020		\$25.28
72020	26	\$8.07
72020	TC	\$17.20
72040		\$41.07
72040	26	\$11.23
72040	TC	\$29.84
72050		\$55.46
72050	26	\$13.69
72050	TC	\$41.77
72052		\$64.59
72052	26	\$14.74
72052	TC	\$49.85
72070		\$34.05
72070	26	\$10.18
72070	TC	\$23.87
72072		\$40.72
72072	26	\$11.23
72072	TC	\$29.49
72074		\$46.34
72074	26	\$12.29
72074	TC	\$34.05
72080		\$36.16
72080	26	\$10.53
72080	TC	\$25.63
72081		\$44.23
72081	26	\$12.99
72081	TC	\$31.24
72082		\$73.02
72082	26	\$15.45

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
72082	TC	\$57.57
72083		\$82.14
72083	26	\$17.90
72083	TC	\$64.24
72084		\$102.86
72084	26	\$20.71
72084	TC	\$82.14
72100		\$41.42
72100	26	\$11.23
72100	TC	\$30.19
72110		\$53.36
72110	26	\$12.99
72110	TC	\$40.37
72114		\$64.59
72114	26	\$15.09
72114	TC	\$49.50
72120		\$42.48
72120	26	\$11.23
72120	TC	\$31.24
72125		\$140.42
72125	26	\$48.79
72125	TC	\$91.62
72126		\$182.54
72126	26	\$58.98
72126	TC	\$123.57
72127		\$214.84
72127	26	\$61.43
72127	TC	\$153.41
72128		\$140.07
72128	26	\$48.79
72128	TC	\$91.27
72129		\$183.95
72129	26	\$59.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
72129	TC	\$124.62
72130		\$215.89
72130	26	\$61.43
72130	TC	\$154.46
72131		\$139.72
72131	26	\$48.79
72131	TC	\$90.92
72132		\$182.54
72132	26	\$58.98
72132	TC	\$123.57
72133		\$214.49
72133	26	\$61.43
72133	TC	\$153.05
72141		\$208.17
72141	26	\$71.96
72141	TC	\$136.20
72142		\$302.60
72142	26	\$86.71
72142	TC	\$215.89
72146		\$207.82
72146	26	\$71.61
72146	TC	\$136.20
72147		\$299.44
72147	26	\$86.36
72147	TC	\$213.08
72148		\$208.52
72148	26	\$71.96
72148	TC	\$136.56
72149		\$296.98
72149	26	\$86.36
72149	TC	\$210.63
72156		\$351.04
72156	26	\$110.93

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
72156	TC	\$240.11
72157		\$351.39
72157	26	\$110.93
72157	TC	\$240.46
72158		\$349.99
72158	26	\$110.93
72158	TC	\$239.06
72159		\$379.83
72159	26	\$87.41
72159	TC	\$292.42
72170		\$28.79
72170	26	\$8.78
72170	TC	\$20.01
72190		\$43.88
72190	26	\$12.64
72190	TC	\$31.24
72191		\$271.71
72191	26	\$86.71
72191	TC	\$185.00
72192		\$143.58
72192	26	\$53.01
72192	TC	\$90.57
72193		\$241.17
72193	26	\$56.52
72193	TC	\$184.65
72194		\$243.62
72194	26	\$58.98
72194	TC	\$184.65
72195		\$252.75
72195	26	\$70.91
72195	TC	\$181.84
72196		\$296.28
72196	26	\$83.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
72196	TC	\$212.38
72197		\$372.11
72197	26	\$106.37
72197	TC	\$265.74
72198		\$369.30
72198	26	\$86.36
72198	TC	\$282.94
72200		\$34.05
72200	26	\$8.43
72200	TC	\$25.63
72202		\$40.72
72202	26	\$11.23
72202	TC	\$29.49
72220		\$33.70
72220	26	\$8.78
72220	TC	\$24.92
72240		\$120.41
72240	26	\$44.93
72240	TC	\$75.47
72255		\$122.87
72255	26	\$45.99
72255	TC	\$76.88
72265		\$114.09
72265	26	\$40.37
72265	TC	\$73.72
72270		\$173.77
72270	26	\$67.40
72270	TC	\$106.37
72285		\$131.99
72285	26	\$57.22
72285	TC	\$74.77
72295		\$116.90
72295	26	\$41.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
72295	TC	\$75.83
73000		\$33.35
73000	26	\$8.43
73000	TC	\$24.92
73010		\$24.57
73010	26	\$9.13
73010	TC	\$15.45
73020		\$22.12
73020	26	\$7.72
73020	TC	\$14.39
73030		\$35.81
73030	26	\$9.48
73030	TC	\$26.33
73040		\$138.66
73040	26	\$27.38
73040	TC	\$111.28
73050		\$29.49
73050	26	\$9.48
73050	TC	\$20.01
73060		\$33.00
73060	26	\$8.07
73060	TC	\$24.92
73070		\$30.19
73070	26	\$8.43
73070	TC	\$21.76
73080		\$33.70
73080	26	\$8.78
73080	TC	\$24.92
73085		\$118.65
73085	26	\$28.08
73085	TC	\$90.57
73090		\$30.19
73090	26	\$8.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
73090	TC	\$22.12
73092		\$33.00
73092	26	\$8.07
73092	TC	\$24.92
73100		\$35.10
73100	26	\$8.43
73100	TC	\$26.68
73110		\$42.48
73110	26	\$8.78
73110	TC	\$33.70
73115		\$143.93
73115	26	\$27.73
73115	TC	\$116.20
73120		\$32.30
73120	26	\$8.43
73120	TC	\$23.87
73130		\$37.91
73130	26	\$8.78
73130	TC	\$29.14
73140		\$38.97
73140	26	\$7.02
73140	TC	\$31.94
73200		\$161.13
73200	26	\$48.79
73200	TC	\$112.33
73201		\$219.75
73201	26	\$56.17
73201	TC	\$163.59
73202		\$243.62
73202	26	\$58.98
73202	TC	\$184.65
73206		\$271.36
73206	26	\$86.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
73206	TC	\$185.35
73218		\$304.00
73218	26	\$66.00
73218	TC	\$238.01
73219		\$367.19
73219	26	\$78.98
73219	TC	\$288.21
73220		\$455.65
73220	26	\$104.26
73220	TC	\$351.39
73221		\$220.46
73221	26	\$66.00
73221	TC	\$154.46
73222		\$347.88
73222	26	\$79.34
73222	TC	\$268.55
73223		\$430.38
73223	26	\$104.26
73223	TC	\$326.12
73225		\$376.67
73225	26	\$84.25
73225	TC	\$292.42
73501		\$33.70
73501	26	\$9.48
73501	TC	\$24.22
73502		\$48.79
73502	26	\$11.23
73502	TC	\$37.56
73503		\$61.43
73503	26	\$13.69
73503	TC	\$47.74
73521		\$42.83
73521	26	\$11.23

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
73521	TC	\$31.59
73522		\$55.82
73522	26	\$14.74
73522	TC	\$41.07
73523		\$63.89
73523	26	\$15.45
73523	TC	\$48.44
73525		\$141.12
73525	26	\$28.79
73525	TC	\$112.33
73551		\$30.19
73551	26	\$8.43
73551	TC	\$21.76
73552		\$36.51
73552	26	\$9.13
73552	TC	\$27.38
73560		\$35.46
73560	26	\$8.43
73560	TC	\$27.03
73562		\$42.48
73562	26	\$9.48
73562	TC	\$33.00
73564		\$48.09
73564	26	\$11.23
73564	TC	\$36.86
73565		\$42.13
73565	26	\$8.78
73565	TC	\$33.35
73580		\$155.16
73580	26	\$28.08
73580	TC	\$127.08
73590		\$32.65
73590	26	\$8.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
73590	TC	\$24.57
73592		\$33.00
73592	26	\$8.07
73592	TC	\$24.92
73600		\$33.35
73600	26	\$8.07
73600	TC	\$25.28
73610		\$38.26
73610	26	\$8.78
73610	TC	\$29.49
73615		\$140.07
73615	26	\$28.08
73615	TC	\$111.98
73620		\$29.14
73620	26	\$7.72
73620	TC	\$21.41
73630		\$35.81
73630	26	\$8.43
73630	TC	\$27.38
73650		\$29.84
73650	26	\$8.07
73650	TC	\$21.76
73660		\$30.19
73660	26	\$6.67
73660	TC	\$23.52
73700		\$139.72
73700	26	\$48.79
73700	TC	\$90.92
73701		\$180.79
73701	26	\$56.52
73701	TC	\$124.27
73702		\$211.68
73702	26	\$58.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
73702	TC	\$152.70
73706		\$275.57
73706	26	\$90.92
73706	TC	\$184.65
73718		\$245.73
73718	26	\$65.29
73718	TC	\$180.44
73719		\$289.26
73719	26	\$78.63
73719	TC	\$210.63
73720		\$372.11
73720	26	\$103.91
73720	TC	\$268.20
73721		\$220.10
73721	26	\$66.00
73721	TC	\$154.11
73722		\$348.59
73722	26	\$79.34
73722	TC	\$269.25
73723		\$428.97
73723	26	\$103.91
73723	TC	\$325.07
73725		\$367.89
73725	26	\$86.71
73725	TC	\$281.19
74018		\$31.24
74018	26	\$9.13
74018	TC	\$22.12
74019		\$38.26
74019	26	\$11.58
74019	TC	\$26.68
74021		\$44.93
74021	26	\$13.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
74021	TC	\$31.59
74022		\$51.95
74022	26	\$15.80
74022	TC	\$36.16
74150		\$147.44
74150	26	\$57.92
74150	TC	\$89.52
74160		\$246.43
74160	26	\$61.78
74160	TC	\$184.65
74170		\$252.40
74170	26	\$67.75
74170	TC	\$184.65
74174		\$415.63
74174	26	\$105.31
74174	TC	\$310.32
74175		\$272.41
74175	26	\$87.41
74175	TC	\$185.00
74176		\$196.58
74176	26	\$84.25
74176	TC	\$112.33
74177		\$335.95
74177	26	\$88.46
74177	TC	\$247.49
74178		\$376.32
74178	26	\$97.24
74178	TC	\$279.08
74181		\$214.14
74181	26	\$70.91
74181	TC	\$143.23
74182		\$333.84
74182	26	\$83.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
74182	TC	\$249.94
74183		\$372.81
74183	26	\$106.01
74183	TC	\$266.79
74185		\$370.00
74185	26	\$86.36
74185	TC	\$283.64
74190	26	\$22.47
74210		\$103.56
74210	26	\$28.79
74210	TC	\$74.77
74220		\$104.61
74220	26	\$29.14
74220	TC	\$75.47
74221		\$117.95
74221	26	\$34.05
74221	TC	\$83.90
74230		\$135.85
74230	26	\$25.98
74230	TC	\$109.88
74235	26	\$57.92
74240		\$131.29
74240	26	\$38.97
74240	TC	\$92.32
74246		\$149.90
74246	26	\$43.53
74246	TC	\$106.37
74248		\$88.11
74248	26	\$34.05
74248	TC	\$54.06
74250		\$130.94
74250	26	\$39.32
74250	TC	\$91.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
74251		\$241.87
74251	26	\$56.87
74251	TC	\$185.00
74261		\$229.23
74261	26	\$116.20
74261	TC	\$113.04
74262		\$305.76
74262	26	\$120.76
74262	TC	\$185.00
74263		\$741.40
74263	26	\$112.33
74263	TC	\$629.07
74270		\$164.99
74270	26	\$50.55
74270	TC	\$114.44
74280		\$237.66
74280	26	\$61.08
74280	TC	\$176.57
74283		\$272.06
74283	26	\$102.15
74283	TC	\$169.90
74290		\$92.68
74290	26	\$15.80
74290	TC	\$76.88
74300	26	\$13.34
74301	26	\$10.18
74328	26	\$23.52
74329	26	\$23.52
74330	26	\$29.49
74340	26	\$26.33
74355	26	\$37.21
74360	26	\$27.38
74363	26	\$42.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
74400		\$144.28
74400	26	\$23.52
74400	TC	\$120.76
74410		\$149.19
74410	26	\$23.52
74410	TC	\$125.67
74415		\$164.99
74415	26	\$23.52
74415	TC	\$141.47
74420		\$79.69
74420	26	\$24.92
74420	TC	\$54.76
74425		\$145.33
74425	26	\$24.22
74425	TC	\$121.11
74430		\$42.13
74430	26	\$15.45
74430	TC	\$26.68
74440		\$103.56
74440	26	\$18.25
74440	TC	\$85.30
74445	26	\$54.41
74450	26	\$15.80
74455		\$111.28
74455	26	\$15.80
74455	TC	\$95.48
74470	26	\$25.28
74485		\$124.97
74485	26	\$39.32
74485	TC	\$85.65
74710		\$41.42
74710	26	\$16.50
74710	TC	\$24.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
74712		\$383.34
74712	26	\$145.33
74712	TC	\$238.01
74713		\$218.00
74713	26	\$89.87
74713	TC	\$128.13
74740		\$102.50
74740	26	\$18.61
74740	TC	\$83.90
74742	26	\$29.84
74775	26	\$30.19
75557		\$307.86
75557	26	\$113.04
75557	TC	\$194.83
75559		\$415.63
75559	26	\$140.77
75559	TC	\$274.87
75561		\$404.40
75561	26	\$124.97
75561	TC	\$279.43
75563		\$474.26
75563	26	\$143.58
75563	TC	\$330.68
75565		\$50.90
75565	26	\$11.94
75565	TC	\$38.97
75571		\$106.37
75571	26	\$28.08
75571	TC	\$78.28
75572		\$244.68
75572	26	\$84.25
75572	TC	\$160.43
75573		\$307.51

