

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
10004		\$52.06
10005		\$127.27
10006		\$60.02
10007		\$289.25
10008		\$162.70
10009		\$475.09
10010		\$285.99
10021		\$98.34
10030		\$584.28
10035		\$491.72
10036		\$424.83
10040		\$109.55
10060		\$119.68
10061		\$207.17
10080		\$186.20
10081		\$277.68
10120		\$154.02
10121		\$274.42
10140		\$169.21
10160		\$131.25
10180		\$249.11
11000		\$56.04
11001		\$22.06
11004		\$570.54
11005		\$765.06
11006		\$696.00
11008		\$269.00
11010		\$487.38
11011		\$535.47
11012		\$693.47
11042		\$122.93
11043		\$231.04
11044		\$312.39
11045		\$41.22
11046		\$72.67
11047		\$121.85
11055		\$57.13
11056		\$68.33
11057		\$75.57
11102		\$99.79
11103		\$53.87
11104		\$125.46
11105		\$61.46
11106		\$151.85

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CODE	MODIFIER	MEDICAID FEE
11107		\$72.67
11200		\$88.94
11201		\$18.80
11300		\$98.71
11301		\$120.76
11302		\$141.37
11303		\$155.83
11305		\$103.77
11306		\$122.93
11307		\$145.35
11308		\$154.39
11310		\$114.98
11311		\$137.03
11312		\$160.17
11313		\$187.65
11400		\$125.46
11401		\$152.22
11402		\$168.85
11403		\$194.52
11404		\$220.19
11406		\$314.56
11420		\$125.82
11421		\$159.09
11422		\$178.61
11423		\$203.20
11424		\$235.01
11426		\$334.44
11440		\$139.20
11441		\$171.02
11442		\$190.54
11443		\$225.97
11444		\$282.74
11446		\$390.84
11450		\$394.82
11451		\$496.06
11462		\$385.78
11463		\$503.29
11470		\$422.66
11471		\$517.03
11600		\$195.96
11601		\$230.67
11602		\$249.48
11603		\$284.55
11604		\$315.28

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CODE	MODIFIER	MEDICAID FEE
11606		\$449.78
11620		\$197.41
11621		\$231.40
11622		\$257.79
11623		\$301.18
11624		\$339.86
11626		\$407.48
11640		\$203.56
11641		\$239.71
11642		\$272.61
11643		\$319.98
11644		\$394.10
11646		\$511.97
11719		\$14.82
11720		\$33.62
11721		\$45.92
11730		\$110.28
11732		\$33.26
11740		\$52.43
11750		\$157.28
11755		\$124.01
11760		\$194.52
11762		\$289.97
11765		\$172.10
11770		\$283.46
11771		\$584.28
11772		\$699.61
11900		\$54.60
11901		\$68.70
11920		\$180.06
11921		\$206.09
11922		\$61.10
11950		\$68.70
11951		\$97.98
11952		\$132.69
11954		\$154.39
11960		\$967.89
11970		\$609.23
11971		\$479.43
11976		\$145.35
11980		\$95.09
11981		\$142.09
11982		\$157.28
11983		\$229.23

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CODE	MODIFIER	MEDICAID FEE
12001		\$89.67
12002		\$108.83
12004		\$127.27
12005		\$165.23
12006		\$194.52
12007		\$223.08
12011		\$109.55
12013		\$113.89
12014		\$136.67
12015		\$165.23
12016		\$207.90
12017		\$149.32
12018		\$169.21
12020		\$288.52
12021		\$167.04
12031		\$247.31
12032		\$306.60
12034		\$320.34
12035		\$385.42
12036		\$424.83
12037		\$479.06
12041		\$246.94
12042		\$297.20
12044		\$368.43
12045		\$404.94
12046		\$482.32
12047		\$528.96
12051		\$267.19
12052		\$302.26
12053		\$353.60
12054		\$369.51
12055		\$479.06
12056		\$563.67
12057		\$596.57
13100		\$342.03
13101		\$403.14
13102		\$121.48
13120		\$356.86
13121		\$433.51
13122		\$132.69
13131		\$391.93
13132		\$481.96
13133		\$177.16
13151		\$427.72

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CODE	MODIFIER	MEDICAID FEE
13152		\$510.16
13153		\$192.71
13160		\$795.07
14000		\$624.77
14001		\$797.96
14020		\$699.25
14021		\$870.99
14040		\$763.61
14041		\$940.05
14060		\$776.99
14061		\$1,011.28
14301		\$1,078.17
14302		\$218.38
14350		\$691.30
15002		\$348.90
15003		\$73.76
15004		\$400.97
15005		\$122.21
15040		\$257.07
15050		\$568.37
15100		\$857.62
15101		\$185.84
15110		\$794.34
15111		\$113.17
15115		\$793.98
15116		\$166.68
15120		\$850.02
15121		\$208.62
15130		\$664.18
15131		\$98.71
15135		\$860.51
15136		\$97.62
15150		\$686.96
15151		\$116.78
15152		\$143.54
15155		\$797.24
15156		\$157.28
15157		\$174.99
15200		\$835.20
15201		\$145.71
15220		\$775.90
15221		\$136.31
15240		\$937.52
15241		\$183.67

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CODE	MODIFIER	MEDICAID FEE
15260		\$1,015.98
15261		\$212.96
15271		\$146.07
15272		\$26.76
15273		\$305.15
15274		\$74.84
15275		\$155.11
15276		\$34.35
15277		\$333.72
15278		\$88.58
15570		\$910.76
15572		\$886.90
15574		\$905.70
15576		\$806.64
15600		\$330.46
15610		\$360.47
15620		\$442.91
15630		\$462.79
15650		\$511.97
15730		\$1,548.19
15731		\$1,121.55
15733		\$1,053.58
15734		\$1,494.68
15736		\$1,224.24
15738		\$1,303.78
15740		\$1,012.36
15750		\$916.91
15756		\$2,294.81
15757		\$2,272.39
15758		\$2,292.28
15760		\$852.92
15770		\$667.44
15775		\$307.32
15776		\$445.08
15777		\$215.49
15780		\$924.14
15781		\$553.91
15782		\$580.66
15783		\$481.60
15786		\$248.39
15787		\$45.56
15788		\$455.56
15789		\$554.27
15792		\$421.22

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CODE	MODIFIER	MEDICAID FEE
15793		\$496.06
15819		\$792.90
15820		\$574.52
15821		\$617.54
15822		\$452.31
15823		\$618.63
15830		\$1,168.19
15832		\$917.27
15833		\$870.27
15834		\$887.99
15835		\$933.54
15836		\$789.64
15837		\$865.93
15838		\$639.96
15839		\$882.92
15840		\$1,006.22
15841		\$1,778.14
15842		\$2,705.18
15845		\$1,018.51
15850		\$90.75
15851		\$101.60
15852		\$45.92
15860		\$106.30
15920		\$615.37
15922		\$784.58
15931		\$683.71
15933		\$848.94
15934		\$935.71
15935		\$1,091.91
15936		\$885.46
15937		\$1,030.80
15940		\$693.11
15941		\$904.26
15944		\$896.30
15945		\$988.50
15946		\$1,620.14
15950		\$598.38
15951		\$883.29
15952		\$904.98
15953		\$997.90
15956		\$1,153.01
15958		\$1,179.76
16000		\$70.50
16020		\$82.07

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CODE	MODIFIER	MEDICAID FEE
16025		\$149.69
16030		\$189.46
16035		\$195.60
16036		\$80.99
17000		\$65.44
17003		\$5.78
17004		\$152.58
17106		\$345.29
17107		\$446.16
17108		\$644.66
17110		\$111.72
17111		\$131.97
17250		\$82.44
17260		\$95.81
17261		\$145.71
17262		\$177.16
17263		\$193.43
17264		\$207.17
17266		\$235.01
17270		\$150.05
17271		\$165.23
17272		\$188.37
17273		\$209.70
17274		\$247.31
17276		\$285.63
17280		\$140.65
17281		\$179.69
17282		\$206.09
17283		\$246.22
17284		\$280.57
17286		\$359.03
17311		\$670.69
17312		\$398.80
17313		\$628.03
17314		\$381.08
17315		\$79.54
17340		\$52.43
17360		\$126.91
19000		\$111.00
19001		\$27.12
19020		\$474.00
19030		\$169.21
19081		\$659.84
19082		\$540.53

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CODE	MODIFIER	MEDICAID FEE
19083		\$646.47
19084		\$521.37
19085		\$984.88
19086		\$791.81
19100		\$151.13
19101		\$336.25
19105		\$2,895.72
19110		\$487.02
19112		\$460.26
19120		\$494.25
19125		\$545.95
19126		\$157.64
19260		\$1,172.89
19271		\$1,583.62
19272		\$1,722.46
19281		\$246.58
19282		\$172.82
19283		\$275.87
19284		\$210.07
19285		\$495.70
19286		\$429.17
19287		\$838.45
19288		\$672.86
19294		\$160.89
19296		\$4,077.29
19297		\$92.56
19298		\$1,007.66
19300		\$535.47
19301		\$642.13
19302		\$883.29
19303		\$941.86
19304		\$577.41
19305		\$1,114.32
19306		\$1,181.57
19307		\$1,179.04
19316		\$768.31
19318		\$1,096.61
19324		\$530.41
19325		\$643.57
19328		\$497.14
19330		\$632.36
19340		\$993.56
19342		\$923.78
19350		\$827.61

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CODE	MODIFIER	MEDICAID FEE
19355		\$754.93
19357		\$1,508.06
19361		\$1,568.80
19364		\$2,743.86
19366		\$1,392.72
19367		\$1,779.95
19368		\$2,189.96
19369		\$2,033.04
19370		\$686.96
19371		\$785.30
19380		\$775.18
19396		\$291.42
20100		\$598.02
20101		\$455.92
20102		\$492.80
20103		\$585.00
20150		\$1,001.52
20200		\$208.98
20205		\$291.42
20206		\$241.16
20220		\$171.38
20225		\$528.96
20240		\$150.05
20245		\$349.63
20250		\$390.84
20251		\$422.30
20500		\$109.55
20501		\$129.80
20520		\$207.90
20525		\$482.32
20526		\$77.01
20527		\$83.52
20550		\$53.15
20551		\$53.87
20552		\$55.68
20553		\$64.00
20555		\$330.83
20600		\$48.45
20604		\$74.12
20605		\$50.62
20606		\$81.71
20610		\$59.66
20611		\$91.84
20612		\$60.38

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CODE	MODIFIER	MEDICAID FEE
20615		\$246.22
20650		\$214.04
20660		\$235.01
20661		\$495.33
20662		\$511.60
20663		\$470.39
20664		\$846.41
20665		\$111.36
20670		\$381.44
20680		\$620.43
20690		\$593.68
20692		\$1,119.75
20693		\$444.35
20694		\$428.45
20696		\$1,193.14
20697		\$2,129.58
20802		\$2,735.55
20805		\$3,254.38
20808		\$3,933.75
20816		\$2,048.95
20822		\$1,762.96
20824		\$2,052.56
20827		\$1,804.90
20838		\$2,770.62
20900		\$415.43
20902		\$282.02
20910		\$467.86
20912		\$475.45
20920		\$399.52
20922		\$590.79
20924		\$506.18
20926		\$420.49
20931		\$107.74
20932		\$708.65
20933		\$650.08
20934		\$708.29
20936		\$240.02
20937		\$164.15
20938		\$179.69
20939		\$66.89
20950		\$264.30
20955		\$2,483.90
20956		\$2,620.21
20957		\$2,736.99

