

2024 Uniform Payment System



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Payment Category	Specialty Type	Methodology	Group Version	Base Rate / % of CMS
Inpatient	PPS Hospitals (Urban)	APR-DRG	40	Base Rate = \$16,013
Inpatient	Sole Community Hospitals (SCH)	APR-DRG	40	Base Rate = \$16,016
Inpatient	Long Term Acute Care (LTAC)	Per Diem		165% of Modified 2022 CMS DRG Avg Rate
Inpatient	Rehabilitation	Per Diem		BCBSND 7/1/2021 Commercial Rate
Inpatient	Transitional Care Unit (TCU)	Per Diem		BCBSND 7/1/2021 Commercial Rate
Inpatient	Residential Treatment Center (RTC)	Per Diem		90% of BCBSND 7/1/2021 Commercial Rate
Inpatient	Critical Access Hospitals (CAH)	Per Diem		150% of CMS Interim Rate
Outpatient	PPS Hospitals (Urban)	EAPG	3.17	Base Rate = \$628.85
Outpatient	Sole Community Hospitals	EAPG	3.17	Base Rate = \$631.20
Outpatient	Behavioral Health	EAPG	3.17	Base Rate = \$504.50
Outpatient	Ambulatory Surgical Centers	EAPG	3.17	Base Rate = \$503.95
Outpatient	All Other (Default)	EAPG	3.17	Base Rate = \$628.85
Outpatient	Critical Access Hospitals (CAH)	% of Charge		150% of CMS Interim Rate
Outpatient	Home Health	Fee Schedule		150% of CMS 2022 Proposed Rate
Outpatient	Hospice	Fee Schedule		115% of 2022 CMS Rate
Professional & Outpatient	Ambulance - Air & Ground	Fee Schedule		150% of CMS 2021 Rural Rate
Professional & Outpatient	Injectables	Fee Schedule		BCBSND Commercial Rates - updated quarterly
Professional & Outpatient	Specialty Pharmacy	Fee Schedule		
Professional	All (RVU based)	Fee Schedule		162.5% of CMS 2022 CF
Professional	Clinical Lab	Fee Schedule		150% of 2021 CMS CLFS
Professional	Blood and Blood Products	Fee Schedule		113% of 2021 CMS APC Rate
Professional	Durable Medical Equipment	Fee Schedule		BCBSND 7/1/2021 Commercial Rates
Professional	1915(i) Related Services	Fee Schedule		100% of ND Medicaid
Professional	Non-Emergency Transportation (NEMT)	Fee Schedule		100% of ND Medicaid or contracted rate
Professional	Medication Assisted Treatment (MAT)	Fee Schedule		100% of ND Medicaid
Professional	ND Human Service Centers	% of Charge		100% of Charge
Encounter	Indian/Tribal 638 Providers	Fee Schedule		Reconciled to State Provided Per Visit Rate
Encounter	Federally Qualified Health Center (FQHC)	Fee Schedule		
Encounter	Rural Health Clinic (RHC)	Fee Schedule		

<p>Definitions:</p> <ol style="list-style-type: none"> 1. <i>CMS</i> - Center for Medicare and Medicaid Services 2. <i>APC</i> - Ambulatory Payment Classification 3. <i>CF</i> - Conversion Factor 4. <i>CLFS</i> - Clinical Laboratory Fee Schedule 4. <i>State Provided Per Visit Rate</i> - Rate shared by the Department of Human Services. Based on a rate established at the Federal level or at the State level. 5. <i>Sole Community Hospital</i> - Federal Designation given to qualifying acute care facilities by CMS. 6. <i>Critical Access Hospital</i> - Federal Designation given to qualifying rural acute care facilities by CMS.

Rate information as of 1/1/2024; updated 1/17/2024