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
75573	26	\$122.87
75573	TC	\$184.65
75574		\$299.79
75574	26	\$115.14
75574	TC	\$184.65
75600		\$196.58
75600	26	\$23.17
75600	TC	\$173.42
75605		\$124.62
75605	26	\$53.36
75605	TC	\$71.26
75625		\$129.89
75625	26	\$66.35
75625	TC	\$63.54
75630		\$161.48
75630	26	\$93.38
75630	TC	\$68.10
75635		\$299.09
75635	26	\$114.09
75635	TC	\$185.00
75705		\$246.78
75705	26	\$111.28
75705	TC	\$135.50
75710		\$154.11
75710	26	\$81.44
75710	TC	\$72.67
75716		\$166.75
75716	26	\$91.62
75716	TC	\$75.12
75726		\$175.17
75726	26	\$94.08
75726	TC	\$81.09
75731		\$156.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
75731	26	\$55.11
75731	TC	\$101.45
75733		\$173.77
75733	26	\$62.13
75733	TC	\$111.63
75736		\$145.33
75736	26	\$52.31
75736	TC	\$93.03
75741		\$134.45
75741	26	\$60.38
75741	TC	\$74.07
75743		\$152.70
75743	26	\$77.23
75743	TC	\$75.47
75746		\$137.96
75746	26	\$53.36
75746	TC	\$84.60
75756		\$162.88
75756	26	\$54.41
75756	TC	\$108.47
75774		\$100.05
75774	26	\$46.34
75774	TC	\$53.71
75801	26	\$41.42
75803	26	\$56.52
75805	26	\$39.32
75807	26	\$53.01
75809		\$85.30
75809	26	\$23.17
75809	TC	\$62.13
75810	26	\$47.74
75820		\$113.74
75820	26	\$49.85

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
75820	TC	\$63.89
75822		\$137.61
75822	26	\$68.80
75822	TC	\$68.80
75825		\$116.90
75825	26	\$52.31
75825	TC	\$64.59
75827		\$123.22
75827	26	\$53.01
75827	TC	\$70.21
75831		\$122.87
75831	26	\$51.60
75831	TC	\$71.26
75833		\$150.95
75833	26	\$69.16
75833	TC	\$81.79
75840		\$133.75
75840	26	\$55.46
75840	TC	\$78.28
75842		\$163.59
75842	26	\$72.31
75842	TC	\$91.27
75860		\$129.89
75860	26	\$53.71
75860	TC	\$76.18
75870		\$165.34
75870	26	\$57.92
75870	TC	\$107.42
75872		\$133.75
75872	26	\$55.46
75872	TC	\$78.28
75880		\$111.98
75880	26	\$34.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
75880	TC	\$77.93
75885		\$139.72
75885	26	\$64.94
75885	TC	\$74.77
75887		\$142.17
75887	26	\$66.00
75887	TC	\$76.18
75889		\$127.43
75889	26	\$51.95
75889	TC	\$75.47
75891		\$128.13
75891	26	\$52.31
75891	TC	\$75.83
75893		\$107.07
75893	26	\$25.28
75893	TC	\$81.79
75894	26	\$67.75
75898	26	\$85.65
75901		\$251.00
75901	26	\$23.17
75901	TC	\$227.83
75902		\$97.59
75902	26	\$18.61
75902	TC	\$78.98
75956	26	\$319.10
75957	26	\$272.76
75958	26	\$181.14
75959	26	\$159.72
75970	26	\$37.91
75984		\$101.10
75984	26	\$38.26
75984	TC	\$62.84
75989		\$118.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
75989	26	\$56.17
75989	TC	\$62.13
76000		\$43.88
76000	26	\$15.09
76000	TC	\$28.79
76010		\$30.89
76010	26	\$9.13
76010	TC	\$21.76
76080		\$62.49
76080	26	\$25.28
76080	TC	\$37.21
76098		\$41.77
76098	26	\$15.45
76098	TC	\$26.33
76100		\$93.38
76100	26	\$28.43
76100	TC	\$64.94
76120		\$121.11
76120	26	\$19.31
76120	TC	\$101.80
76125	26	\$12.99
76145		\$833.73
76376		\$23.52
76376	26	\$9.83
76376	TC	\$13.69
76377		\$74.07
76377	26	\$38.61
76377	TC	\$35.46
76380		\$130.24
76380	26	\$46.69
76380	TC	\$83.55
76391		\$222.21
76391	26	\$53.36

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76391	TC	\$168.85
76506		\$120.76
76506	26	\$31.24
76506	TC	\$89.52
76510		\$71.61
76510	26	\$40.02
76510	TC	\$31.59
76511		\$58.27
76511	26	\$36.16
76511	TC	\$22.12
76512		\$49.15
76512	26	\$31.24
76512	TC	\$17.90
76513		\$78.28
76513	26	\$33.00
76513	TC	\$45.28
76514		\$11.58
76514	26	\$8.07
76514	TC	\$3.51
76516		\$47.74
76516	26	\$22.82
76516	TC	\$24.92
76519		\$69.16
76519	26	\$30.89
76519	TC	\$38.26
76529		\$88.81
76529	26	\$32.65
76529	TC	\$56.17
76536		\$117.25
76536	26	\$27.73
76536	TC	\$89.52
76604		\$60.03
76604	26	\$28.08

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76604	TC	\$31.94
76641		\$107.77
76641	26	\$35.46
76641	TC	\$72.31
76642		\$88.11
76642	26	\$33.00
76642	TC	\$55.11
76700		\$122.87
76700	26	\$39.32
76700	TC	\$83.55
76705		\$91.62
76705	26	\$28.79
76705	TC	\$62.84
76706		\$111.63
76706	26	\$26.68
76706	TC	\$84.95
76770		\$113.74
76770	26	\$35.81
76770	TC	\$77.93
76775		\$59.68
76775	26	\$28.08
76775	TC	\$31.59
76776		\$156.57
76776	26	\$36.86
76776	TC	\$119.71
76800		\$150.25
76800	26	\$58.27
76800	TC	\$91.97
76801		\$122.51
76801	26	\$48.09
76801	TC	\$74.42
76802		\$63.19
76802	26	\$40.72

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76802	TC	\$22.47
76805		\$141.12
76805	26	\$48.44
76805	TC	\$92.68
76810		\$91.27
76810	26	\$47.74
76810	TC	\$43.53
76811		\$180.09
76811	26	\$93.03
76811	TC	\$87.06
76812		\$201.15
76812	26	\$87.41
76812	TC	\$113.74
76813		\$122.87
76813	26	\$57.92
76813	TC	\$64.94
76814		\$78.28
76814	26	\$48.79
76814	TC	\$29.49
76815		\$84.60
76815	26	\$31.59
76815	TC	\$53.01
76816		\$114.44
76816	26	\$41.77
76816	TC	\$72.67
76817		\$96.89
76817	26	\$36.86
76817	TC	\$60.03
76818		\$119.00
76818	26	\$51.60
76818	TC	\$67.40
76819		\$86.71
76819	26	\$37.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76819	TC	\$48.79
76820		\$46.69
76820	26	\$24.57
76820	TC	\$22.12
76821		\$92.32
76821	26	\$34.40
76821	TC	\$57.92
76825		\$276.27
76825	26	\$81.09
76825	TC	\$195.18
76826		\$166.39
76826	26	\$40.72
76826	TC	\$125.67
76827		\$73.37
76827	26	\$28.08
76827	TC	\$45.28
76828		\$51.25
76828	26	\$27.38
76828	TC	\$23.87
76830		\$125.67
76830	26	\$33.70
76830	TC	\$91.97
76831		\$122.16
76831	26	\$35.46
76831	TC	\$86.71
76856		\$110.93
76856	26	\$33.70
76856	TC	\$77.23
76857		\$49.15
76857	26	\$23.87
76857	TC	\$25.28
76870		\$105.66
76870	26	\$31.24

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76870	TC	\$74.42
76872		\$145.68
76872	26	\$33.00
76872	TC	\$112.68
76873		\$180.79
76873	26	\$77.58
76873	TC	\$103.21
76881		\$60.38
76881	26	\$30.89
76881	TC	\$29.49
76882		\$57.92
76882	26	\$23.52
76882	TC	\$34.40
76883		\$73.37
76885		\$119.71
76885	26	\$36.16
76885	TC	\$83.55
76886		\$105.31
76886	26	\$30.19
76886	TC	\$75.12
76932	26	\$35.10
76936		\$269.95
76936	26	\$93.03
76936	TC	\$176.93
76937		\$40.72
76937	26	\$13.69
76937	TC	\$27.03
76940	26	\$97.94
76941	26	\$65.65
76942		\$59.33
76942	26	\$30.89
76942	TC	\$28.43
76945	26	\$32.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
76946		\$33.00
76946	26	\$18.61
76946	TC	\$14.39
76948		\$83.20
76948	26	\$32.65
76948	TC	\$50.55
76965		\$94.78
76965	26	\$67.75
76965	TC	\$27.03
76975	26	\$41.42
76977		\$7.02
76977	26	\$2.81
76977	TC	\$4.21
76978		\$311.73
76978	26	\$78.63
76978	TC	\$233.09
76979		\$206.76
76979	26	\$41.42
76979	TC	\$165.34
76981		\$108.82
76981	26	\$29.14
76981	TC	\$79.69
76982		\$97.94
76982	26	\$29.14
76982	TC	\$68.80
76983		\$63.54
76983	26	\$24.92
76983	TC	\$38.61
76998	26	\$59.33
77001		\$107.07
77001	26	\$18.25
77001	TC	\$88.81
77002		\$121.46