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CODE	MODIFIER	MEDICAID FEE
20962		\$2,651.67
20969		\$2,744.95
20970		\$2,833.53
20972		\$2,836.42
20973		\$2,995.15
20974		\$78.46
20975		\$176.08
20979		\$52.43
20982		\$3,968.10
20983		\$5,909.30
20985		\$144.98
21010		\$765.78
21011		\$357.22
21012		\$337.70
21013		\$527.51
21014		\$521.01
21015		\$705.40
21016		\$1,008.39
21025		\$871.35
21026		\$599.46
21029		\$776.63
21030		\$515.58
21031		\$399.88
21032		\$402.41
21034		\$1,310.65
21040		\$519.20
21044		\$874.25
21045		\$1,222.07
21046		\$1,101.67
21047		\$1,308.84
21048		\$1,118.30
21049		\$1,207.60
21050		\$903.90
21060		\$821.46
21070		\$639.60
21073		\$389.04
21076		\$960.66
21077		\$2,392.43
21079		\$1,624.12
21080		\$1,837.08
21081		\$1,690.28
21082		\$1,580.73
21083		\$1,508.06
21084		\$1,726.44

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CODE	MODIFIER	MEDICAID FEE
21085		\$736.13
21086		\$1,777.06
21087		\$1,777.06
21100		\$705.76
21110		\$828.69
21116		\$181.50
21120		\$684.07
21121		\$735.41
21122		\$784.58
21123		\$912.57
21125		\$2,963.69
21127		\$4,021.61
21137		\$752.76
21138		\$918.36
21139		\$1,119.75
21141		\$1,371.03
21142		\$1,408.99
21143		\$1,470.46
21145		\$1,604.23
21146		\$1,670.04
21147		\$1,763.32
21150		\$1,661.72
21151		\$1,828.04
21154		\$1,966.51
21155		\$2,180.56
21159		\$2,611.53
21160		\$2,832.08
21172		\$1,999.78
21175		\$2,212.73
21179		\$1,516.01
21180		\$1,701.13
21181		\$740.83
21182		\$2,118.01
21183		\$2,312.16
21184		\$2,488.97
21188		\$1,675.46
21193		\$1,278.11
21194		\$1,470.82
21195		\$1,428.52
21196		\$1,469.37
21198		\$1,154.45
21199		\$1,072.74
21206		\$1,190.97
21208		\$1,772.72

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CODE	MODIFIER	MEDICAID FEE
21209		\$909.32
21210		\$2,147.29
21215		\$4,113.08
21230		\$743.72
21235		\$732.15
21240		\$1,116.85
21242		\$1,042.01
21243		\$1,699.68
21244		\$1,049.96
21245		\$1,224.24
21246		\$883.29
21247		\$1,636.77
21248		\$1,089.01
21249		\$1,570.25
21255		\$1,418.75
21256		\$1,244.12
21260		\$1,402.48
21261		\$2,477.76
21263		\$2,292.28
21267		\$1,638.58
21268		\$2,053.29
21270		\$1,020.68
21275		\$840.98
21280		\$581.39
21282		\$389.76
21295		\$189.82
21296		\$411.45
21310		\$134.50
21315		\$279.12
21320		\$257.07
21325		\$473.28
21330		\$569.82
21335		\$720.59
21336		\$647.91
21337		\$411.45
21338		\$665.99
21339		\$753.85
21340		\$744.09
21343		\$1,080.34
21344		\$1,383.32
21345		\$783.13
21346		\$934.63
21347		\$1,017.79
21348		\$1,080.70

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CODE	MODIFIER	MEDICAID FEE
21355		\$430.25
21356		\$504.73
21360		\$510.88
21365		\$1,110.34
21366		\$1,273.05
21385		\$756.38
21386		\$695.64
21387		\$788.56
21390		\$805.91
21395		\$1,009.47
21400		\$203.20
21401		\$522.81
21406		\$577.41
21407		\$649.36
21408		\$902.09
21421		\$718.05
21422		\$662.37
21423		\$774.46
21431		\$722.39
21432		\$720.59
21433		\$1,739.46
21435		\$1,403.21
21436		\$2,041.36
21440		\$617.18
21445		\$787.47
21450		\$583.92
21451		\$770.48
21452		\$686.24
21453		\$980.55
21454		\$546.68
21461		\$2,124.15
21462		\$2,261.18
21465		\$898.83
21470		\$1,200.73
21480		\$109.55
21485		\$846.77
21490		\$887.62
21497		\$696.36
21501		\$463.52
21502		\$496.06
21510		\$437.12
21550		\$264.66
21552		\$441.10
21554		\$722.75

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CODE	MODIFIER	MEDICAID FEE
21555		\$423.02
21556		\$525.34
21557		\$945.11
21558		\$1,328.00
21600		\$547.40
21610		\$1,151.56
21615		\$596.21
21616		\$694.55
21620		\$498.59
21627		\$533.66
21630		\$1,217.00
21632		\$1,184.10
21685		\$983.80
21700		\$347.10
21705		\$519.20
21720		\$501.12
21725		\$538.72
21740		\$1,007.30
21750		\$668.88
21811		\$581.39
21812		\$713.72
21813		\$960.30
21820		\$143.54
21825		\$534.38
21920		\$258.51
21925		\$457.37
21930		\$483.04
21931		\$464.24
21932		\$652.97
21933		\$728.18
21935		\$1,013.81
21936		\$1,397.06
22010		\$941.14
22015		\$931.73
22100		\$846.05
22101		\$843.15
22102		\$807.36
22103		\$137.39
22110		\$1,021.76
22112		\$1,073.47
22114		\$1,081.06
22116		\$137.03
22206		\$2,395.68
22207		\$2,356.27

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
22208		\$574.52
22210		\$1,751.39
22212		\$1,467.93
22214		\$1,472.63
22216		\$356.13
22220		\$1,586.52
22222		\$1,667.14
22224		\$1,566.27
22226		\$355.05
22310		\$305.52
22315		\$876.06
22318		\$1,581.09
22319		\$1,746.69
22325		\$1,415.86
22326		\$1,454.91
22327		\$1,475.16
22328		\$273.70
22505		\$130.88
22510		\$1,785.73
22511		\$1,768.74
22512		\$916.19
22513		\$7,043.87
22514		\$7,022.90
22515		\$4,078.01
22526		\$2,337.47
22527		\$1,968.32
22532		\$1,755.36
22533		\$1,638.58
22534		\$352.52
22548		\$1,881.91
22551		\$1,662.08
22552		\$386.51
22554		\$1,226.04
22556		\$1,634.60
22558		\$1,506.97
22585		\$319.98
22586		\$1,947.71
22590		\$1,533.73
22595		\$1,465.03
22600		\$1,258.94
22610		\$1,240.51
22612		\$1,558.68
22614		\$381.08
22630		\$1,531.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
22632		\$310.94
22633		\$1,811.04
22634		\$483.04
22800		\$1,337.04
22802		\$2,073.54
22804		\$2,393.15
22808		\$1,810.68
22810		\$2,025.81
22812		\$2,183.81
22818		\$2,148.38
22819		\$2,463.66
22830		\$801.94
22840		\$741.19
22842		\$744.45
22843		\$796.51
22844		\$968.25
22845		\$709.02
22846		\$736.49
22847		\$800.13
22848		\$352.88
22849		\$1,274.85
22850		\$714.44
22852		\$686.96
22853		\$252.01
22854		\$326.13
22855		\$1,084.31
22856		\$1,597.72
22857		\$1,755.36
22858		\$497.14
22859		\$326.13
22861		\$2,173.33
22862		\$1,912.28
22864		\$1,980.25
22865		\$1,919.51
22867		\$953.79
22868		\$235.37
22869		\$462.79
22870		\$126.18
22900		\$556.44
22901		\$655.87
22902		\$447.97
22903		\$433.87
22904		\$1,040.93
22905		\$1,313.54

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
23000		\$567.65
23020		\$687.32
23030		\$438.57
23031		\$405.67
23035		\$674.67
23040		\$714.80
23044		\$563.67
23065		\$223.08
23066		\$570.18
23071		\$415.07
23073		\$688.04
23075		\$487.74
23076		\$537.28
23077		\$1,120.83
23078		\$1,418.75
23100		\$500.03
23101		\$455.56
23105		\$636.34
23106		\$497.14
23107		\$658.40
23120		\$583.55
23125		\$703.95
23130		\$610.67
23140		\$550.65
23145		\$687.68
23146		\$614.65
23150		\$656.95
23155		\$787.47
23156		\$674.31
23170		\$559.69
23172		\$563.67
23174		\$756.02
23180		\$655.50
23182		\$657.31
23184		\$731.07
23190		\$569.82
23195		\$743.00
23200		\$1,502.27
23210		\$1,763.68
23220		\$1,936.14
23330		\$283.10
23333		\$461.35
23334		\$1,065.15
23335		\$1,269.43

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
23350		\$142.09
23395		\$1,277.38
23397		\$1,128.06
23400		\$956.68
23405		\$616.46
23406		\$769.40
23410		\$817.48
23412		\$848.22
23415		\$696.00
23420		\$966.81
23430		\$741.92
23440		\$750.59
23450		\$938.97
23455		\$991.39
23460		\$1,080.34
23462		\$1,048.52
23465		\$1,109.62
23466		\$1,110.34
23470		\$1,193.14
23472		\$1,445.51
23473		\$1,611.83
23474		\$1,740.18
23480		\$817.48
23485		\$949.09
23490		\$854.00
23491		\$1,009.11
23500		\$219.47
23505		\$355.05
23515		\$717.33
23520		\$235.37
23525		\$389.40
23530		\$569.09
23532		\$618.63
23540		\$229.95
23545		\$348.90
23550		\$567.65
23552		\$652.25
23570		\$232.12
23575		\$403.50
23585		\$974.04
23600		\$329.74
23605		\$466.05
23615		\$880.39
23616		\$1,232.19

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
23620		\$269.00
23625		\$382.17
23630		\$778.07
23650		\$320.34
23655		\$403.14
23660		\$581.02
23665		\$428.45
23670		\$871.72
23675		\$550.29
23680		\$924.14
23700		\$195.60
23800		\$1,018.51
23802		\$1,271.96
23900		\$1,376.45
23920		\$1,119.38
23921		\$467.49
23930		\$357.58
23931		\$290.69
23935		\$507.63
24000		\$476.53
24006		\$712.63
24065		\$262.13
24066		\$633.45
24071		\$402.05
24073		\$686.96
24075		\$507.63
24076		\$541.25
24077		\$1,026.10
24079		\$1,309.20
24100		\$416.51
24101		\$500.03
24102		\$615.37
24105		\$353.24
24110		\$584.64
24115		\$729.99
24116		\$856.17
24120		\$530.04
24125		\$619.35
24126		\$643.57
24130		\$509.80
24134		\$743.36
24136		\$629.11
24138		\$675.75
24140		\$700.70