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
77002	26	\$27.38
77002	TC	\$94.08
77003		\$109.88
77003	26	\$29.14
77003	TC	\$80.74
77011		\$235.55
77011	26	\$62.13
77011	TC	\$173.42
77012		\$147.09
77012	26	\$70.91
77012	TC	\$76.18
77013	26	\$183.60
77014		\$124.62
77014	26	\$45.28
77014	TC	\$79.34
77021		\$448.98
77021	26	\$71.26
77021	TC	\$377.72
77022	26	\$204.31
77046		\$233.44
77046	26	\$70.21
77046	TC	\$163.23
77047		\$239.76
77047	26	\$77.23
77047	TC	\$162.53
77048		\$370.35
77048	26	\$101.45
77048	TC	\$268.90
77049		\$378.07
77049	26	\$111.28
77049	TC	\$266.79
77053		\$55.11
77053	26	\$17.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
77053	TC	\$37.56
77054		\$71.26
77054	26	\$21.76
77054	TC	\$49.50
77063		\$54.06
77063	26	\$29.49
77063	TC	\$24.57
77065		\$130.94
77065	26	\$39.32
77065	TC	\$91.62
77066		\$165.69
77066	26	\$48.79
77066	TC	\$116.90
77067		\$133.40
77067	26	\$36.86
77067	TC	\$96.54
77071		\$56.17
77072		\$27.03
77072	26	\$9.48
77072	TC	\$17.55
77073		\$46.69
77073	26	\$13.34
77073	TC	\$33.35
77074		\$67.75
77074	26	\$21.41
77074	TC	\$46.34
77075		\$103.56
77075	26	\$27.03
77075	TC	\$76.53
77076		\$111.28
77076	26	\$34.05
77076	TC	\$77.23
77077		\$48.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
77077	26	\$16.85
77077	TC	\$31.59
77078		\$95.83
77078	26	\$12.29
77078	TC	\$83.55
77080		\$38.26
77080	26	\$9.83
77080	TC	\$28.43
77081		\$31.94
77081	26	\$10.18
77081	TC	\$21.76
77084		\$315.59
77084	26	\$77.58
77084	TC	\$238.01
77085		\$52.66
77085	26	\$15.09
77085	TC	\$37.56
77086		\$33.70
77086	26	\$8.43
77086	TC	\$25.28
77089		\$41.42
77092		\$10.18
77261		\$71.26
77262		\$108.12
77263		\$168.15
77280		\$278.38
77280	26	\$38.26
77280	TC	\$240.11
77285		\$460.92
77285	26	\$57.57
77285	TC	\$403.35
77290		\$474.26
77290	26	\$83.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$391.06
77293		\$431.78
77293	26	\$106.37
77293	TC	\$325.42
77295		\$484.79
77295	26	\$227.48
77295	TC	\$257.31
77300		\$66.35
77300	26	\$33.00
77300	TC	\$33.35
77301		\$1,878.78
77301	26	\$423.71
77301	TC	\$1,455.07
77306		\$148.84
77306	26	\$74.07
77306	TC	\$74.77
77307		\$288.91
77307	26	\$153.41
77307	TC	\$135.50
77316		\$247.84
77316	26	\$74.07
77316	TC	\$173.77
77317		\$326.82
77317	26	\$97.24
77317	TC	\$229.58
77318		\$464.08
77318	26	\$153.76
77318	TC	\$310.32
77321		\$95.13
77321	26	\$50.55
77321	TC	\$44.58
77331		\$65.29
77331	26	\$46.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$18.96
77332		\$38.97
77332	26	\$24.22
77332	TC	\$14.74
77333		\$143.23
77333	26	\$40.02
77333	TC	\$103.21
77334		\$126.73
77334	26	\$61.08
77334	TC	\$65.65
77336		\$83.55
77338		\$467.59
77338	26	\$227.48
77338	TC	\$240.11
77370		\$133.40
77372		\$1,017.67
77373		\$1,050.67
77401		\$42.48
77417		\$12.64
77427		\$190.62
77431		\$107.07
77432		\$424.41
77435		\$640.30
77469		\$318.04
77470		\$137.61
77470	26	\$108.12
77470	TC	\$29.49
77600		\$527.62
77600	26	\$71.26
77600	TC	\$456.36
77605		\$1,035.58
77605	26	\$97.94
77605	TC	\$937.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
77610		\$722.80
77610	26	\$69.51
77610	TC	\$653.29
77615		\$1,125.79
77615	26	\$97.59
77615	TC	\$1,028.20
77620		\$674.00
77620	26	\$80.39
77620	TC	\$593.61
77750		\$396.68
77750	26	\$265.74
77750	TC	\$130.94
77761		\$420.90
77761	26	\$203.96
77761	TC	\$216.94
77762		\$552.54
77762	26	\$305.41
77762	TC	\$247.13
77763		\$777.91
77763	26	\$459.16
77763	TC	\$318.75
77767		\$254.16
77767	26	\$55.46
77767	TC	\$198.69
77768		\$370.70
77768	26	\$74.42
77768	TC	\$296.28
77770		\$354.55
77770	26	\$103.91
77770	TC	\$250.64
77771		\$609.76
77771	26	\$201.15
77771	TC	\$408.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
77772		\$906.39
77772	26	\$283.99
77772	TC	\$622.40
77778		\$918.33
77778	26	\$464.43
77778	TC	\$453.90
77789		\$135.85
77789	26	\$61.08
77789	TC	\$74.77
77790		\$16.15
78012		\$82.85
78012	26	\$8.78
78012	TC	\$74.07
78013		\$192.02
78013	26	\$17.55
78013	TC	\$174.47
78014		\$235.90
78014	26	\$23.87
78014	TC	\$212.03
78015		\$226.77
78015	26	\$32.30
78015	TC	\$194.48
78016		\$279.78
78016	26	\$34.05
78016	TC	\$245.73
78018		\$309.97
78018	26	\$40.37
78018	TC	\$269.60
78020		\$82.14
78020	26	\$27.38
78020	TC	\$54.76
78070		\$289.26
78070	26	\$37.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$251.70
78071		\$345.78
78071	26	\$56.87
78071	TC	\$288.91
78072		\$434.94
78072	26	\$74.77
78072	TC	\$360.17
78075		\$440.21
78075	26	\$36.16
78075	TC	\$404.05
78102		\$170.61
78102	26	\$25.63
78102	TC	\$144.98
78103		\$187.81
78103	26	\$30.89
78103	TC	\$156.92
78104		\$247.13
78104	26	\$37.56
78104	TC	\$209.57
78110		\$71.61
78110	26	\$7.72
78110	TC	\$63.89
78111		\$76.18
78111	26	\$9.13
78111	TC	\$67.05
78120		\$73.37
78120	26	\$9.48
78120	TC	\$63.89
78121		\$80.39
78121	26	\$13.34
78121	TC	\$67.05
78122		\$100.40
78122	26	\$20.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$79.69
78130		\$129.18
78130	26	\$25.63
78130	TC	\$103.56
78140		\$114.44
78140	26	\$25.28
78140	TC	\$89.16
78185		\$170.61
78185	26	\$16.50
78185	TC	\$154.11
78191		\$129.18
78191	26	\$25.63
78191	TC	\$103.56
78195		\$349.64
78195	26	\$56.52
78195	TC	\$293.12
78201		\$188.86
78201	26	\$20.71
78201	TC	\$168.15
78202		\$209.22
78202	26	\$23.87
78202	TC	\$185.35
78215		\$194.48
78215	26	\$23.52
78215	TC	\$170.96
78216		\$132.34
78216	26	\$26.68
78216	TC	\$105.66
78226		\$321.56
78226	26	\$35.46
78226	TC	\$286.10
78227		\$432.84
78227	26	\$43.18

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$389.66
78230		\$174.47
78230	26	\$21.76
78230	TC	\$152.70
78231		\$108.47
78231	26	\$21.41
78231	TC	\$87.06
78232		\$106.72
78232	26	\$19.31
78232	TC	\$87.41
78258		\$211.68
78258	26	\$34.05
78258	TC	\$177.63
78261		\$203.25
78261	26	\$28.43
78261	TC	\$174.82
78262		\$242.57
78262	26	\$33.00
78262	TC	\$209.57
78264		\$326.82
78264	26	\$37.91
78264	TC	\$288.91
78265		\$386.85
78265	26	\$46.69
78265	TC	\$340.16
78266		\$433.89
78266	26	\$49.50
78266	TC	\$384.39
78267		\$11.06
78268		\$94.41
78278		\$344.37
78278	26	\$47.39
78278	TC	\$296.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78282	26	\$15.80
78290		\$325.77
78290	26	\$32.30
78290	TC	\$293.47
78291		\$259.07
78291	26	\$42.48
78291	TC	\$216.59
78300		\$225.37
78300	26	\$29.84
78300	TC	\$195.53
78305		\$272.06
78305	26	\$39.32
78305	TC	\$232.74
78306		\$292.77
78306	26	\$40.37
78306	TC	\$252.40
78315		\$341.92
78315	26	\$48.44
78315	TC	\$293.47
78350		\$32.30
78350	26	\$11.23
78350	TC	\$21.06
78351		\$15.09
78414	26	\$21.76
78428		\$186.05
78428	26	\$36.86
78428	TC	\$149.19
78429	26	\$81.09
78430	26	\$77.23
78431	26	\$89.87
78432	26	\$95.13
78433	26	\$104.61
78434	26	\$29.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78445		\$207.82
78445	26	\$24.57
78445	TC	\$183.24
78451		\$335.95
78451	26	\$65.65
78451	TC	\$270.30
78452		\$467.94
78452	26	\$77.58
78452	TC	\$390.36
78453		\$291.72
78453	26	\$47.39
78453	TC	\$244.33
78454		\$428.62
78454	26	\$64.59
78454	TC	\$364.03
78456		\$310.32
78456	26	\$48.09
78456	TC	\$262.23
78457		\$178.68
78457	26	\$36.86
78457	TC	\$141.82
78458		\$204.31
78458	26	\$43.53
78458	TC	\$160.78
78459		\$975.85
78459	26	\$74.42
78459	TC	\$902.43
78466		\$192.37
78466	26	\$34.05
78466	TC	\$158.32
78468		\$194.48
78468	26	\$37.91
78468	TC	\$156.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78469		\$219.05
78469	26	\$43.88
78469	TC	\$175.17
78472		\$225.72
78472	26	\$46.69
78472	TC	\$179.03
78473		\$286.45
78473	26	\$69.51
78473	TC	\$216.94
78481		\$176.22
78481	26	\$46.69
78481	TC	\$129.53
78483		\$240.82
78483	26	\$70.56
78483	TC	\$170.26
78491		\$884.10
78491	26	\$71.96
78491	TC	\$813.10
78492		\$1,466.09
78492	26	\$85.65
78492	TC	\$1,381.64
78494		\$227.12
78494	26	\$56.87
78494	TC	\$170.26
78496		\$43.53
78496	26	\$24.22
78496	TC	\$19.31
78579		\$185.00
78579	26	\$23.17
78579	TC	\$161.83
78580		\$233.44
78580	26	\$35.10
78580	TC	\$198.34

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78582		\$328.58
78582	26	\$50.90
78582	TC	\$277.68
78597		\$199.39
78597	26	\$34.40
78597	TC	\$164.99
78598		\$300.14
78598	26	\$39.67
78598	TC	\$260.47
78600		\$182.19
78600	26	\$21.41
78600	TC	\$160.78
78601		\$213.43
78601	26	\$24.22
78601	TC	\$189.21
78605		\$198.34
78605	26	\$25.63
78605	TC	\$172.71
78606		\$324.01
78606	26	\$30.54
78606	TC	\$293.47
78608		\$1,580.32
78608	26	\$69.86
78608	TC	\$1,511.40
78609		\$74.07
78609	26	\$74.07
78610		\$173.06
78610	26	\$14.04
78610	TC	\$159.02
78630		\$334.19
78630	26	\$32.65
78630	TC	\$301.55
78635		\$333.49

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78635	26	\$29.84
78635	TC	\$303.65
78645		\$319.45
78645	26	\$26.68
78645	TC	\$292.77
78650		\$274.87
78650	26	\$25.63
78650	TC	\$249.24
78660		\$184.30
78660	26	\$25.63
78660	TC	\$158.67
78700		\$169.20
78700	26	\$21.41
78700	TC	\$147.79
78701		\$219.05
78701	26	\$23.52
78701	TC	\$195.53
78707		\$229.23
78707	26	\$44.58
78707	TC	\$184.65
78708		\$179.73
78708	26	\$57.22
78708	TC	\$122.51
78709		\$365.08
78709	26	\$66.70
78709	TC	\$298.39
78725		\$115.84
78725	26	\$17.90
78725	TC	\$97.94
78730		\$74.77
78730	26	\$7.72
78730	TC	\$67.05
78740		\$215.54

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78740	26	\$26.33
78740	TC	\$189.21
78761		\$209.92
78761	26	\$34.40
78761	TC	\$175.52
78800		\$250.64
78800	26	\$30.89
78800	TC	\$219.75
78801		\$272.06
78801	26	\$34.05
78801	TC	\$238.01
78802		\$306.81
78802	26	\$37.56
78802	TC	\$269.25
78803		\$379.48
78803	26	\$50.90
78803	TC	\$328.58
78804		\$646.97
78804	26	\$48.09
78804	TC	\$598.88
78808		\$41.42
78811		\$1,405.51
78811	26	\$71.96
78811	TC	\$1,334.56
78812		\$1,601.19
78812	26	\$90.92
78812	TC	\$1,511.40
78813		\$1,601.73
78813	26	\$91.62
78813	TC	\$1,511.40
78814		\$1,613.79
78814	26	\$103.91
78814	TC	\$1,511.40

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
78815		\$1,625.02
78815	26	\$115.14
78815	TC	\$1,511.40
78816		\$1,626.25
78816	26	\$116.55
78816	TC	\$1,511.40
78830		\$479.17
78830	26	\$69.16
78830	TC	\$410.02
78831		\$698.22
78831	26	\$84.95
78831	TC	\$613.27
78832		\$909.55
78832	26	\$98.99
78832	TC	\$810.56
78835		\$98.64
78835	26	\$21.76
78835	TC	\$76.88
79005		\$138.31
79005	26	\$85.65
79005	TC	\$52.66
79101		\$150.25
79101	26	\$95.48
79101	TC	\$54.76
79200		\$138.31
79200	26	\$82.50
79200	TC	\$55.82
79300	26	\$66.00
79403		\$163.59
79403	26	\$93.03
79403	TC	\$70.56
79440		\$124.62
79440	26	\$82.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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	TC	\$42.13
79445	26	\$110.23
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
80173		\$15.78
80175		\$13.25

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
80220		\$18.64
80230		\$38.57
80235		\$27.11
80280		\$38.57
80285		\$27.11
80299		\$18.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
80503		\$26.68
80504		\$53.01
80505		\$95.83
80506		\$43.18
81000		\$4.02
81001		\$3.17
81002		\$3.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81003		\$2.25
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81178		\$137.00
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81219		\$121.63
81220		\$556.60
81221		\$97.22
81222		\$435.07
81223		\$499.00
81224		\$168.75
81225		\$291.36
81226		\$450.91
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81
81231		\$174.81
81232		\$174.81
81233		\$175.40
81234		\$137.00
81235		\$324.58
81236		\$282.88
81237		\$175.40
81238		\$600.00
81239		\$274.83
81240		\$65.69
81241		\$73.37
81242		\$36.62
81243		\$57.04
81244		\$44.89
81245		\$165.51
81246		\$83.00
81247		\$174.81
81248		\$375.25
81249		\$600.00
81250		\$58.49
81251		\$47.25

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81252		\$101.12
81253		\$61.52
81254		\$35.00
81255		\$51.45
81256		\$65.36
81257		\$102.26
81258		\$375.25
81259		\$600.00
81260		\$39.31
81261		\$197.99
81262		\$68.55
81263		\$294.52
81264		\$172.73
81265		\$233.07
81266		\$304.81
81267		\$207.46
81268		\$260.79
81269		\$202.40
81270		\$91.66
81271		\$137.00
81272		\$329.51
81273		\$124.87
81274		\$274.83
81275		\$193.25
81276		\$193.25
81277		\$1,160.00
81278		\$207.31
81279		\$185.20
81283		\$73.37
81284		\$137.00
81285		\$274.83
81286		\$274.83
81287		\$124.64

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81288		\$192.32
81289		\$185.20
81290		\$39.31
81291		\$65.34
81292		\$675.40
81293		\$331.00
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00
81300		\$238.00
81301		\$348.56
81302		\$527.87
81303		\$120.00
81304		\$150.00
81305		\$175.40
81306		\$291.36
81307		\$676.50
81308		\$301.35
81309		\$274.83
81310		\$246.52
81311		\$295.79
81312		\$137.00
81313		\$255.05
81314		\$329.51
81315		\$207.31
81316		\$207.31
81317		\$676.50
81318		\$331.00
81319		\$203.50
81320		\$291.36

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81321		\$600.00
81322		\$46.60
81323		\$300.00
81324		\$758.36
81325		\$769.58
81326		\$46.60
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$43.65
81333		\$137.00
81334		\$329.51
81335		\$174.81
81336		\$301.35
81337		\$185.20
81338		\$150.33
81339		\$185.20
81340		\$208.92
81341		\$49.59
81342		\$201.50
81343		\$137.00
81344		\$137.00
81345		\$185.20
81346		\$174.81
81347		\$193.25
81348		\$175.40
81349		\$1,160.00
81350		\$234.00
81351		\$641.85
81352		\$329.51
81353		\$308.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81355		\$88.20
81357		\$193.25
81360		\$193.25
81361		\$174.81
81362		\$375.25
81363		\$202.40
81364		\$324.58
81370		\$402.12
81371		\$404.52
81372		\$403.59
81373		\$127.43
81374		\$74.33
81375		\$220.74
81376		\$122.22
81377		\$94.74
81378		\$345.57
81379		\$335.38
81380		\$177.25
81381		\$169.90
81382		\$123.68
81383		\$109.13
81400		\$63.96
81401		\$137.00
81402		\$150.33
81403		\$185.20
81404		\$274.83
81405		\$301.35
81406		\$282.88
81407		\$846.27
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81413		\$584.90
81414		\$584.90
81415		\$4,780.00
81416		\$12,000.00
81417		\$320.00
81419		\$2,448.56
81420		\$759.05
81422		\$759.05
81425		\$5,031.20
81426		\$2,709.95
81427		\$2,337.65
81430		\$1,625.00
81431		\$679.57
81432		\$679.05
81433		\$438.93
81434		\$597.91
81435		\$584.90
81436		\$584.90
81437		\$438.93
81438		\$438.93
81439		\$584.90
81440		\$3,324.00
81442		\$2,143.60
81443		\$2,448.56
81445		\$597.91
81448		\$584.90
81450		\$759.53
81455		\$2,919.60
81460		\$1,287.00
81465		\$936.00
81470		\$914.00
81471		\$914.00
81490		\$840.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81493		\$1,050.00
81500		\$260.50
81503		\$897.00
81504		\$520.00
81506		\$68.92
81507		\$795.00
81508		\$54.30
81509		\$1,487.37
81510		\$55.54
81511		\$153.50
81512		\$69.52
81513		\$142.63
81514		\$262.99
81518		\$3,873.00
81519		\$3,873.00
81520		\$2,510.21
81521		\$3,873.00
81522		\$3,873.00
81525		\$3,116.00
81528		\$508.87
81529		\$7,193.00
81523		\$3,873.00
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		\$5,520.00

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
81560		\$640.73
81595		\$3,240.00
81596		\$72.19
82009		\$4.52
82010		\$8.17
82013		\$12.29
82016		\$16.49
82017		\$16.87
82024		\$38.62
82030		\$25.80
82040		\$4.95
82042		\$7.78
82043		\$5.78
82044		\$6.23
82045		\$33.94
82075		\$30.00
82077		\$17.27
82085		\$9.71
82088		\$40.75
82103		\$13.44
82104		\$14.46
82105		\$16.77
82106		\$17.00
82107		\$64.41
82108		\$25.48
82120		\$5.99
82127		\$14.18
82128		\$13.87
82131		\$22.98
82135		\$16.45
82136		\$19.61
82139		\$16.87
82140		\$14.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
82143		\$9.35
82150		\$6.48
82154		\$28.83
82157		\$29.28
82160		\$25.55
82163		\$20.52
82164		\$14.60
82172		\$21.09
82175		\$18.97
82180		\$9.89
82190		\$15.90
82232		\$16.18
82239		\$17.12
82240		\$26.58
82247		\$5.02
82248		\$5.02
82252		\$4.56
82261		\$16.87
82270		\$4.38
82271		\$5.32
82272		\$4.23
82274		\$15.92
82286		\$5.16
82300		\$23.64
82306		\$29.60
82308		\$26.79
82310		\$5.16
82330		\$13.68
82331		\$13.34
82340		\$6.03
82355		\$11.58
82360		\$12.87
82365		\$12.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
82370		\$12.52
82373		\$18.06
82374		\$4.88
82375		\$12.32
82376		\$14.07
82378		\$18.96
82379		\$16.87
82380		\$9.22
82382		\$27.30
82383		\$29.08
82384		\$25.25
82387		\$18.06
82390		\$10.74
82397		\$14.12
82415		\$12.67
82435		\$4.60
82436		\$5.75
82438		\$5.00
82441		\$6.01
82465		\$4.35
82480		\$7.87
82482		\$9.81
82485		\$20.65
82495		\$20.28
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
82552		\$13.39
82553		\$11.55
82554		\$11.87
82565		\$5.12
82570		\$5.18
82575		\$9.46
82585		\$14.14
82595		\$6.47
82600		\$19.40
82607		\$15.08
82608		\$14.32
82610		\$18.52
82615		\$9.55
82626		\$25.27
82627		\$22.23
82633		\$30.98
82634		\$29.28
82638		\$12.25
82642		\$29.28
82652		\$38.50
82653		\$22.97
82656		\$11.53
82657		\$22.17
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
82696		\$26.24
82705		\$5.10
82710		\$16.80
82715		\$22.97
82725		\$18.77
82726		\$19.75
82728		\$13.63
82731		\$64.41
82735		\$18.54
82746		\$14.70
82747		\$17.65
82757		\$17.34
82759		\$21.48
82760		\$11.20
82775		\$21.07
82776		\$11.74
82777		\$44.25
82784		\$9.30
82785		\$16.46
82787		\$8.02
82800		\$11.00
82803		\$26.07
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
82950		\$4.75
82951		\$12.87
82952		\$3.92
82955		\$9.70
82960		\$6.05
82962		\$3.28
82963		\$21.48
82965		\$13.15
82977		\$7.20
82978		\$15.45
82979		\$9.44
82985		\$16.76
83001		\$18.58
83002		\$18.52
83003		\$16.67
83006		\$75.60
83009		\$67.36
83010		\$12.58
83012		\$26.89
83013		\$67.36
83014		\$7.86
83015		\$20.94
83018		\$21.96
83020		\$12.87
83020	26	\$18.25
83021		\$18.06
83026		\$4.01
83030		\$10.74
83033		\$8.00
83036		\$9.71
83037		\$9.71
83045		\$6.49
83050		\$8.20

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
83051		\$7.31
83060		\$8.80
83065		\$9.00
83068		\$9.47
83069		\$3.95
83070		\$4.75
83080		\$16.87
83088		\$29.53
83090		\$17.92
83150		\$22.41
83491		\$17.90
83497		\$12.90
83498		\$27.17
83500		\$22.65
83505		\$24.30
83516		\$11.53
83518		\$9.64
83519		\$18.40
83520		\$17.27
83521		\$17.27
83525		\$11.43
83527		\$12.95
83528		\$19.82
83529		\$17.27
83540		\$6.47
83550		\$8.74
83570		\$8.85
83582		\$15.47
83586		\$12.80
83593		\$28.50
83605		\$11.57
83615		\$6.04
83625		\$12.79

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
83630		\$19.70
83631		\$19.63
83632		\$20.22
83633		\$11.25
83655		\$12.11
83661		\$21.99
83662		\$18.91
83663		\$18.91
83664		\$19.32
83670		\$9.81
83690		\$6.89
83695		\$14.32
83698		\$46.31
83700		\$11.26
83701		\$33.86
83704		\$34.19
83718		\$8.19
83719		\$12.75
83721		\$10.50
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
83876		\$50.86
83880		\$39.26
83883		\$13.60
83885		\$24.51
83915		\$11.15
83916		\$27.39
83918		\$23.60
83919		\$16.45
83921		\$21.21
83930		\$6.61
83935		\$6.82
83937		\$29.85
83945		\$14.45
83950		\$64.41
83951		\$64.41
83970		\$41.28
83986		\$3.58
83987		\$3.58
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
84110		\$8.44
84112		\$98.11
84119		\$13.36
84120		\$14.71
84126		\$39.11
84132		\$4.76
84133		\$4.73
84134		\$14.59
84135		\$21.27
84138		\$21.05
84140		\$20.67
84143		\$22.81
84144		\$20.86
84145		\$27.22
84146		\$19.38
84150		\$41.77
84152		\$18.39
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	\$18.25
84166		\$17.83
84166	26	\$18.25
84181		\$17.03
84181	26	\$18.25
84182		\$29.21
84182	26	\$18.25
84202		\$14.35

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
84203		\$9.74
84206		\$26.69
84207		\$28.10
84210		\$14.48
84220		\$9.44
84228		\$11.63
84233		\$87.88
84234		\$64.88
84235		\$71.23
84238		\$36.57
84244		\$21.99
84252		\$20.24
84255		\$25.53
84260		\$30.98
84270		\$21.73
84275		\$13.44
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
84425		\$21.23
84430		\$11.63
84431		\$35.11
84432		\$16.06
84436		\$6.87
84437		\$6.47
84439		\$9.02
84442		\$14.78
84443		\$16.80
84445		\$50.86
84446		\$14.18
84449		\$18.00
84450		\$5.18
84460		\$5.30
84466		\$12.76
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
84578		\$4.47
84580		\$9.55
84583		\$6.05
84585		\$15.50
84586		\$35.33
84588		\$33.94
84590		\$11.61
84591		\$17.06
84597		\$13.72
84600		\$17.11
84620		\$12.91
84630		\$11.39
84681		\$20.81
84702		\$15.05
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
85049		\$4.48
85055		\$35.74
85060		\$24.22
85097		\$69.51
85130		\$11.89
85170		\$16.30
85175		\$20.37
85210		\$12.98
85220		\$17.65
85230		\$17.90
85240		\$17.90
85244		\$20.42
85245		\$22.94
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
85347		\$4.28
85348		\$4.49
85360		\$8.41
85362		\$6.89
85366		\$80.46
85370		\$12.43
85378		\$9.72
85379		\$10.18
85380		\$10.18
85384		\$9.72
85385		\$14.46
85390		\$15.48
85390	26	\$37.21
85396		\$19.66
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
85557		\$13.36
85576		\$24.91
85576	26	\$18.25
85597		\$17.98
85598		\$17.98
85610		\$4.29
85611		\$3.94
85612		\$17.49
85613		\$9.58
85635		\$9.85
85651		\$4.27
85652		\$2.70
85660		\$5.51
85670		\$5.77
85675		\$6.85
85705		\$9.63
85730		\$6.01
85732		\$6.47
85810		\$11.67
86000		\$6.98
86001		\$7.82
86003		\$5.22
86005		\$7.97
86008		\$17.93
86015		\$12.05
86021		\$15.05
86022		\$18.37
86023		\$12.46
86036		\$12.05
86037		\$12.05
86038		\$12.09
86039		\$11.16
86051		\$11.53

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
86052		\$12.05
86053		\$37.73
86060		\$7.30
86063		\$5.77
86077		\$53.36
86078		\$53.36
86079		\$53.36
86140		\$5.18
86141		\$12.95
86146		\$25.45
86147		\$25.45
86148		\$16.07
86152		\$250.78
86153	26	\$34.40
86155		\$15.99
86156		\$8.07
86157		\$8.06
86160		\$12.00
86161		\$12.00
86162		\$20.32
86171		\$10.01
86200		\$12.95
86215		\$13.25
86225		\$13.74
86226		\$12.11
86231		\$12.09
86235		\$17.93
86255		\$12.05
86255	26	\$18.25
86256		\$12.05
86256	26	\$18.25
86258		\$12.05
86277		\$15.74