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
24145		\$590.42
24147		\$622.96
24149		\$1,173.98
24150		\$1,542.41
24152		\$1,329.09
24155		\$846.05
24160		\$1,257.86
24164		\$723.84
24200		\$213.32
24201		\$555.35
24220		\$168.12
24300		\$424.11
24301		\$747.70
24305		\$577.77
24310		\$468.22
24320		\$773.01
24330		\$713.72
24331		\$774.10
24332		\$611.39
24340		\$610.67
24341		\$744.45
24342		\$773.37
24343		\$709.02
24344		\$1,090.10
24345		\$703.59
24346		\$1,092.63
24357		\$419.41
24358		\$523.54
24359		\$659.48
24360		\$895.58
24361		\$1,001.15
24362		\$1,054.66
24363		\$1,447.68
24365		\$636.34
24366		\$679.37
24370		\$1,542.04
24371		\$1,771.27
24400		\$820.38
24410		\$1,052.13
24420		\$991.39
24430		\$1,049.96
24435		\$1,072.74
24470		\$669.24
24495		\$741.19

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
24498		\$861.95
24500		\$359.03
24505		\$499.31
24515		\$874.25
24516		\$855.81
24530		\$381.08
24535		\$616.82
24538		\$744.45
24545		\$925.59
24546		\$1,034.42
24560		\$327.57
24565		\$535.47
24566		\$716.61
24575		\$730.71
24576		\$345.65
24577		\$551.38
24579		\$833.03
24582		\$809.17
24586		\$1,078.53
24587		\$1,081.06
24600		\$370.60
24605		\$472.92
24615		\$711.18
24620		\$552.82
24635		\$672.86
24640		\$101.96
24650		\$262.85
24655		\$444.35
24665		\$652.97
24666		\$731.43
24670		\$291.42
24675		\$459.18
24685		\$652.97
24800		\$823.99
24802		\$997.18
24900		\$732.88
24920		\$730.35
24925		\$564.75
24930		\$769.03
24931		\$928.12
24935		\$1,159.88
25000		\$339.86
25001		\$345.65
25020		\$575.24

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
25023		\$1,106.73
25024		\$776.63
25025		\$1,201.10
25028		\$529.32
25031		\$349.27
25035		\$583.92
25040		\$560.78
25065		\$259.60
25066		\$359.03
25071		\$421.58
25073		\$531.85
25075		\$496.06
25076		\$517.75
25077		\$874.97
25078		\$1,156.26
25085		\$449.42
25100		\$346.37
25101		\$404.94
25105		\$484.49
25107		\$616.82
25109		\$538.36
25110		\$342.40
25111		\$321.79
25112		\$387.59
25115		\$757.83
25116		\$601.63
25118		\$382.17
25119		\$495.70
25120		\$498.59
25125		\$588.98
25126		\$593.68
25130		\$448.33
25135		\$555.35
25136		\$489.91
25145		\$515.58
25150		\$565.48
25151		\$581.39
25170		\$1,465.39
25210		\$489.19
25215		\$617.90
25230		\$433.51
25240		\$429.53
25246		\$174.27
25248		\$411.81

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
25250		\$528.24
25251		\$715.52
25259		\$422.30
25260		\$630.20
25263		\$625.50
25265		\$746.62
25270		\$490.27
25272		\$554.27
25274		\$665.63
25275		\$669.97
25280		\$564.03
25290		\$436.76
25295		\$525.71
25300		\$681.54
25301		\$642.49
25310		\$619.71
25312		\$716.97
25315		\$765.06
25316		\$910.40
25320		\$985.97
25332		\$840.26
25335		\$938.97
25337		\$890.16
25350		\$673.58
25355		\$757.10
25360		\$654.06
25365		\$907.87
25370		\$1,003.32
25375		\$948.73
25390		\$768.31
25391		\$990.31
25392		\$993.20
25393		\$1,116.85
25394		\$778.07
25400		\$800.85
25405		\$1,034.78
25415		\$960.30
25420		\$1,158.43
25425		\$955.60
25426		\$1,117.58
25430		\$728.18
25431		\$783.50
25440		\$768.67
25441		\$931.01

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
25442		\$807.00
25443		\$774.10
25444		\$821.46
25445		\$720.59
25446		\$1,170.36
25447		\$828.33
25449		\$1,029.72
25450		\$614.29
25455		\$723.84
25490		\$715.52
25491		\$736.49
25492		\$900.64
25500		\$277.68
25505		\$501.48
25515		\$667.80
25520		\$568.37
25525		\$786.39
25526		\$949.45
25530		\$263.21
25535		\$490.63
25545		\$622.60
25560		\$283.46
25565		\$515.58
25574		\$672.14
25575		\$898.83
25600		\$331.91
25605		\$540.53
25606		\$662.01
25607		\$733.96
25608		\$822.54
25609		\$1,046.35
25622		\$306.60
25624		\$482.68
25628		\$719.86
25630		\$305.88
25635		\$459.18
25645		\$566.56
25650		\$323.96
25651		\$486.30
25652		\$621.88
25660		\$413.98
25670		\$604.16
25671		\$528.24
25675		\$440.38

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
25676		\$628.03
25680		\$520.28
25685		\$731.79
25690		\$482.68
25695		\$630.20
25800		\$729.99
25805		\$840.62
25810		\$867.02
25820		\$621.16
25825		\$764.33
25830		\$946.56
25900		\$709.02
25905		\$696.00
25907		\$607.78
25909		\$680.45
25915		\$1,163.13
25920		\$699.61
25922		\$615.37
25924		\$677.56
25927		\$807.72
25929		\$594.76
25931		\$744.09
26010		\$276.23
26011		\$408.92
26020		\$435.32
26025		\$421.94
26030		\$489.91
26034		\$544.14
26035		\$855.45
26037		\$565.48
26040		\$313.83
26045		\$469.30
26055		\$575.24
26060		\$258.15
26070		\$321.43
26075		\$334.80
26080		\$393.38
26100		\$335.89
26105		\$337.70
26110		\$323.59
26111		\$416.51
26113		\$547.76
26115		\$524.62
26116		\$526.43

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
26117		\$741.19
26118		\$1,047.80
26121		\$597.66
26123		\$834.48
26125		\$271.53
26130		\$460.26
26135		\$551.74
26140		\$505.82
26145		\$513.41
26160		\$591.51
26170		\$407.84
26180		\$446.89
26185		\$550.29
26200		\$450.14
26205		\$600.55
26210		\$444.35
26215		\$562.58
26230		\$498.95
26235		\$492.80
26236		\$441.46
26250		\$1,063.34
26260		\$796.51
26262		\$629.11
26320		\$348.54
26340		\$341.31
26341		\$101.96
26350		\$706.12
26352		\$805.91
26356		\$796.15
26357		\$885.82
26358		\$978.74
26370		\$748.43
26372		\$871.72
26373		\$837.01
26390		\$823.99
26392		\$958.85
26410		\$559.69
26412		\$672.14
26415		\$803.02
26416		\$873.16
26418		\$574.15
26420		\$699.61
26426		\$501.48
26428		\$746.26

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
26432		\$493.17
26433		\$523.90
26434		\$638.87
26437		\$616.82
26440		\$614.29
26442		\$953.79
26445		\$570.54
26449		\$696.00
26450		\$403.50
26455		\$399.88
26460		\$391.57
26471		\$610.31
26474		\$594.76
26476		\$587.17
26477		\$575.60
26478		\$613.20
26479		\$618.26
26480		\$745.17
26483		\$832.67
26485		\$797.60
26489		\$921.25
26490		\$784.94
26492		\$870.99
26494		\$787.11
26496		\$848.58
26497		\$852.55
26498		\$1,125.89
26499		\$817.48
26500		\$613.20
26502		\$700.34
26508		\$625.50
26510		\$589.70
26516		\$693.47
26517		\$810.97
26518		\$822.91
26520		\$641.77
26525		\$645.02
26530		\$537.64
26531		\$625.86
26535		\$430.98
26536		\$707.57
26540		\$650.08
26541		\$789.64
26542		\$671.77

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
26545		\$696.72
26546		\$984.88
26548		\$750.59
26550		\$1,618.33
26551		\$3,255.11
26553		\$3,233.41
26554		\$3,771.77
26555		\$1,350.42
26556		\$3,361.40
26560		\$580.30
26561		\$929.93
26562		\$1,323.30
26565		\$668.52
26567		\$673.94
26568		\$886.90
26580		\$1,490.34
26587		\$1,035.14
26590		\$1,385.13
26591		\$437.12
26593		\$595.49
26596		\$749.51
26600		\$296.12
26605		\$325.40
26607		\$468.22
26608		\$479.06
26615		\$575.60
26641		\$378.19
26645		\$429.53
26650		\$480.15
26665		\$625.86
26670		\$346.73
26675		\$457.37
26676		\$505.10
26685		\$574.88
26686		\$620.07
26700		\$329.74
26705		\$420.49
26706		\$441.82
26715		\$573.43
26720		\$198.86
26725		\$339.50
26727		\$472.19
26735		\$595.49
26740		\$231.04

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
26742		\$372.40
26746		\$741.92
26750		\$185.48
26755		\$316.72
26756		\$419.77
26765		\$502.20
26770		\$279.85
26775		\$386.51
26776		\$444.35
26785		\$547.76
26820		\$774.46
26841		\$718.78
26842		\$773.37
26843		\$727.82
26844		\$807.00
26850		\$684.07
26852		\$785.67
26860		\$560.41
26861		\$102.32
26862		\$718.05
26863		\$226.34
26910		\$714.44
26951		\$646.83
26952		\$637.79
26990		\$635.26
26991		\$709.02
26992		\$965.72
27000		\$409.28
27001		\$535.83
27003		\$592.59
27005		\$720.95
27006		\$721.67
27025		\$911.85
27027		\$882.20
27030		\$931.73
27033		\$967.17
27035		\$1,172.53
27036		\$1,006.58
27040		\$347.82
27041		\$694.91
27043		\$463.52
27045		\$734.69
27047		\$474.73
27048		\$604.89

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27049		\$1,322.58
27050		\$402.41
27052		\$575.96
27054		\$683.71
27057		\$1,005.13
27059		\$1,804.90
27060		\$463.88
27062		\$454.48
27065		\$518.47
27066		\$800.85
27067		\$1,029.72
27070		\$855.08
27071		\$923.78
27075		\$2,080.40
27076		\$2,516.44
27077		\$2,812.56
27078		\$2,051.48
27080		\$506.90
27086		\$305.15
27087		\$611.03
27090		\$827.24
27091		\$1,586.15
27093		\$204.64
27095		\$271.89
27096		\$162.70
27097		\$679.01
27098		\$692.02
27100		\$819.29
27105		\$861.59
27110		\$961.38
27111		\$896.66
27120		\$1,288.23
27122		\$1,095.16
27125		\$1,127.34
27130		\$1,346.44
27132		\$1,663.89
27134		\$1,900.71
27137		\$1,462.14
27138		\$1,518.91
27140		\$888.71
27146		\$1,269.43
27147		\$1,450.93
27151		\$1,579.65
27156		\$1,690.65