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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	\$18.25
86325		\$23.13
86325	26	\$18.25
86327		\$29.92
86327	26	\$21.76
86328		\$45.28
86329		\$14.05
86331		\$11.98
86332		\$24.37
86334		\$22.34
86334	26	\$18.25
86335		\$29.35
86335	26	\$18.25
86336		\$15.59
86337		\$21.41
86340		\$15.08
86341		\$23.57
86343		\$12.46
86344		\$10.39
86352		\$135.86

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
86353		\$49.03
86355		\$37.73
86356		\$26.78
86357		\$37.73
86359		\$37.73
86360		\$46.98
86361		\$26.78
86362		\$12.05
86363		\$37.73
86364		\$11.53
86367		\$77.78
86376		\$14.55
86381		\$25.45
86382		\$16.91
86384		\$13.61
86386		\$21.78
86403		\$11.54
86406		\$10.64
86408		\$42.13
86409		\$79.61
86413		\$42.13
86430		\$6.14
86431		\$5.67
86480		\$61.98
86481		\$100.00
86486		\$5.97
86490		\$86.71
86510		\$7.37
86580		\$10.53
86590		\$12.66
86592		\$4.27
86593		\$4.40
86596		\$12.05

**ND Medicaid
Professional Services Fee Schedule
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Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
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Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
87154		\$218.06
87158		\$7.74
87164		\$10.74
87164	26	\$19.31
87166		\$11.30
87168		\$4.27
87169		\$4.31
87172		\$4.27
87176		\$5.88
87177		\$8.90
87181		\$4.75
87184		\$7.48
87185		\$4.75

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
87186		\$8.65
87187		\$40.17
87188		\$6.64
87190		\$7.31
87197		\$15.02
87205		\$4.27
87206		\$5.39
87207		\$5.99
87207	26	\$18.25
87209		\$17.98
87210		\$5.82
87220		\$4.27
87230		\$19.74
87250		\$19.56
87252		\$26.07
87253		\$20.20
87254		\$19.56
87255		\$33.86
87260		\$14.43
87265		\$11.98
87267		\$13.42
87269		\$13.61
87270		\$11.98
87271		\$13.42
87272		\$11.98
87273		\$11.98
87274		\$11.98
87275		\$12.25
87276		\$16.07
87278		\$15.60
87279		\$16.43
87280		\$13.42
87281		\$11.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
87283		\$60.80
87285		\$12.18
87290		\$13.42
87299		\$16.10
87300		\$11.98
87301		\$11.98
87305		\$11.98
87320		\$15.00
87324		\$11.98
87327		\$13.42
87328		\$13.82
87329		\$11.98
87332		\$11.98
87335		\$12.66
87336		\$16.00
87337		\$11.98
87338		\$14.38
87339		\$16.00
87340		\$10.33
87341		\$10.33
87350		\$11.53
87380		\$18.36
87385		\$13.25
87389		\$24.08
87390		\$24.06
87391		\$21.90
87400		\$14.13
87420		\$13.91
87425		\$11.98
87426		\$35.33
87427		\$11.98
87428		\$30.94
87430		\$16.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
87449		\$11.98
87451		\$10.51
87471		\$35.09
87472		\$42.84
87475		\$20.05
87476		\$35.09
87480		\$20.05
87481		\$35.09
87482		\$55.74
87483		\$416.78
87485		\$20.05
87486		\$35.09
87487		\$42.84
87490		\$22.75
87491		\$35.09
87492		\$53.47
87493		\$37.27
87495		\$30.03
87496		\$35.09
87497		\$42.84
87498		\$35.09
87500		\$35.09
87501		\$51.31
87502		\$95.80
87503		\$29.22
87505		\$128.29
87506		\$262.99
87507		\$416.78
87510		\$20.05
87511		\$35.09
87512		\$41.76
87516		\$35.09
87517		\$42.84

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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
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

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
87582		\$302.62
87590		\$26.88
87591		\$35.09
87592		\$42.84
87623		\$35.09
87624		\$35.09
87625		\$40.55
87631		\$142.63
87632		\$218.06
87633		\$416.78
87634		\$70.20
87635		\$51.31
87636		\$142.63
87637		\$142.63
87640		\$35.09
87641		\$35.09
87650		\$20.05
87651		\$35.09
87652		\$41.76
87653		\$35.09
87660		\$20.05
87661		\$35.09
87662		\$51.31
87797		\$30.03
87798		\$35.09
87799		\$42.84
87800		\$43.67
87801		\$70.20
87802		\$12.73
87803		\$16.00
87804		\$16.55
87806		\$32.77
87807		\$13.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
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		\$68.80
88104	26	\$27.73
88104	TC	\$41.07
88106		\$68.80
88106	26	\$19.31
88106	TC	\$49.50
88108		\$66.00
88108	26	\$22.82
88108	TC	\$43.18
88112		\$68.10
88112	26	\$28.08
88112	TC	\$40.02
88120		\$638.55
88120	26	\$58.62
88120	TC	\$579.92
88121		\$449.69
88121	26	\$48.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88121	TC	\$401.24
88125		\$27.38
88125	26	\$14.04
88125	TC	\$13.34
88130		\$17.98
88140		\$7.99
88141		\$22.47
88142		\$20.26
88143		\$23.04
88147		\$50.56
88148		\$17.31
88150		\$17.31
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$73.37
88160	26	\$25.98
88160	TC	\$47.39
88161		\$75.47
88161	26	\$25.63
88161	TC	\$49.85
88162		\$116.20
88162	26	\$39.32
88162	TC	\$76.88
88164		\$17.31
88165		\$42.22
88166		\$17.31
88167		\$17.31
88172		\$55.46
88172	26	\$35.81
88172	TC	\$19.66
88173		\$160.08
88173	26	\$70.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88173	TC	\$89.87
88174		\$25.37
88175		\$26.61
88177		\$29.14
88177	26	\$21.76
88177	TC	\$7.37
88182		\$150.25
88182	26	\$38.61
88182	TC	\$111.63
88184		\$69.86
88185		\$22.47
88187		\$35.81
88188		\$62.13
88189		\$83.90
88230		\$116.49
88233		\$140.73
88235		\$150.30
88237		\$143.75
88239		\$147.52
88240		\$13.07
88241		\$12.09
88245		\$173.17
88248		\$173.17
88249		\$173.17
88261		\$264.34
88262		\$125.49
88263		\$150.29
88264		\$144.61
88267		\$188.57
88269		\$173.66
88271		\$21.42
88272		\$40.70
88273		\$34.81

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$68.60
88285		\$26.91
88289		\$34.43
88291		\$33.35
88300		\$15.45
88300	26	\$4.56
88300	TC	\$10.88
88302		\$32.30
88302	26	\$7.02
88302	TC	\$25.28
88304		\$42.48
88304	26	\$11.58
88304	TC	\$30.89
88305		\$72.67
88305	26	\$37.91
88305	TC	\$34.75
88307		\$293.12
88307	26	\$82.50
88307	TC	\$210.63
88309		\$446.18
88309	26	\$145.68
88309	TC	\$300.49
88311		\$21.06
88311	26	\$12.64
88311	TC	\$8.43
88312		\$115.84
88312	26	\$26.68
88312	TC	\$89.16
88313		\$83.20
88313	26	\$12.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88313	TC	\$70.91
88314		\$101.45
88314	26	\$21.41
88314	TC	\$80.04
88319		\$143.58
88319	26	\$27.03
88319	TC	\$116.55
88321		\$97.59
88323		\$115.14
88323	26	\$87.76
88323	TC	\$27.38
88325		\$158.67
88329		\$58.27
88331		\$104.26
88331	26	\$62.49
88331	TC	\$41.77
88332		\$55.46
88332	26	\$30.89
88332	TC	\$24.57
88333		\$95.13
88333	26	\$62.13
88333	TC	\$33.00
88334		\$57.22
88334	26	\$37.56
88334	TC	\$19.66
88341		\$90.57
88341	26	\$28.08
88341	TC	\$62.49
88342		\$103.56
88342	26	\$35.10
88342	TC	\$68.45
88344		\$175.17
88344	26	\$38.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88344	TC	\$136.56
88346		\$157.62
88346	26	\$36.51
88346	TC	\$121.11
88348		\$467.59
88348	26	\$77.93
88348	TC	\$389.66
88350		\$121.46
88350	26	\$29.49
88350	TC	\$91.97
88355		\$144.63
88355	26	\$83.20
88355	TC	\$61.43
88356		\$251.00
88356	26	\$129.89
88356	TC	\$121.11
88358		\$142.87
88358	26	\$49.85
88358	TC	\$93.03
88360		\$123.92
88360	26	\$42.13
88360	TC	\$81.79
88361		\$123.57
88361	26	\$44.23
88361	TC	\$79.34
88362		\$226.42
88362	26	\$111.98
88362	TC	\$114.44
88363		\$23.17
88364		\$141.82
88364	26	\$34.75
88364	TC	\$107.07
88365		\$184.65

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88365	26	\$43.88
88365	TC	\$140.77
88366		\$293.12
88366	26	\$62.49
88366	TC	\$230.64
88367		\$116.20
88367	26	\$34.05
88367	TC	\$82.14
88368		\$139.36
88368	26	\$41.42
88368	TC	\$97.94
88369		\$118.30
88369	26	\$32.65
88369	TC	\$85.65
88371		\$22.23
88371	26	\$19.31
88372		\$26.22
88372	26	\$18.25
88373		\$70.91
88373	26	\$25.63
88373	TC	\$45.28
88374		\$336.30
88374	26	\$43.88
88374	TC	\$292.42
88375		\$48.09
88377		\$417.04
88377	26	\$64.24
88377	TC	\$352.80
88380		\$130.24
88380	26	\$54.76
88380	TC	\$75.47
88381		\$215.89
88381	26	\$23.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
88381	TC	\$192.02
88387		\$34.75
88387	26	\$27.03
88387	TC	\$7.72
88388		\$38.26
88388	26	\$23.87
88388	TC	\$14.39
88720		\$5.02
88738		\$5.02
88740		\$9.37
88741		\$9.37
89049		\$275.92
89050		\$4.72
89051		\$5.60
89055		\$4.27
89060		\$7.33
89060	26	\$18.25
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$18.96
89230		\$2.11
90371		\$135.59
90375		\$308.67
90376		\$356.33
90471		\$16.56
90472		\$16.56
90473		\$16.56
90474		\$16.56
90785		\$14.74
90791		\$179.03
90792		\$199.74
90832		\$77.58

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
90833		\$70.91
90834		\$102.50
90836		\$89.52
90837		\$150.95
90838		\$117.95
90839		\$143.93
90840		\$70.91
90845		\$96.89
90846		\$97.94
90847		\$101.45
90849		\$35.46
90853		\$27.38
90865		\$168.85
90870		\$177.63
90875		\$60.38
90876		\$105.31
90880		\$107.07
90901		\$41.77
90912		\$82.85
90913		\$32.30
90935		\$72.31
90937		\$103.56
90945		\$86.01
90947		\$123.92
90951		\$1,187.23
90954		\$1,020.48
90955		\$528.67
90956		\$350.34
90957		\$780.72
90958		\$508.66
90959		\$328.93
90960		\$358.41
90961		\$297.33

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
90962		\$204.31
90963		\$613.62
90964		\$526.56
90965		\$506.20
90966		\$297.33
90967		\$17.90
90968		\$17.55
90969		\$17.20
90970		\$9.48
90989		\$563.20
90997		\$89.16
91010		\$235.90
91010	26	\$65.65
91010	TC	\$170.26
91013		\$27.03
91013	26	\$9.13
91013	TC	\$17.90
91020		\$295.23
91020	26	\$74.07
91020	TC	\$221.16
91022		\$180.09
91022	26	\$74.07
91022	TC	\$106.01
91030		\$152.35
91030	26	\$47.04
91030	TC	\$105.31
91034		\$202.55
91034	26	\$49.85
91034	TC	\$152.70
91035		\$501.64
91035	26	\$81.44
91035	TC	\$420.20
91037		\$179.38

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
91037	26	\$49.85
91037	TC	\$129.53
91038		\$445.12
91038	26	\$56.52
91038	TC	\$388.60
91040		\$574.31
91040	26	\$49.50
91040	TC	\$524.81
91065		\$95.13
91065	26	\$10.53
91065	TC	\$84.60
91110		\$816.88
91110	26	\$115.14
91110	TC	\$701.73
91111		\$884.28
91111	26	\$46.34
91111	TC	\$837.94
91112		\$1,818.40
91112	26	\$107.77
91112	TC	\$1,710.63
91113		\$945.01
91113	26	\$123.22
91113	TC	\$821.79
91117		\$136.56
91120		\$556.40
91120	26	\$49.15
91120	TC	\$507.26
91122		\$286.80
91122	26	\$88.11
91122	TC	\$198.69
91132		\$492.16
91132	26	\$26.68
91132	TC	\$465.48