ND MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27158		\$1,379.34
27161		\$1,207.24
27165		\$1,361.63
27170		\$1,164.94
27175		\$663.10
27176		\$912.57
27177		\$1,088.29
27178		\$915.46
27179		\$965.72
27181		\$1,100.22
27185		\$715.52
27187		\$988.50
27197		\$124.01
27198		\$300.45
27200		\$184.39
27202		\$525.34
27215		\$627.66
27216		\$930.65
27217		\$873.16
27218		\$1,204.35
27220		\$531.49
27222		\$967.89
27226		\$1,050.69
27227		\$1,649.07
27228		\$1,868.89
27230		\$478.34
27232		\$739.02
27235		\$904.26
27236		\$1,188.80
27238		\$460.99
27240		\$952.34
27244		\$1,223.51
27245		\$1,223.15
27246		\$386.51
27248		\$740.47
27250		\$177.16
27252		\$752.76
27253		\$937.88
27254		\$1,256.78
27256		\$303.71
27257		\$360.11
27258		\$1,103.48
27259		\$1,541.32
27265		\$402.78

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27266		\$579.58
27267		\$433.15
27268		\$536.91
27269		\$1,234.36
27275		\$183.31
27279		\$680.81
27280		\$1,328.73
27282		\$853.28
27284		\$1,588.69
27286		\$1,640.75
27290		\$1,613.99
27295		\$1,247.74
27301		\$677.20
27303		\$637.79
27305		\$479.79
27306		\$347.82
27307		\$478.70
27310		\$728.18
27323		\$279.12
27324		\$400.24
27325		\$555.71
27326		\$513.41
27327		\$474.73
27328		\$618.99
27329		\$1,026.10
27330		\$416.15
27331		\$474.00
27332		\$640.32
27333		\$584.64
27334		\$682.62
27335		\$759.99
27337		\$413.98
27339		\$745.89
27340		\$371.68
27345		\$480.15
27347		\$527.15
27350		\$648.64
27355		\$603.08
27356		\$735.05
27357		\$810.61
27358		\$275.15
27360		\$858.34
27364		\$1,548.91
27365		\$2,048.95

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27369		\$145.35
27372		\$600.55
27380		\$596.93
27381		\$797.60
27385		\$578.13
27386		\$831.58
27390		\$447.25
27391		\$573.07
27392		\$707.57
27393		\$508.71
27394		\$644.66
27395		\$873.52
27396		\$612.12
27397		\$910.40
27400		\$688.41
27403		\$638.51
27405		\$673.94
27407		\$784.94
27409		\$957.41
27412		\$1,630.63
27415		\$1,346.44
27416		\$969.34
27418		\$824.71
27420		\$740.11
27422		\$740.11
27424		\$744.09
27425		\$449.06
27427		\$709.74
27428		\$1,108.90
27429		\$1,246.65
27430		\$736.86
27435		\$805.91
27437		\$657.67
27438		\$835.92
27440		\$792.54
27441		\$820.01
27442		\$864.85
27443		\$809.53
27445		\$1,245.21
27446		\$1,151.56
27447		\$1,345.72
27448		\$775.90
27450		\$1,011.28
27454		\$1,288.23

ND MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27455		\$935.35
27457		\$955.24
27465		\$1,244.48
27466		\$1,174.70
27468		\$1,335.23
27470		\$1,171.09
27472		\$1,255.33
27475		\$659.84
27477		\$730.71
27479		\$915.46
27485		\$668.52
27486		\$1,397.78
27487		\$1,746.33
27488		\$1,194.59
27495		\$1,120.83
27496		\$543.42
27497		\$578.85
27498		\$652.25
27499		\$696.36
27500		\$519.56
27501		\$503.29
27502		\$754.93
27503		\$796.15
27506		\$1,330.89
27507		\$966.08
27508		\$523.54
27509		\$648.27
27510		\$679.73
27511		\$990.67
27513		\$1,231.47
27514		\$961.74
27516		\$510.52
27517		\$680.81
27519		\$886.18
27520		\$323.96
27524		\$749.15
27530		\$303.71
27532		\$615.01
27535		\$892.69
27536		\$1,182.29
27538		\$477.98
27540		\$810.61
27550		\$519.92
27552		\$625.86

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27556		\$870.63
27557		\$1,037.31
27558		\$1,181.21
27560		\$368.43
27562		\$483.04
27566		\$886.90
27570		\$150.77
27580		\$1,434.66
27590		\$779.16
27591		\$959.57
27592		\$669.97
27594		\$501.84
27596		\$707.57
27598		\$700.70
27600		\$401.69
27601		\$443.27
27602		\$475.81
27603		\$534.74
27604		\$481.96
27605		\$352.16
27606		\$278.76
27607		\$609.23
27610		\$650.44
27612		\$570.90
27613		\$254.90
27614		\$582.83
27615		\$1,017.06
27616		\$1,258.94
27618		\$466.05
27619		\$464.60
27620		\$454.12
27625		\$573.43
27626		\$611.39
27630		\$564.75
27632		\$410.73
27634		\$675.03
27635		\$581.02
27637		\$745.17
27638		\$764.33
27640		\$830.14
27641		\$663.82
27645		\$1,765.13
27646		\$1,529.03
27647		\$1,038.03

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27648		\$186.56
27650		\$660.57
27652		\$678.64
27654		\$713.72
27656		\$643.21
27658		\$374.57
27659		\$476.53
27664		\$364.09
27665		\$417.24
27675		\$494.25
27676		\$602.36
27680		\$425.92
27681		\$546.68
27685		\$673.94
27686		\$546.68
27687		\$457.37
27690		\$643.57
27691		\$747.34
27692		\$103.77
27695		\$477.26
27696		\$558.25
27698		\$639.96
27700		\$615.73
27702		\$959.94
27703		\$1,107.09
27704		\$574.15
27705		\$757.83
27707		\$401.69
27709		\$1,160.96
27712		\$1,094.07
27715		\$1,064.43
27720		\$871.35
27722		\$885.82
27724		\$1,256.41
27725		\$1,210.86
27726		\$956.32
27727		\$1,015.62
27730		\$585.36
27732		\$448.33
27734		\$654.42
27740		\$705.76
27742		\$775.18
27745		\$752.04
27750		\$346.73

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27752		\$535.47
27756		\$577.05
27758		\$889.07
27759		\$993.92
27760		\$334.80
27762		\$477.62
27766		\$605.97
27767		\$284.55
27768		\$441.10
27769		\$726.73
27780		\$306.96
27781		\$430.62
27784		\$713.72
27786		\$316.00
27788		\$424.11
27792		\$648.64
27808		\$335.89
27810		\$468.94
27814		\$767.23
27816		\$326.85
27818		\$487.02
27822		\$858.34
27823		\$971.51
27824		\$316.36
27825		\$547.04
27826		\$843.15
27827		\$1,099.86
27828		\$1,309.56
27829		\$696.00
27830		\$383.61
27831		\$402.41
27832		\$752.04
27840		\$375.30
27842		\$489.55
27846		\$719.14
27848		\$796.87
27860		\$171.74
27870		\$1,023.93
27871		\$686.96
27880		\$894.13
27881		\$851.83
27882		\$585.36
27884		\$561.50
27886		\$646.10

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
27888		\$656.23
27889		\$634.17
27892		\$547.04
27893		\$608.14
27894		\$836.65
28001		\$286.35
28002		\$454.12
28003		\$714.08
28005		\$586.81
28008		\$445.80
28010		\$237.91
28011		\$324.32
28020		\$552.82
28022		\$500.03
28024		\$468.22
28035		\$543.06
28039		\$510.16
28041		\$459.90
28043		\$409.28
28045		\$506.54
28046		\$731.07
28047		\$1,049.60
28050		\$437.85
28052		\$455.20
28054		\$387.95
28055		\$389.04
28060		\$534.38
28062		\$600.91
28070		\$549.21
28072		\$502.57
28080		\$541.61
28086		\$557.52
28088		\$463.52
28090		\$484.13
28092		\$439.29
28100		\$626.58
28102		\$604.52
28103		\$399.16
28104		\$547.40
28106		\$437.85
28107		\$531.49
28108		\$454.48
28110		\$479.43
28111		\$502.57

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
28112		\$502.20
28113		\$606.33
28114		\$1,085.76
28116		\$780.97
28118		\$612.48
28119		\$538.72
28120		\$692.02
28122		\$613.20
28124		\$493.53
28126		\$407.84
28130		\$642.85
28140		\$604.16
28150		\$436.40
28153		\$426.64
28160		\$429.89
28171		\$1,108.18
28173		\$754.21
28175		\$485.93
28190		\$262.85
28192		\$481.96
28193		\$547.76
28200		\$507.63
28202		\$622.60
28208		\$494.61
28210		\$604.89
28220		\$466.77
28222		\$532.21
28225		\$433.15
28226		\$623.69
28230		\$449.06
28232		\$399.52
28234		\$421.94
28238		\$685.88
28240		\$470.03
28250		\$591.51
28260		\$702.15
28261		\$1,046.35
28262		\$1,411.52
28264		\$1,016.70
28270		\$507.99
28272		\$405.67
28280		\$528.96
28285		\$551.74
28286		\$463.52

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
28288		\$625.86
28289		\$749.15
28291		\$749.15
28292		\$761.08
28295		\$984.52
28296		\$940.05
28297		\$1,077.08
28298		\$873.16
28299		\$1,040.20
28300		\$652.25
28302		\$711.91
28304		\$835.92
28305		\$667.07
28306		\$626.94
28307		\$659.84
28308		\$584.64
28309		\$891.24
28310		\$560.41
28312		\$518.11
28313		\$533.66
28315		\$496.06
28320		\$613.93
28322		\$799.40
28340		\$595.12
28341		\$689.49
28344		\$441.10
28345		\$538.36
28360		\$1,085.04
28400		\$250.56
28405		\$395.18
28406		\$528.60
28415		\$1,118.30
28420		\$1,269.43
28430		\$240.80
28435		\$365.17
28436		\$453.03
28445		\$1,050.69
28446		\$1,215.20
28450		\$215.85
28455		\$293.22
28456		\$324.68
28465		\$635.98
28470		\$221.64
28475		\$259.96

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
28476		\$356.13
28485		\$551.01
28490		\$146.43
28495		\$182.59
28496		\$472.56
28505		\$678.28
28510		\$124.74
28515		\$166.32
28525		\$584.28
28530		\$118.95
28531		\$353.24
28540		\$198.50
28545		\$301.90
28546		\$591.87
28555		\$876.42
28570		\$230.31
28575		\$370.96
28576		\$391.93
28585		\$886.54
28600		\$222.00
28605		\$334.08
28606		\$392.65
28615		\$813.14
28630		\$158.72
28635		\$180.06
28636		\$327.21
28645		\$672.50
28660		\$119.68
28665		\$157.64
28666		\$160.89
28675		\$583.92
28705		\$1,236.17
28715		\$942.58
28725		\$782.05
28730		\$738.30
28735		\$784.22
28737		\$701.78
28740		\$858.70
28750		\$817.48
28755		\$524.26
28760		\$810.97
28800		\$538.36
28805		\$728.54
28810		\$429.17

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
28820		\$572.71
28825		\$549.21
28890		\$332.63
29000		\$342.40
29010		\$272.61
29015		\$292.50
29035		\$255.62
29040		\$292.14
29044		\$286.35
29046		\$313.83
29049		\$99.07
29055		\$221.27
29058		\$122.93
29065		\$95.81
29075		\$86.77
29085		\$95.45
29086		\$79.90
29105		\$82.44
29125		\$65.08
29126		\$77.37
29130		\$41.22
29131		\$51.70
29200		\$32.54
29240		\$31.09
29260		\$30.37
29280		\$31.09
29305		\$246.94
29325		\$272.25
29345		\$135.22
29355		\$141.37
29358		\$159.81
29365		\$122.57
29405		\$80.99
29425		\$77.73
29435		\$117.51
29440		\$44.11
29445		\$131.61
29450		\$146.79
29505		\$86.41
29515		\$71.95
29520		\$34.71
29530		\$30.73
29540		\$29.29
29550		\$19.52

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
29580		\$63.27
29581		\$88.94
29584		\$82.80
29700		\$64.36
29705		\$64.72
29710		\$122.57
29720		\$84.97
29730		\$62.91
29740		\$98.34
29750		\$106.66
29800		\$526.79
29804		\$641.40
29805		\$470.39
29806		\$1,054.66
29807		\$1,031.16
29819		\$584.28
29820		\$534.38
29821		\$586.81
29822		\$570.18
29823		\$620.07
29824		\$668.52
29825		\$578.85
29826		\$173.55
29827		\$1,055.75
29828		\$908.60
29830		\$455.56
29834		\$487.38
29835		\$504.01
29836		\$574.15
29837		\$524.98
29838		\$588.25
29840		\$450.86
29843		\$482.68
29844		\$498.59
29845		\$579.58
29846		\$521.37
29847		\$536.91
29848		\$511.97
29850		\$621.16
29851		\$925.23
29855		\$780.60
29856		\$987.41
29860		\$661.29
29861		\$717.33

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
29862		\$806.64
29863		\$807.36
29866		\$1,046.71
29867		\$1,269.07
29868		\$1,664.61
29870		\$577.05
29871		\$513.41
29873		\$526.79
29874		\$535.11
29875		\$494.61
29876		\$654.06
29877		\$619.71
29879		\$660.20
29880		\$560.78
29881		\$540.17
29882		\$694.55
29883		\$841.71
29884		\$614.29
29885		\$745.53
29886		\$635.26
29887		\$745.89
29888		\$978.74
29889		\$1,217.00
29891		\$673.94
29892		\$660.93
29893		\$639.23
29894		\$496.42
29895		\$471.83
29897		\$504.73
29898		\$565.12
29899		\$1,031.16
29900		\$497.50
29901		\$532.57
29902		\$567.65
29904		\$631.64
29905		\$528.96
29906		\$679.01
29907		\$871.72
29914		\$983.08
29915		\$1,014.17
29916		\$1,011.64
30000		\$243.33
30020		\$245.86
30100		\$142.45

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
30110		\$236.46
30115		\$440.38
30117		\$919.44
30118		\$776.63
30120		\$517.03
30124		\$288.52
30125		\$617.90
30130		\$390.48
30140		\$279.48
30150		\$774.10
30160		\$779.52
30200		\$113.17
30210		\$151.13
30220		\$306.96
30300		\$188.01
30310		\$203.92
30320		\$460.26
30400		\$1,091.54
30410		\$1,258.22
30420		\$1,384.04
30430		\$963.55
30435		\$1,189.53
30450		\$1,574.22
30460		\$821.10
30462		\$1,576.39
30465		\$987.05
30520		\$635.62
30540		\$698.89
30545		\$953.79
30560		\$284.55
30580		\$643.93
30600		\$568.73
30620		\$644.30
30630		\$635.98
30801		\$225.97
30802		\$285.27
30901		\$138.84
30903		\$219.10
30905		\$334.08
30906		\$348.18
30915		\$579.94
30920		\$842.07
30930		\$121.12
31000		\$184.03

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
31002		\$191.26
31020		\$487.74
31030		\$676.48
31032		\$580.66
31040		\$773.37
31050		\$491.36
31051		\$656.23
31070		\$447.61
31075		\$789.64
31080		\$1,039.12
31081		\$1,117.94
31084		\$1,156.62
31085		\$1,197.12
31086		\$1,128.78
31087		\$1,082.87
31090		\$1,047.07
31200		\$597.29
31201		\$756.02
31205		\$928.84
31225		\$1,843.58
31230		\$2,036.66
31231		\$203.20
31233		\$262.85
31235		\$300.45
31237		\$256.34
31238		\$252.73
31239		\$620.07
31240		\$158.72
31241		\$444.35
31253		\$500.76
31254		\$415.79
31255		\$323.96
31256		\$180.42
31257		\$446.52
31259		\$472.92
31267		\$265.38
31276		\$378.55
31287		\$201.39
31288		\$234.29
31290		\$1,139.63
31291		\$1,207.97
31292		\$988.14
31293		\$1,072.38
31294		\$1,226.77

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
31295		\$2,004.84
31296		\$2,030.51
31297		\$1,991.10
31298		\$3,844.08
31300		\$1,286.42
31360		\$2,089.44
31365		\$2,574.65
31367		\$2,213.46
31368		\$2,457.51
31370		\$2,083.66
31375		\$1,975.55
31380		\$1,949.88
31382		\$2,137.89
31390		\$2,860.29
31395		\$3,021.90
31400		\$989.58
31420		\$825.44
31500		\$141.01
31502		\$35.07
31505		\$85.33
31510		\$212.96
31511		\$211.87
31512		\$208.98
31513		\$130.88
31515		\$205.36
31520		\$155.83
31525		\$251.28
31526		\$156.19
31527		\$194.16
31528		\$143.54
31529		\$160.53
31530		\$198.13
31531		\$211.51
31535		\$188.37
31536		\$210.07
31540		\$240.07
31541		\$262.13
31545		\$360.83
31546		\$547.40
31551		\$1,440.81
31552		\$1,450.21
31553		\$1,586.52
31554		\$1,661.00
31560		\$311.30

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
31561		\$340.95
31570		\$338.42
31571		\$248.03
31572		\$513.77
31573		\$269.36
31574		\$1,035.14
31575		\$117.51
31576		\$268.28
31577		\$279.85
31578		\$304.79
31579		\$184.76
31580		\$1,258.58
31584		\$1,392.00
31587		\$1,164.58
31590		\$887.62
31591		\$1,055.75
31592		\$1,709.45
31600		\$304.79
31601		\$450.14
31603		\$319.26
31605		\$328.66
31610		\$954.15
31611		\$535.83
31612		\$84.24
31613		\$445.44
31614		\$740.11
31615		\$170.66
31622		\$242.97
31623		\$267.91
31624		\$252.73
31625		\$342.40
31626		\$858.34
31627		\$1,364.16
31628		\$363.37
31629		\$449.78
31630		\$198.86
31631		\$228.50
31632		\$64.00
31633		\$80.27
31634		\$1,779.59
31635		\$284.55
31636		\$221.27
31637		\$77.73
31638		\$251.64

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
31640		\$252.37
31641		\$258.51
31643		\$178.97
31645		\$263.94
31646		\$143.54
31647		\$212.96
31648		\$201.39
31649		\$68.33
31651		\$74.84
31652		\$984.52
31653		\$1,031.16
31654		\$125.46
31660		\$198.13
31661		\$208.98
31717		\$285.63
31720		\$50.26
31725		\$79.90
31730		\$1,228.94
31750		\$1,388.38
31755		\$1,765.49
31760		\$1,339.93
31766		\$1,736.20
31770		\$1,295.46
31775		\$1,366.69
31780		\$1,192.42
31781		\$1,347.89
31785		\$1,073.83
31786		\$1,408.99
31800		\$726.37
31805		\$796.15
31820		\$435.68
31825		\$603.08
31830		\$449.06
32035		\$709.38
32036		\$762.89
32096		\$786.75
32097		\$786.03
32098		\$745.53
32100		\$792.90
32110		\$1,439.72
32120		\$854.72
32124		\$906.43
32140		\$968.61
32141		\$1,489.62

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
32150		\$984.16
32151		\$979.82
32160		\$780.97
32200		\$1,112.15
32215		\$779.88
32220		\$1,553.61
32225		\$973.68
32310		\$893.77
32320		\$1,563.02
32400		\$156.92
32405		\$400.61
32440		\$1,529.39
32442		\$2,989.72
32445		\$3,448.90
32480		\$1,444.42
32482		\$1,545.30
32484		\$1,398.14
32486		\$2,296.98
32488		\$2,332.77
32491		\$1,442.25
32501		\$237.91
32503		\$1,753.92
32504		\$1,998.69
32505		\$911.49
32506		\$152.22
32507		\$152.22
32540		\$1,681.24
32550		\$760.72
32551		\$155.47
32552		\$184.03
32553		\$532.94
32554		\$214.04
32555		\$304.43
32556		\$624.77
32557		\$575.96
32560		\$255.26
32561		\$93.64
32562		\$83.88
32601		\$301.18
32604		\$468.58
32606		\$450.86
32607		\$300.82
32608		\$369.15
32609		\$253.09

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
32650		\$653.34
32651		\$1,070.57
32652		\$1,622.67
32653		\$1,037.67
32654		\$1,136.02
32655		\$934.63
32656		\$784.22
32658		\$697.81
32659		\$716.97
32661		\$778.43
32662		\$873.52
32663		\$1,367.41
32664		\$828.69
32665		\$1,197.48
32666		\$851.83
32667		\$152.58
32668		\$152.58
32669		\$1,311.73
32670		\$1,565.55
32671		\$1,727.89
32672		\$1,489.26
32673		\$1,185.91
32674		\$209.70
32701		\$211.15
32800		\$919.80
32810		\$880.03
32815		\$2,736.27
32820		\$1,300.16
32851		\$3,212.08
32852		\$3,490.48
32853		\$4,486.93
32854		\$4,759.91
32900		\$1,389.47
32905		\$1,298.35
32906		\$1,608.21
32940		\$1,201.46
32960		\$128.35
32994		\$5,753.47
32997		\$346.73
32998		\$3,624.62
33010		\$105.21
33011		\$105.57
33015		\$505.46
33020		\$861.23

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33025		\$780.24
33030		\$1,953.86
33031		\$2,415.57
33050		\$982.71
33120		\$2,047.50
33130		\$1,342.10
33140		\$1,527.58
33141		\$127.99
33202		\$757.46
33203		\$792.90
33206		\$448.33
33207		\$475.09
33208		\$514.86
33210		\$161.25
33211		\$167.40
33212		\$317.45
33213		\$331.91
33214		\$473.64
33215		\$307.32
33216		\$367.70
33217		\$362.28
33218		\$384.34
33220		\$387.23
33221		\$356.50
33222		\$335.89
33223		\$404.94
33224		\$508.35
33225		\$462.43
33226		\$488.46
33227		\$334.80
33228		\$349.99
33229		\$370.60
33230		\$378.19
33231		\$396.99
33233		\$229.23
33234		\$480.51
33235		\$631.28
33236		\$764.70
33237		\$822.91
33238		\$923.42
33240		\$361.20
33241		\$213.68
33243		\$1,343.91
33244		\$853.64