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
91133		\$514.63
91133	26	\$34.05
91133	TC	\$480.58
91200		\$31.59
91200	26	\$10.88
91200	TC	\$20.71
92002		\$88.11
92004		\$153.05
92012		\$91.27
92014		\$129.18
92015		\$19.66
92018		\$139.01
92019		\$71.96
92020		\$28.43
92025		\$36.86
92025	26	\$19.66
92025	TC	\$17.20
92060		\$64.24
92060	26	\$37.56
92060	TC	\$26.68
92065		\$54.06
92065	26	\$17.90
92065	TC	\$36.16
92066		\$26.68
92071		\$37.21
92072		\$130.24
92081		\$33.70
92081	26	\$16.15
92081	TC	\$17.55
92082		\$47.39
92082	26	\$21.06
92082	TC	\$26.33
92083		\$64.24

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92083	26	\$27.38
92083	TC	\$36.86
92100		\$87.41
92132		\$31.94
92132	26	\$16.50
92132	TC	\$15.45
92133		\$37.56
92133	26	\$22.12
92133	TC	\$15.45
92134		\$41.42
92134	26	\$25.63
92134	TC	\$15.80
92136		\$50.90
92136	26	\$30.89
92136	TC	\$20.01
92145		\$12.64
92145	26	\$5.62
92145	TC	\$7.02
92201		\$24.92
92202		\$15.80
92227		\$16.15
92228		\$31.24
92228	26	\$18.25
92228	TC	\$12.99
92230		\$100.40
92235		\$129.18
92235	26	\$42.83
92235	TC	\$86.36
92240		\$198.69
92240	26	\$46.69
92240	TC	\$152.00
92242		\$258.02
92242	26	\$54.76

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92242	TC	\$203.25
92250		\$37.91
92250	26	\$21.41
92250	TC	\$16.50
92260		\$20.01
92265		\$88.46
92265	26	\$46.34
92265	TC	\$42.13
92270		\$111.63
92270	26	\$42.83
92270	TC	\$68.80
92273		\$130.24
92273	26	\$36.86
92273	TC	\$93.38
92274		\$89.16
92274	26	\$33.00
92274	TC	\$56.17
92283		\$55.46
92283	26	\$9.13
92283	TC	\$46.34
92284		\$58.98
92284	26	\$11.94
92284	TC	\$47.04
92285		\$23.52
92285	26	\$3.16
92285	TC	\$20.36
92286		\$40.02
92286	26	\$22.12
92286	TC	\$17.90
92287		\$162.53
92287	26	\$45.99
92287	TC	\$116.55
92310		\$103.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92311		\$109.53
92312		\$127.08
92313		\$103.56
92314		\$90.92
92315		\$85.30
92316		\$105.31
92317		\$89.52
92325		\$47.39
92326		\$40.37
92340		\$35.10
92341		\$40.02
92342		\$42.83
92370		\$31.59
92502		\$95.48
92504		\$29.84
92507		\$78.28
92508		\$24.22
92511		\$123.22
92512		\$63.89
92516		\$71.26
92517		\$69.86
92518		\$65.65
92519		\$108.47
92520		\$84.60
92521		\$135.85
92522		\$113.74
92523		\$232.39
92524		\$111.98
92526		\$87.06
92537		\$42.13
92537	26	\$31.94
92537	TC	\$10.18
92538		\$23.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92538	26	\$16.50
92538	TC	\$6.67
92540		\$113.74
92540	26	\$79.34
92540	TC	\$34.40
92541		\$25.98
92541	26	\$21.41
92541	TC	\$4.56
92542		\$29.84
92542	26	\$25.63
92542	TC	\$4.21
92544		\$18.25
92544	26	\$14.74
92544	TC	\$3.51
92545		\$17.20
92545	26	\$13.69
92545	TC	\$3.51
92546		\$129.18
92546	26	\$15.09
92546	TC	\$114.09
92547		\$10.88
92548		\$49.85
92548	26	\$34.75
92548	TC	\$15.09
92549		\$65.65
92549	26	\$45.64
92549	TC	\$20.01
92550		\$22.82
92551		\$11.58
92552		\$34.40
92553		\$41.77
92555		\$25.98
92556		\$41.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92557		\$38.26
92558		\$9.48
92562		\$47.39
92563		\$32.65
92565		\$19.31
92567		\$16.85
92568		\$15.80
92570		\$33.35
92571		\$29.14
92572		\$42.13
92575		\$71.96
92576		\$38.97
92577		\$18.96
92579		\$47.04
92582		\$79.69
92583		\$51.95
92584		\$118.30
92587		\$22.47
92587	26	\$18.61
92587	TC	\$3.86
92588		\$34.75
92588	26	\$29.49
92588	TC	\$5.27
92590		\$120.85
92591		\$120.85
92592		\$26.54
92593		\$26.54
92594		\$26.54
92595		\$26.54
92596		\$70.56
92597		\$73.37
92601		\$167.45
92602		\$106.01

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92603		\$156.57
92604		\$94.43
92607		\$126.73
92608		\$50.20
92609		\$106.37
92610		\$87.06
92611		\$93.38
92612		\$199.74
92613		\$36.86
92614		\$149.90
92615		\$33.00
92616		\$222.21
92617		\$41.07
92620		\$92.68
92621		\$22.47
92625		\$69.86
92626		\$90.22
92627		\$21.06
92640		\$113.74
92650		\$29.49
92651		\$90.57
92652		\$118.30
92653		\$87.76
92920		\$500.24
92924		\$596.07
92928		\$556.40
92933		\$623.80
92937		\$555.70
92941		\$625.21
92943		\$624.86
92950		\$337.35
92953		\$0.70
92960		\$158.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
92961		\$233.79
92970		\$178.68
92971		\$94.78
92973		\$166.75
92974		\$152.35
92975		\$354.90
92977		\$51.60
92978	26	\$90.57
92979	26	\$72.31
92986		\$1,259.89
92987		\$1,302.72
92990		\$1,038.39
92997		\$606.25
92998		\$300.84
93000		\$14.39
93005		\$5.97
93010		\$8.07
93015		\$72.31
93016		\$21.76
93017		\$36.16
93018		\$14.39
93024		\$111.28
93024	26	\$55.82
93024	TC	\$55.46
93025		\$124.27
93025	26	\$37.56
93025	TC	\$86.71
93040		\$12.64
93041		\$5.62
93042		\$6.67
93050		\$16.15
93050	26	\$8.43
93050	TC	\$7.72

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93224		\$77.58
93225		\$19.66
93226		\$38.97
93227		\$18.61
93228		\$25.63
93229		\$922.89
93242		\$14.39
93244		\$24.57
93246		\$14.39
93248		\$27.03
93260		\$79.69
93260	26	\$42.83
93260	TC	\$36.86
93261		\$73.72
93261	26	\$37.21
93261	TC	\$36.51
93264		\$50.20
93268		\$191.32
93270		\$8.43
93271		\$157.62
93272		\$24.92
93278		\$29.49
93278	26	\$12.64
93278	TC	\$16.85
93279		\$71.26
93279	26	\$31.94
93279	TC	\$39.32
93280		\$84.25
93280	26	\$38.26
93280	TC	\$45.99
93281		\$89.16
93281	26	\$42.48
93281	TC	\$46.69

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93282		\$84.95
93282	26	\$42.48
93282	TC	\$42.48
93283		\$103.56
93283	26	\$57.22
93283	TC	\$46.34
93284		\$111.63
93284	26	\$62.13
93284	TC	\$49.50
93285		\$64.24
93285	26	\$25.98
93285	TC	\$38.26
93286		\$49.50
93286	26	\$15.45
93286	TC	\$34.05
93287		\$56.87
93287	26	\$22.82
93287	TC	\$34.05
93288		\$60.03
93288	26	\$21.06
93288	TC	\$38.97
93289		\$76.53
93289	26	\$37.21
93289	TC	\$39.32
93290		\$57.22
93290	26	\$21.41
93290	TC	\$35.81
93291		\$53.01
93291	26	\$18.61
93291	TC	\$34.40
93292		\$53.36
93292	26	\$21.06
93292	TC	\$32.30

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93293		\$49.15
93293	26	\$15.09
93293	TC	\$34.05
93294		\$30.19
93295		\$37.21
93296		\$23.87
93297		\$26.33
93298		\$26.33
93303		\$233.44
93303	26	\$62.84
93303	TC	\$170.61
93304		\$164.29
93304	26	\$36.51
93304	TC	\$127.78
93306		\$206.41
93306	26	\$70.21
93306	TC	\$136.20
93307		\$144.63
93307	26	\$44.58
93307	TC	\$100.05
93308		\$102.50
93308	26	\$25.28
93308	TC	\$77.23
93312		\$248.54
93312	26	\$108.47
93312	TC	\$140.07
93313		\$11.23
93314		\$236.95
93314	26	\$88.81
93314	TC	\$148.14
93315	26	\$127.78
93316		\$25.63
93317	26	\$89.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93318	26	\$102.86
93319		\$61.78
93320		\$53.36
93320	26	\$18.25
93320	TC	\$35.10
93321		\$26.33
93321	26	\$7.02
93321	TC	\$19.31
93325		\$24.92
93325	26	\$3.16
93325	TC	\$21.76
93350		\$195.88
93350	26	\$70.21
93350	TC	\$125.67
93351		\$242.92
93351	26	\$84.25
93351	TC	\$158.67
93352		\$34.40
93355		\$225.72
93356		\$39.32
93451		\$938.34
93451	26	\$125.32
93451	TC	\$813.02
93452		\$963.61
93452	26	\$226.07
93452	TC	\$737.54
93453		\$1,220.58
93453	26	\$301.19
93453	TC	\$919.38
93454		\$965.02
93454	26	\$228.18
93454	TC	\$736.84
93455		\$1,072.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93455	26	\$265.39
93455	TC	\$807.05
93456		\$1,199.16
93456	26	\$296.63
93456	TC	\$902.53
93457		\$1,306.23
93457	26	\$333.84
93457	TC	\$972.39
93458		\$1,105.08
93458	26	\$281.19
93458	TC	\$823.90
93459		\$1,187.23
93459	26	\$319.10
93459	TC	\$868.13
93460		\$1,318.87
93460	26	\$357.01
93460	TC	\$961.86
93461		\$1,453.67
93461	26	\$394.57
93461	TC	\$1,059.10
93462		\$199.04
93463		\$97.59
93464		\$231.69
93464	26	\$88.81
93464	TC	\$142.87
93503		\$86.71
93505		\$683.13
93505	26	\$217.65
93505	TC	\$465.48
93563		\$55.82
93564		\$57.22
93565		\$43.88
93566		\$133.05

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93567		\$110.93
93568		\$125.32
93569		\$37.91
93571	26	\$69.16
93572	26	\$50.55
93573		\$62.84
93574		\$69.51
93575		\$93.03
93580		\$922.54
93581		\$1,250.42
93582		\$625.21
93583		\$699.28
93590		\$1,065.42
93591		\$880.42
93592		\$387.90
93593	26	\$191.67
93594	26	\$300.84
93595	26	\$271.36
93596	26	\$329.28
93597	26	\$437.75
93598	26	\$71.26
93600	26	\$113.04
93602	26	\$111.28
93603	26	\$111.28
93609	26	\$265.04
93610	26	\$157.27
93612	26	\$155.86
93613		\$280.83
93615	26	\$37.91
93616	26	\$59.33
93618	26	\$209.92
93619	26	\$373.16
93620	26	\$599.23

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93621	26	\$91.62
93622	26	\$164.29
93623	26	\$101.80
93624	26	\$228.53
93631	26	\$376.67
93640	26	\$170.96
93641	26	\$297.68
93642		\$328.23
93642	26	\$243.27
93642	TC	\$84.95
93644		\$198.69
93644	26	\$145.33
93644	TC	\$53.36
93650		\$560.97
93653		\$791.60
93654		\$1,058.75
93655		\$295.58
93656		\$1,061.91
93657		\$295.23
93660		\$162.53
93660	26	\$93.03
93660	TC	\$69.51
93662	26	\$92.68
93668		\$14.04
93701		\$28.08
93702		\$146.03
93724		\$290.66
93724	26	\$242.57
93724	TC	\$48.09
93750		\$49.85
93784		\$46.69
93786		\$23.17
93788		\$4.91

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93790		\$18.25
93793		\$11.23
93797		\$16.85
93798		\$26.33
93880		\$200.09
93880	26	\$38.26
93880	TC	\$161.83
93882		\$130.24
93882	26	\$23.52
93882	TC	\$106.72
93886		\$282.24
93886	26	\$46.34
93886	TC	\$235.90
93888		\$137.96
93888	26	\$25.28
93888	TC	\$112.68
93890		\$287.86
93890	26	\$50.55
93890	TC	\$237.31
93892		\$172.36
93892	26	\$59.33
93892	TC	\$113.04
93893		\$173.06
93893	26	\$60.03
93893	TC	\$113.04
93922		\$84.95
93922	26	\$11.94
93922	TC	\$73.02
93923		\$133.05
93923	26	\$21.41
93923	TC	\$111.63
93924		\$164.29
93924	26	\$23.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93924	TC	\$140.42
93925		\$253.80
93925	26	\$37.91
93925	TC	\$215.89
93926		\$135.50
93926	26	\$22.82
93926	TC	\$112.68
93930		\$205.01
93930	26	\$37.91
93930	TC	\$167.10
93931		\$129.89
93931	26	\$23.52
93931	TC	\$106.37
93970		\$196.94
93970	26	\$33.35
93970	TC	\$163.59
93971		\$124.97
93971	26	\$21.41
93971	TC	\$103.56
93975		\$278.38
93975	26	\$55.46
93975	TC	\$222.91
93976		\$151.30
93976	26	\$38.61
93976	TC	\$112.68
93978		\$188.51
93978	26	\$37.56
93978	TC	\$150.95
93979		\$122.51
93979	26	\$23.17
93979	TC	\$99.35
93980		\$119.35
93980	26	\$60.03