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33249		\$906.43
33250		\$1,420.20
33251		\$1,587.24
33254		\$1,326.56
33255		\$1,599.17
33256		\$1,898.90
33257		\$571.62
33258		\$641.04
33259		\$829.41
33261		\$1,581.09
33262		\$368.79
33263		\$384.34
33264		\$400.61
33265		\$1,331.62
33266		\$1,807.79
33270		\$560.41
33271		\$449.78
33272		\$343.48
33273		\$396.99
33274		\$483.76
33275		\$512.33
33285		\$5,275.13
33286		\$131.61
33289		\$322.51
33300		\$2,396.04
33305		\$4,008.23
33310		\$1,148.67
33315		\$1,869.25
33320		\$1,034.42
33321		\$1,157.35
33322		\$1,356.93
33330		\$1,398.51
33335		\$1,844.67
33340		\$778.43
33361		\$1,330.17
33362		\$1,451.66
33363		\$1,503.00
33364		\$1,550.36
33365		\$1,744.88
33366		\$1,886.25
33367		\$614.65
33368		\$728.90
33369		\$962.11
33390		\$1,889.50

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33391		\$2,234.79
33404		\$1,721.02
33405		\$2,219.24
33406		\$2,810.03
33410		\$2,487.88
33411		\$3,282.95
33412		\$3,078.30
33413		\$3,143.02
33414		\$2,094.14
33415		\$1,990.74
33416		\$1,979.89
33417		\$1,629.18
33418		\$1,773.08
33419		\$417.96
33420		\$1,428.15
33422		\$1,627.73
33425		\$2,669.38
33426		\$2,330.96
33427		\$2,391.34
33430		\$2,738.44
33440		\$3,312.59
33460		\$2,348.68
33463		\$3,022.26
33464		\$2,389.54
33465		\$2,695.78
33468		\$2,371.10
33470		\$1,212.67
33471		\$1,297.27
33474		\$2,132.47
33475		\$2,283.24
33476		\$1,472.99
33477		\$1,338.13
33478		\$1,535.90
33496		\$1,632.80
33500		\$1,527.58
33501		\$1,094.80
33502		\$1,244.84
33503		\$1,300.89
33504		\$1,425.26
33505		\$1,987.12
33506		\$1,971.94
33507		\$1,679.08
33508		\$15.91
33510		\$1,891.67

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33511		\$2,077.15
33512		\$2,363.50
33513		\$2,432.20
33514		\$2,559.47
33516		\$2,643.35
33517		\$182.23
33518		\$401.69
33519		\$531.13
33521		\$637.07
33522		\$715.16
33523		\$808.08
33530		\$513.05
33533		\$1,828.76
33534		\$2,149.82
33535		\$2,397.49
33536		\$2,575.02
33542		\$2,569.95
33545		\$3,011.42
33548		\$2,898.97
33572		\$224.53
33600		\$1,672.93
33602		\$1,623.40
33606		\$1,740.90
33608		\$1,763.32
33610		\$1,739.09
33611		\$1,909.75
33612		\$1,960.73
33615		\$1,954.94
33617		\$2,086.19
33619		\$2,676.25
33620		\$1,610.38
33621		\$912.21
33622		\$3,359.96
33641		\$1,600.26
33645		\$1,686.67
33647		\$1,766.21
33660		\$1,710.53
33665		\$1,873.23
33670		\$1,930.36
33675		\$1,911.20
33676		\$1,981.34
33677		\$2,057.27
33681		\$1,795.86
33684		\$1,848.65

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33688		\$1,843.95
33690		\$1,177.23
33692		\$1,914.45
33694		\$1,909.75
33697		\$2,010.99
33702		\$1,501.91
33710		\$2,008.45
33720		\$1,511.31
33722		\$1,592.66
33724		\$1,497.21
33726		\$1,990.02
33730		\$1,933.97
33732		\$1,567.72
33735		\$1,270.88
33736		\$1,355.84
33737		\$1,272.32
33750		\$1,236.89
33755		\$1,291.12
33762		\$1,256.05
33764		\$1,291.12
33766		\$1,305.59
33767		\$1,393.81
33768		\$406.39
33770		\$2,071.37
33771		\$2,130.66
33774		\$1,762.96
33775		\$1,815.74
33776		\$1,881.91
33777		\$1,851.90
33778		\$2,299.87
33779		\$2,275.65
33780		\$2,269.86
33781		\$2,261.91
33782		\$3,159.66
33783		\$3,415.28
33786		\$2,227.92
33788		\$1,501.19
33800		\$961.02
33802		\$1,064.43
33803		\$1,127.70
33813		\$1,181.57
33814		\$1,492.87
33820		\$943.67
33822		\$1,001.15

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33824		\$1,156.99
33840		\$1,215.20
33845		\$1,293.29
33851		\$1,247.38
33852		\$1,331.98
33853		\$1,769.10
33860		\$3,143.02
33863		\$3,080.11
33864		\$3,154.23
33866		\$1,011.64
33870		\$2,475.59
33875		\$2,684.21
33877		\$3,529.89
33880		\$1,751.03
33881		\$1,503.00
33883		\$1,091.18
33884		\$381.44
33886		\$934.99
33889		\$765.78
33891		\$928.12
33910		\$2,575.02
33915		\$1,346.44
33916		\$4,146.71
33917		\$1,424.90
33920		\$1,772.36
33922		\$1,353.67
33924		\$276.95
33925		\$1,680.88
33926		\$2,364.59
33927		\$2,491.13
33935		\$4,829.33
33945		\$4,756.66
33946		\$304.43
33947		\$336.97
33948		\$237.54
33949		\$229.95
33951		\$415.79
33952		\$419.05
33953		\$464.96
33954		\$467.13
33955		\$814.23
33956		\$815.31
33957		\$181.14
33958		\$180.78

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
33959		\$229.95
33962		\$229.23
33963		\$459.18
33964		\$481.60
33965		\$181.14
33966		\$233.20
33967		\$254.90
33968		\$33.26
33969		\$267.91
33970		\$346.73
33971		\$696.00
33973		\$505.46
33974		\$874.97
33975		\$1,277.02
33976		\$1,554.70
33977		\$1,102.03
33978		\$1,308.48
33979		\$1,905.41
33980		\$1,743.79
33981		\$816.04
33982		\$1,915.53
33983		\$2,256.48
33984		\$278.04
33985		\$504.37
33986		\$510.52
33987		\$203.92
33988		\$759.27
33989		\$478.34
33990		\$418.32
33991		\$613.93
33992		\$195.60
33993		\$172.46
34001		\$940.05
34051		\$972.23
34101		\$584.64
34111		\$587.53
34151		\$1,361.99
34201		\$1,001.88
34203		\$927.40
34401		\$1,438.64
34421		\$719.86
34451		\$1,381.87
34471		\$1,043.82
34490		\$628.39

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
34501		\$861.59
34502		\$1,515.29
34510		\$988.14
34520		\$953.07
34530		\$888.35
34701		\$1,208.69
34702		\$1,807.07
34703		\$1,354.40
34704		\$2,258.65
34705		\$1,495.04
34706		\$2,251.06
34707		\$1,129.15
34708		\$1,814.66
34709		\$314.92
34710		\$786.03
34711		\$290.69
34712		\$677.20
34713		\$126.55
34714		\$266.11
34715		\$298.65
34716		\$369.51
34808		\$203.92
34812		\$201.03
34813		\$229.23
34820		\$338.42
34830		\$1,702.94
34831		\$1,881.91
34832		\$1,817.91
34833		\$392.65
34834		\$125.46
35001		\$1,086.12
35002		\$1,095.52
35005		\$962.47
35011		\$979.10
35013		\$1,225.32
35021		\$1,233.27
35022		\$1,391.64
35045		\$961.74
35081		\$1,688.11
35082		\$2,130.30
35091		\$1,738.01
35092		\$2,533.80
35102		\$1,830.93
35103		\$2,181.64

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
35111		\$1,280.64
35112		\$1,581.09
35121		\$1,626.65
35122		\$1,829.12
35131		\$1,353.31
35132		\$1,577.48
35141		\$1,076.00
35142		\$1,296.55
35151		\$1,207.24
35152		\$1,344.27
35180		\$860.15
35182		\$1,751.39
35184		\$932.46
35188		\$1,227.13
35189		\$1,453.10
35190		\$744.81
35201		\$923.42
35206		\$768.67
35207		\$754.93
35211		\$1,354.76
35216		\$2,021.83
35221		\$1,433.22
35226		\$814.95
35231		\$1,227.85
35236		\$982.71
35241		\$1,408.99
35246		\$1,531.56
35251		\$1,700.77
35256		\$1,001.15
35261		\$948.37
35266		\$848.58
35271		\$1,354.40
35276		\$1,430.32
35281		\$1,577.84
35286		\$909.68
35301		\$1,103.84
35302		\$1,093.71
35303		\$1,209.77
35304		\$1,245.21
35305		\$1,198.93
35306		\$429.89
35311		\$1,524.33
35321		\$871.72
35331		\$1,424.54

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
35341		\$1,343.19
35351		\$1,247.38
35355		\$1,004.77
35361		\$1,469.73
35363		\$1,569.88
35371		\$798.32
35372		\$955.24
35390		\$154.75
35400		\$144.62
35500		\$311.30
35501		\$1,458.16
35506		\$1,230.02
35508		\$1,274.49
35509		\$1,364.52
35510		\$1,186.63
35511		\$1,071.66
35512		\$1,167.11
35515		\$1,245.57
35516		\$1,180.85
35518		\$1,100.22
35521		\$1,185.91
35522		\$1,176.87
35523		\$1,251.71
35525		\$1,113.96
35526		\$1,702.22
35531		\$1,882.63
35533		\$1,454.55
35535		\$1,841.41
35536		\$1,635.33
35537		\$2,007.73
35538		\$2,250.34
35539		\$2,112.22
35540		\$2,364.95
35556		\$1,363.44
35558		\$1,200.01
35560		\$1,636.05
35563		\$1,280.64
35565		\$1,281.72
35566		\$1,625.20
35570		\$1,470.46
35571		\$1,289.32
35572		\$337.33
35583		\$1,407.18
35585		\$1,629.54

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
35587		\$1,329.45
35600		\$249.84
35601		\$1,361.27
35606		\$1,144.33
35612		\$1,007.66
35616		\$1,063.34
35621		\$1,068.04
35623		\$1,269.79
35626		\$1,551.08
35631		\$1,803.81
35632		\$1,738.73
35633		\$1,939.40
35634		\$1,706.55
35636		\$1,542.77
35637		\$1,602.43
35638		\$1,712.34
35642		\$955.96
35645		\$916.55
35646		\$1,672.57
35647		\$1,514.20
35650		\$1,057.92
35654		\$1,334.15
35656		\$1,055.39
35661		\$1,059.36
35663		\$1,176.87
35665		\$1,145.05
35666		\$1,234.72
35671		\$1,088.65
35681		\$78.46
35682		\$342.40
35683		\$395.18
35685		\$192.71
35686		\$155.47
35691		\$915.46
35693		\$800.13
35694		\$955.24
35695		\$986.69
35697		\$143.90
35700		\$148.24
35701		\$566.20
35721		\$447.97
35741		\$510.52
35761		\$390.48
35800		\$713.35