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
93980	TC	\$59.33
93981		\$71.96
93981	26	\$21.06
93981	TC	\$50.90
93985		\$261.88
93985	26	\$36.86
93985	TC	\$225.02
93986		\$135.85
93986	26	\$23.17
93986	TC	\$112.68
93990		\$135.50
93990	26	\$22.82
93990	TC	\$112.68
94002		\$91.27
94003		\$64.59
94004		\$47.74
94010		\$27.38
94010	26	\$8.43
94010	TC	\$18.96
94011		\$86.01
94012		\$140.42
94013		\$19.31
94014		\$56.17
94015		\$31.24
94016		\$24.92
94060		\$40.02
94060	26	\$10.53
94060	TC	\$29.49
94070		\$63.19
94070	26	\$28.43
94070	TC	\$34.75
94200		\$15.45
94200	26	\$3.16

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
94200	TC	\$12.29
94375		\$39.32
94375	26	\$14.74
94375	TC	\$24.57
94450		\$65.65
94450	26	\$17.90
94450	TC	\$47.74
94452		\$50.55
94452	26	\$14.74
94452	TC	\$35.81
94453		\$68.45
94453	26	\$18.96
94453	TC	\$49.50
94610		\$55.11
94617		\$90.57
94617	26	\$32.65
94617	TC	\$57.92
94618		\$33.70
94618	26	\$22.47
94618	TC	\$11.23
94619		\$70.56
94619	26	\$22.82
94619	TC	\$47.74
94621		\$158.32
94621	26	\$69.16
94621	TC	\$89.16
94640		\$11.23
94644		\$63.54
94645		\$16.15
94660		\$64.59
94662		\$35.46
94664		\$17.20
94667		\$23.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
94668		\$36.16
94669		\$18.96
94680		\$54.06
94680	26	\$12.99
94680	TC	\$41.07
94681		\$49.85
94681	26	\$10.18
94681	TC	\$39.67
94690		\$44.58
94690	26	\$3.86
94690	TC	\$40.72
94726		\$55.82
94726	26	\$11.94
94726	TC	\$43.88
94727		\$44.93
94727	26	\$12.29
94727	TC	\$32.65
94728		\$40.72
94728	26	\$12.64
94728	TC	\$28.08
94729		\$60.38
94729	26	\$9.13
94729	TC	\$51.25
94760		\$2.11
94761		\$3.16
94762		\$27.03
94780		\$52.66
94781		\$20.71
95004		\$3.86
95012		\$19.31
95017		\$8.78
95018		\$21.06
95024		\$8.43

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95027		\$4.91
95028		\$12.99
95044		\$4.91
95052		\$6.32
95056		\$50.55
95060		\$37.56
95065		\$27.73
95070		\$36.51
95076		\$121.81
95079		\$85.65
95115		\$9.48
95117		\$11.58
95144		\$17.20
95145		\$35.46
95146		\$65.29
95147		\$62.84
95148		\$93.38
95149		\$124.27
95165		\$15.80
95170		\$11.58
95180		\$138.31
95249		\$60.03
95250		\$153.05
95251		\$35.10
95717		\$101.80
95718		\$135.85
95719		\$157.27
95720		\$208.87
95721		\$208.87
95722		\$254.51
95723		\$256.61
95724		\$323.31
95725		\$294.88

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95726		\$410.37
95782		\$975.20
95782	26	\$126.38
95782	TC	\$848.82
95783		\$1,032.77
95783	26	\$137.61
95783	TC	\$895.16
95800		\$165.34
95801		\$93.03
95803		\$151.30
95803	26	\$43.53
95803	TC	\$107.77
95805		\$430.38
95805	26	\$58.27
95805	TC	\$372.11
95806		\$93.73
95806	26	\$44.93
95806	TC	\$48.79
95807		\$390.71
95807	26	\$60.38
95807	TC	\$330.33
95808		\$691.91
95808	26	\$88.46
95808	TC	\$603.44
95810		\$626.96
95810	26	\$120.41
95810	TC	\$506.56
95811		\$654.34
95811	26	\$124.97
95811	TC	\$529.37
95812		\$359.12
95812	26	\$57.22
95812	TC	\$301.90

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95813		\$444.07
95813	26	\$87.06
95813	TC	\$357.01
95816		\$396.33
95816	26	\$57.22
95816	TC	\$339.11
95819		\$465.13
95819	26	\$57.57
95819	TC	\$407.56
95822		\$432.13
95822	26	\$57.57
95822	TC	\$374.56
95824	26	\$39.32
95829		\$1,892.12
95829	26	\$332.09
95829	TC	\$1,560.04
95830		\$751.23
95836		\$106.01
95851		\$21.06
95852		\$17.55
95857		\$64.94
95860		\$117.95
95860	26	\$51.60
95860	TC	\$66.35
95861		\$170.26
95861	26	\$82.50
95861	TC	\$87.76
95863		\$222.91
95863	26	\$100.40
95863	TC	\$122.51
95864		\$248.89
95864	26	\$107.07
95864	TC	\$141.82

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95865		\$158.32
95865	26	\$83.55
95865	TC	\$74.77
95866		\$135.85
95866	26	\$65.29
95866	TC	\$70.56
95867		\$112.33
95867	26	\$42.13
95867	TC	\$70.21
95868		\$149.19
95868	26	\$63.54
95868	TC	\$85.65
95869		\$103.56
95869	26	\$20.01
95869	TC	\$83.55
95870		\$89.52
95870	26	\$19.66
95870	TC	\$69.86
95872		\$218.00
95872	26	\$153.76
95872	TC	\$64.24
95873		\$79.34
95873	26	\$19.66
95873	TC	\$59.68
95874		\$83.55
95874	26	\$19.66
95874	TC	\$63.89
95875		\$142.52
95875	26	\$59.33
95875	TC	\$83.20
95885		\$67.05
95885	26	\$18.61
95885	TC	\$48.44

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95886		\$103.91
95886	26	\$45.99
95886	TC	\$57.92
95887		\$89.52
95887	26	\$37.91
95887	TC	\$51.60
95905		\$39.67
95905	26	\$2.81
95905	TC	\$36.86
95907		\$94.43
95907	26	\$53.71
95907	TC	\$40.72
95908		\$117.95
95908	26	\$67.40
95908	TC	\$50.55
95909		\$141.12
95909	26	\$80.39
95909	TC	\$60.73
95910		\$184.65
95910	26	\$107.42
95910	TC	\$77.23
95911		\$222.56
95911	26	\$133.75
95911	TC	\$88.81
95912		\$259.07
95912	26	\$159.37
95912	TC	\$99.70
95913		\$299.44
95913	26	\$188.86
95913	TC	\$110.58
95919		\$15.80
95919	26	\$10.18
95919	TC	\$5.62

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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		\$91.62
95921	26	\$45.28
95921	TC	\$46.34
95922		\$104.61
95922	26	\$47.39
95922	TC	\$57.22
95923		\$130.59
95923	26	\$45.28
95923	TC	\$85.30
95924		\$154.46
95924	26	\$87.06
95924	TC	\$67.40
95925		\$190.97
95925	26	\$28.43
95925	TC	\$162.53
95926		\$165.69
95926	26	\$28.08
95926	TC	\$137.61
95927		\$155.86
95927	26	\$27.03
95927	TC	\$128.83
95928		\$245.38
95928	26	\$79.69
95928	TC	\$165.69
95929		\$252.75
95929	26	\$80.04
95929	TC	\$172.71
95930		\$67.75
95930	26	\$18.96
95930	TC	\$48.79
95933		\$87.76
95933	26	\$31.59
95933	TC	\$56.17

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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		\$110.93
95937	26	\$34.75
95937	TC	\$76.18
95938		\$376.67
95938	26	\$45.64
95938	TC	\$331.03
95939		\$568.69
95939	26	\$119.71
95939	TC	\$448.98
95940		\$32.65
95954		\$418.79
95954	26	\$109.53
95954	TC	\$309.27
95955		\$212.03
95955	26	\$54.06
95955	TC	\$157.97
95957		\$268.55
95957	26	\$102.86
95957	TC	\$165.69
95958		\$645.57
95958	26	\$226.07
95958	TC	\$419.50
95961		\$331.74
95961	26	\$160.08
95961	TC	\$171.66
95962		\$272.41
95962	26	\$172.71
95962	TC	\$99.70
95965	26	\$419.15
95966	26	\$213.08
95967	26	\$186.40
95970		\$18.96
95971		\$48.79

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
95972		\$56.17
95976		\$40.02
95977		\$53.01
95980		\$43.18
95981		\$38.61
95982		\$58.62
95983		\$50.55
95984		\$44.23
95990		\$93.73
95991		\$112.68
95992		\$44.23
96000		\$86.36
96001		\$111.63
96002		\$21.76
96003		\$16.85
96004		\$110.23
96020	26	\$160.78
96040		\$48.09
96105		\$99.35
96110		\$10.53
96112		\$128.48
96113		\$60.38
96116		\$95.48
96121		\$79.34
96125		\$105.66
96127		\$4.56
96130		\$121.11
96131		\$89.87
96132		\$132.34
96133		\$102.50
96136		\$44.93
96137		\$40.72
96138		\$35.46

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
96139		\$36.16
96146		\$1.76
96156		\$97.24
96158		\$66.70
96159		\$22.82
96161		\$2.81
96164		\$9.83
96165		\$4.56
96167		\$70.91
96168		\$25.28
96360		\$35.10
96361		\$12.99
96365		\$69.51
96366		\$21.41
96367		\$30.89
96368		\$20.71
96369		\$149.54
96370		\$15.45
96371		\$60.73
96372		\$14.39
96373		\$18.25
96374		\$40.37
96375		\$16.15
96377		\$19.31
96401		\$77.93
96402		\$34.05
96405		\$87.41
96406		\$137.96
96409		\$107.77
96411		\$58.98
96413		\$140.42
96415		\$29.84
96416		\$137.61

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
96417		\$68.45
96420		\$110.58
96422		\$168.85
96423		\$77.93
96425		\$181.84
96440		\$814.42
96446		\$202.55
96450		\$173.77
96521		\$142.52
96522		\$125.32
96523		\$27.38
96542		\$136.56
96567		\$150.25
96570		\$51.25
96571		\$25.63
96573		\$244.33
96574		\$298.04
96900		\$24.57
96904		\$74.07
96910		\$122.51
96912		\$104.96
96913		\$157.62
96920		\$162.88
96921		\$177.98
96922		\$241.87
96931		\$178.33
96932		\$133.75
96933		\$44.58
96934		\$124.27
96935		\$81.44
96936		\$42.83
97010		\$5.97
97022		\$17.55

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
97032		\$14.74
97035		\$14.39
97110		\$30.19
97112		\$35.10
97113		\$37.91
97116		\$30.19
97129		\$23.17
97130		\$22.47
97140		\$27.73
97150		\$17.90
97151		\$28.78
97152		\$21.30
97153		\$9.80
97154		\$2.47
97155		\$28.78
97161		\$102.50
97162		\$102.50
97163		\$102.50
97164		\$70.91
97165		\$103.21
97166		\$103.21
97167		\$103.21
97168		\$71.26
97530		\$38.26
97537		\$32.65
97542		\$32.65
97597		\$104.96
97598		\$45.99
97605		\$43.53
97606		\$51.60
97607		\$400.89
97608		\$395.63
97761		\$42.83

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
97802		\$37.56
97803		\$32.65
97804		\$17.20
98925		\$31.94
98926		\$45.28
98927		\$58.98
98928		\$72.31
98929		\$85.65
98940		\$43.75
98941		\$60.85
98942		\$79.23
98966		\$12.99
98967		\$24.22
98968		\$34.05
99151		\$71.61
99152		\$52.31
99153		\$10.88
99155		\$81.09
99156		\$74.77
99157		\$61.78
99173		\$2.81
99174		\$5.62
99175		\$29.49
99183		\$105.31
99184		\$216.94
99188		\$27.61
99195		\$104.26
99202		\$73.37
99203		\$111.98
99204		\$167.10
99205		\$221.16
99211		\$23.52
99212		\$56.87