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
35820		\$1,969.04
35840		\$1,174.34
35860		\$818.57
35870		\$1,202.54
35875		\$582.11
35876		\$924.14
35879		\$903.90
35881		\$992.84
35883		\$1,170.72
35884		\$1,198.56
35901		\$458.46
35903		\$553.91
35905		\$1,620.86
35907		\$1,854.79
36000		\$27.48
36002		\$157.64
36005		\$314.19
36010		\$510.16
36011		\$860.87
36012		\$877.14
36013		\$784.58
36014		\$826.88
36015		\$896.66
36100		\$523.90
36140		\$454.12
36160		\$523.17
36200		\$577.05
36215		\$1,053.22
36216		\$1,129.15
36217		\$1,900.35
36218		\$246.22
36221		\$1,046.35
36222		\$1,235.81
36223		\$1,566.63
36224		\$2,028.34
36225		\$1,508.06
36226		\$1,917.70
36227		\$252.73
36228		\$1,342.10
36245		\$1,340.66
36246		\$844.24
36247		\$1,523.24
36248		\$146.79
36251		\$1,403.21

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
36252		\$1,509.50
36253		\$2,250.34
36254		\$2,171.16
36260		\$639.96
36261		\$398.44
36262		\$305.15
36400		\$26.76
36405		\$23.50
36406		\$16.99
36410		\$17.35
36415		\$3.25
36416		\$7.23
36420		\$46.28
36425		\$40.13
36430		\$35.43
36440		\$51.70
36450		\$174.63
36455		\$123.65
36456		\$105.21
36460		\$343.12
36465		\$1,569.88
36466		\$1,648.34
36470		\$107.02
36471		\$193.43
36473		\$1,485.28
36474		\$278.40
36475		\$1,449.85
36476		\$300.09
36478		\$1,143.97
36479		\$318.17
36481		\$1,993.27
36482		\$2,085.10
36483		\$148.24
36500		\$181.50
36510		\$83.52
36511		\$109.91
36512		\$110.28
36513		\$110.28
36514		\$738.30
36516		\$2,030.15
36522		\$2,211.29
36555		\$190.18
36556		\$213.32
36557		\$1,031.52

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
36558		\$774.82
36560		\$1,318.96
36561		\$1,091.18
36563		\$1,224.24
36565		\$877.86
36566		\$4,888.26
36568		\$92.92
36569		\$95.45
36570		\$1,457.44
36571		\$1,281.36
36572		\$427.72
36573		\$402.05
36575		\$164.51
36576		\$327.57
36578		\$463.16
36580		\$219.10
36581		\$770.12
36582		\$1,011.64
36583		\$1,277.75
36584		\$351.80
36585		\$1,089.74
36589		\$164.87
36590		\$220.55
36591		\$24.95
36592		\$27.84
36593		\$31.82
36595		\$618.99
36596		\$127.27
36597		\$131.25
36598		\$118.23
36600		\$31.09
36620		\$44.83
36625		\$104.85
36640		\$116.78
36660		\$70.14
36680		\$58.21
36800		\$122.21
36810		\$209.70
36815		\$131.25
36818		\$679.37
36819		\$715.16
36820		\$718.42
36821		\$650.08
36823		\$1,369.58

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
36825		\$778.43
36830		\$652.97
36831		\$603.08
36832		\$740.11
36833		\$795.07
36835		\$471.11
36838		\$1,115.41
36860		\$251.28
36861		\$135.22
36901		\$654.78
36902		\$1,293.65
36903		\$5,487.37
36904		\$1,902.88
36905		\$2,394.96
36906		\$6,721.72
36907		\$731.79
36908		\$2,448.83
36909		\$1,977.72
37140		\$2,274.92
37145		\$2,110.05
37160		\$2,168.26
37180		\$2,084.38
37181		\$2,274.92
37182		\$835.92
37183		\$6,148.29
37184		\$2,149.10
37185		\$660.20
37186		\$1,338.49
37187		\$1,989.65
37188		\$1,676.18
37191		\$2,518.97
37192		\$1,328.36
37193		\$1,577.12
37197		\$1,553.61
37200		\$221.27
37211		\$383.25
37212		\$336.97
37213		\$232.84
37214		\$122.57
37215		\$985.25
37216		\$1,018.51
37217		\$1,058.28
37218		\$804.47
37220		\$3,000.21

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
37221		\$4,263.13
37222		\$805.19
37223		\$2,248.53
37224		\$3,609.80
37225		\$12,442.30
37226		\$10,791.78
37227		\$16,035.10
37228		\$5,238.98
37229		\$12,443.02
37230		\$10,585.70
37231		\$15,227.74
37232		\$1,112.15
37233		\$1,349.33
37234		\$3,948.21
37235		\$4,277.95
37236		\$3,644.87
37237		\$2,166.82
37238		\$3,694.40
37239		\$1,760.43
37241		\$4,941.05
37242		\$7,624.54
37243		\$9,875.96
37244		\$7,053.64
37246		\$2,124.88
37247		\$808.08
37248		\$1,518.18
37249		\$599.46
37252		\$1,287.51
37253		\$197.41
37500		\$616.46
37565		\$711.91
37600		\$726.01
37605		\$713.72
37606		\$686.96
37607		\$368.07
37609		\$310.58
37615		\$517.39
37616		\$1,086.48
37617		\$1,316.79
37618		\$379.64
37619		\$1,689.92
37650		\$445.44
37660		\$1,288.59
37700		\$241.16

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
37718		\$423.02
37722		\$464.60
37735		\$563.67
37760		\$612.84
37761		\$532.21
37765		\$643.57
37766		\$763.25
37780		\$228.87
37785		\$349.27
37788		\$1,279.55
37790		\$493.89
38100		\$1,133.85
38101		\$1,138.55
38102		\$258.51
38115		\$1,258.22
38120		\$1,036.95
38200		\$134.86
38204		\$105.21
38205		\$84.60
38206		\$84.60
38207		\$46.64
38208		\$29.65
38209		\$12.65
38210		\$83.16
38211		\$74.84
38212		\$49.53
38213		\$12.65
38214		\$42.66
38215		\$49.53
38220		\$167.76
38221		\$157.28
38222		\$174.27
38230		\$203.92
38232		\$198.86
38240		\$231.76
38241		\$173.19
38242		\$122.57
38243		\$123.29
38300		\$322.87
38305		\$479.43
38308		\$445.08
38380		\$569.45
38381		\$787.11
38382		\$662.37

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
38500		\$331.91
38505		\$126.91
38510		\$519.20
38520		\$459.90
38525		\$431.70
38530		\$554.99
38531		\$434.59
38542		\$516.30
38550		\$505.82
38555		\$993.92
38562		\$703.95
38564		\$697.81
38570		\$508.35
38571		\$669.61
38572		\$919.08
38573		\$1,162.77
38700		\$803.02
38720		\$1,335.23
38724		\$1,446.23
38740		\$686.60
38745		\$865.21
38746		\$209.34
38747		\$262.13
38760		\$831.94
38765		\$1,283.53
38770		\$811.34
38780		\$1,028.99
38790		\$82.80
38792		\$83.16
38794		\$303.35
38900		\$134.86
39000		\$491.72
39010		\$771.93
39200		\$850.75
39220		\$1,112.88
39401		\$302.62
39402		\$395.54
39501		\$838.81
39503		\$5,779.14
39540		\$855.45
39541		\$924.50
39545		\$873.52
39560		\$788.20
39561		\$1,221.34

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
40490		\$126.91
40500		\$518.11
40510		\$492.08
40520		\$499.31
40525		\$553.18
40527		\$618.26
40530		\$547.76
40650		\$461.35
40652		\$504.37
40654		\$581.39
40700		\$1,011.28
40701		\$1,197.12
40702		\$1,004.77
40720		\$1,032.61
40761		\$1,087.57
40800		\$216.57
40801		\$313.11
40804		\$194.88
40805		\$314.19
40806		\$104.13
40808		\$191.63
40810		\$212.96
40812		\$293.59
40814		\$391.57
40816		\$407.48
40818		\$373.85
40819		\$320.34
40820		\$269.00
40830		\$276.95
40831		\$353.24
40840		\$827.97
40842		\$800.85
40843		\$1,052.50
40844		\$1,374.64
40845		\$1,477.33
41000		\$164.51
41005		\$225.61
41006		\$359.39
41007		\$352.88
41008		\$391.21
41009		\$418.68
41010		\$210.79
41015		\$424.47
41016		\$451.95

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
41017		\$458.82
41018		\$518.47
41019		\$487.38
41100		\$174.99
41105		\$177.52
41108		\$155.11
41110		\$220.55
41112		\$341.67
41113		\$371.32
41114		\$632.00
41115		\$254.90
41116		\$338.78
41120		\$1,088.65
41130		\$1,338.49
41135		\$2,199.00
41140		\$2,209.48
41145		\$2,795.20
41150		\$2,223.94
41153		\$2,408.34
41155		\$3,042.87
41250		\$279.12
41251		\$310.94
41252		\$322.51
41510		\$462.07
41512		\$669.61
41520		\$358.67
41530		\$983.80
41800		\$296.84
41805		\$295.39
41806		\$402.05
41822		\$288.88
41823		\$445.44
41825		\$219.83
41826		\$322.15
41827		\$453.76
41828		\$317.45
41830		\$403.50
41872		\$397.71
41874		\$395.54
42000		\$157.64
42100		\$151.13
42104		\$219.83
42106		\$275.87
42107		\$471.47

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
42120		\$1,025.02
42140		\$273.34
42145		\$699.98
42160		\$237.54
42180		\$249.48
42182		\$325.40
42200		\$950.90
42205		\$990.31
42210		\$1,104.20
42215		\$723.48
42220		\$596.93
42225		\$1,000.07
42226		\$893.05
42227		\$838.81
42235		\$735.05
42260		\$826.52
42280		\$180.06
42281		\$231.40
42300		\$212.96
42305		\$429.53
42310		\$179.33
42320		\$255.98
42330		\$235.01
42335		\$394.46
42340		\$488.10
42400		\$105.21
42405		\$302.62
42408		\$520.28
42409		\$354.33
42410		\$622.60
42415		\$1,053.94
42420		\$1,183.74
42425		\$834.11
42426		\$1,347.17
42440		\$412.54
42450		\$458.82
42500		\$440.74
42505		\$562.95
42507		\$509.07
42509		\$838.45
42510		\$622.96
42550		\$148.60
42600		\$499.67
42650		\$81.71