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
99213		\$91.27
99214		\$129.18
99215		\$181.49
99217		\$70.91
99218		\$95.83
99219		\$130.59
99220		\$176.57
99221		\$97.94
99222		\$132.69
99223		\$195.18
99224		\$38.26
99225		\$69.86
99226		\$100.05
99231		\$37.91
99232		\$70.21
99233		\$101.10
99234		\$127.78
99235		\$162.88
99236		\$208.52
99238		\$71.26
99239		\$104.26
99281		\$21.41
99282		\$41.42
99283		\$70.56
99284		\$119.35
99285		\$173.06
99291		\$278.38
99292		\$120.76
99304		\$88.11
99305		\$127.43
99306		\$163.23
99307		\$43.18
99308		\$68.10

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
99309		\$89.87
99310		\$132.69
99315		\$71.61
99316		\$102.86
99318		\$94.43
99324		\$53.71
99325		\$78.28
99326		\$136.20
99327		\$182.89
99328		\$214.84
99334		\$60.03
99335		\$94.43
99336		\$133.75
99337		\$190.97
99341		\$53.71
99342		\$76.18
99343		\$124.27
99344		\$177.98
99345		\$215.54
99347		\$54.41
99348		\$82.50
99349		\$127.08
99350		\$175.52
99354		\$126.73
99355		\$91.97
99356		\$89.52
99357		\$89.87
99360		\$59.68
99375		\$102.50
99378		\$102.50
99381		\$110.58
99382		\$115.14
99383		\$119.71

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
99384		\$135.50
99385		\$131.29
99386		\$152.00
99387		\$164.29
99391		\$99.70
99392		\$106.01
99393		\$105.66
99394		\$115.49
99395		\$117.95
99396		\$126.02
99397		\$135.85
99406		\$15.45
99407		\$28.43
99408		\$35.46
99409		\$68.10
99418		\$40.02
99439		\$48.09
99441		\$56.52
99442		\$91.27
99443		\$129.18
99460		\$94.08
99461		\$93.03
99462		\$41.42
99463		\$108.82
99464		\$73.72
99465		\$143.93
99466		\$234.85
99467		\$117.95
99468		\$905.34
99469		\$392.12
99471		\$784.23
99472		\$398.78
99475		\$562.02

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
99476		\$337.35
99477		\$342.97
99478		\$135.15
99479		\$123.22
99480		\$117.95
99483		\$282.24
99484		\$44.58
99487		\$134.10
99489		\$70.21
99490		\$63.54
99491		\$85.30
99492		\$153.76
99493		\$148.49
99494		\$63.54
99495		\$208.17
99496		\$280.83
0001A		\$16.56
0002A		\$16.56
0003A		\$16.56
0004A		\$16.56
0011A		\$16.56
0012A		\$16.56
0013A		\$16.56
0021A		\$16.56
0022A		\$16.56
0031A		\$16.56
0034A		\$16.56
0041A		\$16.56
0042A		\$16.56
0044A		\$16.56
0051A		\$16.56
0052A		\$16.56
0053A		\$16.56

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
0054A		\$16.56
0064A		\$16.56
0071A		\$16.56
0072A		\$16.56
0073A		\$16.56
0074A		\$16.56
0081A		\$16.56
0082A		\$16.56
0083A		\$16.56
0091A		\$16.56
0092A		\$16.56
0093A		\$16.56
0094A		\$16.56
0111A		\$16.56
0112A		\$16.56
0113A		\$16.56
0124A		\$16.56
0134A		\$16.56
0144A		\$16.56
0154A		\$16.56
0164A		\$16.56
0173A		\$16.56
0077U		\$43.43
0202U		\$416.78
0223U		\$416.78
0224U		\$51.43
0225U		\$416.78
0226U		\$42.28
0240U		\$142.63
0241U		\$142.63
0373T		\$11.78
0509T		\$76.88
0509T	26	\$21.41

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
0509T	TC	\$55.46
A9575		\$0.14
A9576		\$1.42
A9577		\$1.84
A9578		\$1.81
A9579		\$1.58
A9581		\$14.75
A9585		\$0.33
A9589		\$1,230.84
G0101		\$38.97
G0102		\$23.52
G0103		\$19.31
G0104		\$196.94
G0105		\$354.20
G0106		\$237.66
G0106	26	\$61.08
G0106	TC	\$176.57
G0108		\$55.82
G0109		\$15.80
G0117		\$64.59
G0118		\$43.18
G0120		\$237.66
G0120	26	\$61.08
G0120	TC	\$176.57
G0121		\$354.55
G0122		\$350.34
G0122	26	\$48.79
G0122	TC	\$301.55
G0123		\$20.26
G0124		\$22.47
G0127		\$23.87
G0128		\$8.78
G0130		\$37.21

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
G0130	26	\$11.23
G0130	TC	\$25.98
G0141		\$22.47
G0143		\$27.05
G0144		\$43.97
G0145		\$26.49
G0147		\$17.31
G0148		\$31.94
G0166		\$111.98
G0168		\$130.94
G0179		\$41.42
G0180		\$53.36
G0181		\$105.31
G0182		\$106.72
G0237		\$10.18
G0238		\$10.18
G0239		\$12.99
G0245		\$66.35
G0246		\$39.32
G0247		\$87.06
G0248		\$66.35
G0249		\$48.79
G0250		\$8.07
G0252	26	\$74.07
G0268		\$52.31
G0270		\$32.65
G0271		\$17.20
G0277		\$182.89
G0278		\$12.99
G0279		\$54.06
G0279	26	\$29.49
G0279	TC	\$24.57
G0281		\$12.29

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
G0288		\$36.16
G0289		\$82.14
G0296		\$28.79
G0306		\$7.77
G0307		\$6.47
G0312		\$39.32
G0313		\$64.59
G0314		\$64.59
G0315		\$39.32
G0316		\$32.30
G0317		\$32.30
G0318		\$31.59
G0328		\$18.05
G0329		\$10.88
G0337		\$70.91
G0341		\$1,778.03
G0342		\$730.87
G0343		\$1,198.81
G0372		\$8.78
G0396		\$35.46
G0397		\$68.10
G0403		\$14.39
G0404		\$5.97
G0405		\$8.07
G0406		\$37.91
G0407		\$70.21
G0408		\$101.10
G0409		\$11.23
G0412		\$713.32
G0413		\$1,043.65
G0414		\$985.38
G0415		\$1,340.28
G0416		\$361.57

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
G0416	26	\$178.68
G0416	TC	\$182.89
G0422		\$116.20
G0423		\$116.20
G0425		\$97.94
G0426		\$132.69
G0427		\$195.18
G0429		\$98.29
G0432		\$19.57
G0433		\$18.29
G0435		\$11.98
G0438		\$168.50
G0439		\$132.34
G0455		\$132.34
G0471		\$10.57
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		\$58.27
G0659		\$62.14
G2023		\$23.46
G2024		\$25.46
G2082		\$815.12
G2083		\$1,159.50
G2212		\$32.65
G2215		\$92.16
G6001		\$185.35
G6001	26	\$31.94

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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Code	Modifier	Medicaid Fee
G6001	TC	\$153.41
G6002		\$75.83
G6002	26	\$20.71
G6002	TC	\$55.11
G6003		\$152.35
G6004		\$136.91
G6005		\$136.91
G6006		\$136.91
G6007		\$252.40
G6008		\$188.51
G6009		\$188.16
G6010		\$187.11
G6011		\$249.94
G6012		\$249.59
G6013		\$250.29
G6014		\$248.89
G6015		\$379.48
G6016		\$378.78
G9143		\$120.72
G9157		\$93.73
H1000		\$88.13
H1001		\$58.76
H1002		\$58.76
H1003		\$58.76
H1004		\$58.76
K1034		\$12.00
M0201		\$16.56
M0220		\$148.57
M0221		\$247.40
M0222		\$346.03
M0223		\$543.35
M0240		\$441.41
M0241		\$741.07

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
M0243		\$444.41
M0244		\$741.07
M0245		\$444.41
M0246		\$741.07
M0247		\$441.41
M0248		\$741.07
M0249		\$441.41
M0250		\$441.41
P3000		\$17.31
P3001		\$22.47
P9603		\$0.34
P9604		\$4.90
Q0035		\$17.55
Q0035	26	\$8.43
Q0035	TC	\$9.13
Q0091		\$43.88
Q0092		\$23.87
Q0111		\$17.31
Q0112		\$5.83
Q0138		\$0.56
Q0139		\$0.56
Q0162		\$0.01
Q0164		\$0.44
Q0166		\$1.46
Q0167		\$0.79
Q0510		\$63.19
Q0511		\$30.33
Q0512		\$20.22
Q0513		\$41.70
Q0514		\$83.39
Q2043		\$53,981.46
Q2050		\$102.24
Q3014		\$32.67

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
Q3027		\$54.42
Q4001		\$53.95
Q4002		\$203.87
Q4003		\$38.77
Q4004		\$134.11
Q4005		\$14.29
Q4006		\$32.19
Q4007		\$7.14
Q4008		\$16.08
Q4009		\$9.53
Q4010		\$21.47
Q4011		\$4.76
Q4012		\$10.72
Q4013		\$17.33
Q4014		\$29.28
Q4015		\$8.67
Q4016		\$14.65
Q4017		\$10.06
Q4018		\$16.02
Q4019		\$5.00
Q4020		\$8.02
Q4021		\$7.42
Q4022		\$13.42
Q4023		\$3.74
Q4024		\$6.67
Q4025		\$41.67
Q4026		\$130.05
Q4027		\$20.84
Q4028		\$65.01
Q4029		\$31.86
Q4030		\$83.84
Q4031		\$15.92
Q4032		\$41.92

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
Q4033		\$29.72
Q4034		\$73.89
Q4035		\$14.87
Q4036		\$36.95
Q4037		\$18.12
Q4038		\$45.40
Q4039		\$9.08
Q4040		\$22.72
Q4041		\$22.04
Q4042		\$37.61
Q4043		\$11.01
Q4044		\$18.83
Q4045		\$12.79
Q4046		\$20.55
Q4047		\$6.37
Q4048		\$10.31
Q4049		\$2.36
Q4074		\$139.51
Q4081		\$0.82
Q4101		\$30.36
Q4102		\$12.72
Q4103		\$12.86
Q4106		\$16.25
Q4110		\$42.88
Q4111		\$7.06
Q4121		\$44.31
Q4132		\$373.33
Q4133		\$137.13
Q4137		\$99.91
Q4145		\$19.48
Q4151		\$120.84
Q4154		\$158.17
Q4159		\$460.50

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
Q4160		\$94.06
Q4163		\$104.78
Q4173		\$209.82
Q4174		\$291.27
Q4186		\$153.46
Q4187		\$241.75
Q4195		\$71.23
Q4196		\$109.76
Q5101		\$0.24
Q5103		\$24.80
Q5104		\$45.47
Q5105		\$0.81
Q5106		\$8.06
Q5107		\$31.70
Q5108		\$136.54
Q5110		\$0.36
Q5111		\$137.66
Q5112		\$58.34
Q5113		\$36.40
Q5114		\$42.60
Q5115		\$48.83
Q5116		\$33.20
Q5117		\$33.37
Q5118		\$33.69
Q5119		\$32.68
Q5120		\$89.94
Q5121		\$33.50
Q5122		\$146.65
Q5123		\$49.75
Q5125		\$12.03
Q9950		\$18.38
Q9956		\$30.52
Q9957		\$45.78

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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

Code	Modifier	Medicaid Fee
Q9958		\$0.08
Q9960		\$0.27
Q9961		\$0.15
Q9963		\$0.21
Q9965		\$1.49
Q9966		\$0.48
Q9967		\$0.17
Q9991		\$1,825.83
Q9992		\$1,825.83
R0070		\$75.09
R0075		\$75.09
S0302		\$133.64
S0390		\$21.26
S2083		\$109.22
S5497		\$7.36
S9326		\$57.19
S9327		\$73.52
S9330		\$57.19
S9331		\$73.52
S9338		\$73.52
S9339		\$57.19
S9364		\$269.51
S9373		\$73.52
S9497		\$98.36
S9500		\$73.76
S9501		\$81.25
S9502		\$81.25
S9503		\$81.25
S9504		\$98.36
T1001		\$16.77
T1002		\$17.52
T1003		\$14.28
T1004		\$10.98

**ND Medicaid
Professional Services Fee Schedule
as of 1/1/2023**

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Code	Modifier	Medicaid Fee
T1013		\$16.29
T1015		\$116.92
T1021		\$18.62
T1025		\$352.85
T1030		\$70.08
T1031		\$57.09
U0001		\$35.92
U0002		\$51.31
U0003		\$75.00
U0004		\$75.00
U0005		\$25.00
V2020		\$26.13
V2025		\$16.35
V2104		\$7.36
V2105		\$4.90
V2111		\$2.88
V2204		\$17.18
V2299		\$17.96
V2304		\$23.37
V2430		\$35.95
V2710		\$75.95
V2715		\$3.26
V2718		\$12.69
V2744		\$7.62
V2745		\$2.05
V2760		\$2.88
V2780		\$2.46
V2784		\$8.16