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
42660		\$125.10
42665		\$334.44
42700		\$192.35
42720		\$455.92
42725		\$816.40
42800		\$159.09
42804		\$201.03
42806		\$224.53
42808		\$229.95
42809		\$203.56
42810		\$391.93
42815		\$552.46
42820		\$289.97
42821		\$301.18
42825		\$263.21
42826		\$252.37
42830		\$208.98
42831		\$225.61
42835		\$194.16
42836		\$241.52
42842		\$1,021.40
42844		\$1,402.48
42845		\$2,248.53
42860		\$189.46
42870		\$601.99
42890		\$1,445.51
42892		\$1,896.01
42894		\$2,397.49
42900		\$336.25
42950		\$821.82
42953		\$985.97
42955		\$778.43
42960		\$168.49
42961		\$419.41
42962		\$518.47
42970		\$412.90
42971		\$455.92
42972		\$510.16
43020		\$551.38
43030		\$518.84
43045		\$1,275.58
43100		\$627.30
43101		\$984.16
43107		\$2,923.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
43108		\$4,361.47
43112		\$3,430.10
43113		\$4,261.68
43116		\$4,883.56
43117		\$3,185.69
43118		\$3,553.03
43121		\$2,783.27
43122		\$2,507.77
43123		\$4,389.31
43124		\$3,722.60
43130		\$780.97
43135		\$1,438.64
43180		\$547.04
43191		\$155.47
43192		\$169.57
43193		\$169.57
43194		\$192.35
43195		\$185.12
43196		\$197.05
43197		\$189.09
43198		\$208.26
43200		\$231.40
43201		\$232.84
43202		\$327.21
43204		\$138.12
43205		\$143.90
43206		\$278.76
43210		\$432.42
43211		\$238.63
43212		\$190.18
43213		\$1,212.67
43214		\$194.88
43215		\$376.02
43216		\$380.00
43217		\$396.27
43220		\$1,064.79
43226		\$340.59
43227		\$636.70
43229		\$682.26
43231		\$348.54
43232		\$423.02
43233		\$231.40
43235		\$270.45
43236		\$356.50

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
43237		\$199.94
43238		\$237.54
43239		\$363.00
43240		\$400.61
43241		\$144.98
43242		\$268.28
43243		\$241.52
43244		\$250.20
43245		\$578.85
43246		\$202.83
43247		\$363.00
43248		\$374.21
43249		\$1,078.17
43250		\$419.05
43251		\$463.88
43252		\$317.09
43253		\$268.28
43254		\$275.51
43255		\$671.05
43257		\$236.10
43259		\$231.04
43260		\$329.38
43261		\$345.65
43262		\$364.81
43263		\$364.81
43264		\$371.68
43265		\$442.19
43266		\$221.64
43270		\$702.15
43273		\$121.48
43274		\$472.19
43275		\$384.70
43276		\$491.72
43277		\$386.51
43278		\$441.82
43279		\$1,266.18
43280		\$1,062.26
43281		\$1,515.29
43282		\$1,702.58
43283		\$154.75
43284		\$636.70
43285		\$654.78
43286		\$3,113.01
43287		\$3,550.14

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
43288		\$3,711.39
43300		\$616.46
43305		\$1,089.01
43310		\$1,449.85
43312		\$1,555.42
43313		\$2,675.53
43314		\$2,819.07
43320		\$1,370.67
43325		\$1,333.06
43327		\$807.00
43328		\$1,101.67
43330		\$1,311.01
43331		\$1,311.01
43332		\$1,137.82
43333		\$1,239.06
43334		\$1,223.15
43335		\$1,307.76
43336		\$1,482.39
43337		\$1,508.42
43338		\$113.53
43340		\$1,351.87
43341		\$1,372.47
43351		\$1,282.45
43352		\$1,046.35
43360		\$2,202.25
43361		\$2,646.60
43400		\$1,496.13
43401		\$1,514.57
43405		\$1,423.82
43410		\$1,025.74
43415		\$2,524.76
43420		\$1,015.25
43425		\$1,410.08
43450		\$167.04
43453		\$916.91
43460		\$216.93
43500		\$773.73
43501		\$1,324.39
43502		\$1,492.51
43510		\$931.73
43520		\$679.01
43605		\$826.16
43610		\$967.17
43611		\$1,206.52

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
43620		\$1,929.64
43621		\$2,230.09
43622		\$2,264.80
43631		\$1,426.35
43632		\$1,997.97
43633		\$1,888.06
43634		\$2,080.77
43635		\$109.91
43640		\$1,159.52
43641		\$1,177.59
43644		\$1,702.22
43645		\$1,820.08
43651		\$643.57
43652		\$753.13
43653		\$567.65
43752		\$40.86
43753		\$21.69
43754		\$165.96
43755		\$158.00
43756		\$233.93
43757		\$325.76
43761		\$120.04
43762		\$226.34
43763		\$335.53
43770		\$1,106.37
43771		\$1,250.99
43772		\$933.18
43773		\$1,252.44
43774		\$944.39
43775		\$1,091.18
43800		\$915.46
43810		\$997.90
43820		\$1,320.41
43825		\$1,284.25
43830		\$692.38
43831		\$592.96
43832		\$1,021.04
43840		\$1,337.04
43842		\$1,202.90
43843		\$1,248.10
43845		\$1,917.70
43846		\$1,595.19
43847		\$1,766.93
43848		\$1,894.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
43850		\$1,593.75
43855		\$1,612.19
43860		\$1,608.93
43865		\$1,674.01
43870		\$701.78
43880		\$1,566.27
43886		\$360.83
43887		\$324.68
43888		\$456.65
44005		\$1,077.44
44010		\$854.72
44015		\$138.84
44020		\$958.49
44021		\$961.74
44025		\$970.06
44050		\$920.53
44055		\$1,470.46
44100		\$108.83
44110		\$840.26
44111		\$973.31
44120		\$1,203.63
44121		\$237.91
44125		\$1,162.77
44126		\$2,414.85
44127		\$2,800.63
44128		\$238.63
44130		\$1,295.10
44139		\$118.59
44140		\$1,321.86
44141		\$1,800.56
44143		\$1,640.75
44144		\$1,744.16
44145		\$1,636.05
44146		\$2,094.51
44147		\$1,913.36
44150		\$1,846.48
44151		\$2,125.60
44155		\$2,060.16
44156		\$2,264.80
44157		\$2,156.69
44158		\$2,212.37
44160		\$1,224.60
44180		\$906.06
44186		\$641.40

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
44187		\$1,096.61
44188		\$1,213.39
44202		\$1,363.80
44203		\$235.74
44204		\$1,519.63
44205		\$1,322.22
44206		\$1,727.52
44207		\$1,799.84
44208		\$1,965.43
44210		\$1,768.74
44211		\$2,168.62
44212		\$2,037.74
44213		\$185.48
44227		\$1,642.20
44300		\$829.78
44310		\$1,031.52
44312		\$588.98
44314		\$997.18
44316		\$1,390.19
44320		\$1,186.63
44322		\$995.01
44340		\$618.63
44345		\$1,040.20
44346		\$1,169.64
44360		\$146.43
44361		\$161.98
44363		\$195.60
44364		\$208.98
44365		\$185.84
44366		\$244.77
44369		\$250.92
44370		\$271.17
44372		\$243.69
44373		\$195.24
44376		\$289.97
44377		\$305.15
44378		\$393.38
44379		\$417.60
44380		\$177.89
44381		\$975.85
44382		\$279.48
44384		\$156.19
44385		\$199.58
44386		\$298.65

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
44388		\$297.20
44389		\$393.38
44390		\$388.31
44391		\$689.49
44392		\$361.20
44394		\$416.51
44401		\$3,107.23
44402		\$266.83
44403		\$309.49
44404		\$383.61
44405		\$556.08
44406		\$234.65
44407		\$281.65
44408		\$236.82
44500		\$19.89
44602		\$1,387.30
44603		\$1,595.56
44604		\$1,042.73
44605		\$1,285.70
44615		\$1,059.00
44620		\$857.98
44625		\$1,006.58
44626		\$1,577.48
44640		\$1,381.87
44650		\$1,425.98
44660		\$1,330.53
44661		\$1,534.09
44680		\$1,054.66
44700		\$1,004.41
44701		\$166.32
44705		\$114.25
44720		\$268.64
44721		\$375.66
44800		\$758.19
44820		\$826.16
44850		\$739.02
44900		\$761.80
44950		\$632.36
44955		\$82.80
44960		\$861.59
44970		\$592.96
45000		\$424.83
45005		\$287.44
45020		\$569.45

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
45100		\$299.73
45108		\$366.26
45110		\$1,829.85
45111		\$1,077.08
45112		\$1,856.96
45113		\$1,898.54
45114		\$1,781.40
45116		\$1,564.82
45119		\$1,928.55
45120		\$1,561.93
45121		\$1,699.32
45123		\$1,118.30
45126		\$2,773.51
45130		\$1,085.04
45135		\$1,308.84
45136		\$1,842.14
45150		\$411.45
45160		\$1,007.66
45171		\$603.80
45172		\$813.87
45190		\$700.34
45300		\$123.29
45303		\$948.37
45305		\$154.75
45307		\$177.52
45308		\$172.82
45309		\$178.97
45315		\$195.96
45317		\$194.52
45320		\$190.90
45321		\$101.60
45327		\$114.61
45330		\$174.27
45331		\$272.25
45332		\$261.77
45333		\$309.49
45334		\$551.38
45335		\$255.98
45337		\$116.78
45338		\$280.57
45340		\$453.39
45341		\$126.18
45342		\$173.19
45346		\$2,972.37

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
45347		\$157.28
45349		\$202.11
45350		\$588.98
45378		\$324.32
45379		\$419.05
45380		\$418.32
45381		\$408.56
45382		\$721.31
45384		\$464.24
45385		\$437.49
45386		\$606.33
45388		\$3,129.65
45389		\$295.03
45390		\$339.50
45391		\$263.21
45392		\$310.58
45393		\$256.71
45395		\$1,965.79
45397		\$2,143.68
45398		\$743.36
45400		\$1,136.02
45402		\$1,506.61
45500		\$553.18
45505		\$595.12
45520		\$158.00
45540		\$1,053.58
45541		\$939.33
45550		\$1,457.08
45560		\$690.58
45562		\$1,113.60
45563		\$1,623.40
45800		\$1,240.87
45805		\$1,444.79
45820		\$1,246.29
45825		\$1,509.50
45900		\$201.39
45905		\$169.21
45910		\$191.99
45915		\$342.40
45990		\$106.30
46020		\$279.85
46030		\$142.45
46040		\$541.61
46045		\$434.59

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
46050		\$212.23
46060		\$480.15
46070		\$260.68
46080		\$259.60
46083		\$185.48
46200		\$459.18
46220		\$219.83
46221		\$274.78
46230		\$285.27
46250		\$472.19
46255		\$515.58
46257		\$423.75
46258		\$464.60
46260		\$476.53
46261		\$522.45
46262		\$555.71
46270		\$518.84
46275		\$548.48
46280		\$474.36
46285		\$546.31
46288		\$551.01
46320		\$191.26
46500		\$292.86
46505		\$292.50
46600		\$96.90
46601		\$140.65
46604		\$659.12
46606		\$245.86
46607		\$197.77
46608		\$257.07
46610		\$245.14
46611		\$192.71
46612		\$296.84
46614		\$140.65
46615		\$152.94
46700		\$658.04
46705		\$552.46
46706		\$174.63
46707		\$487.74
46710		\$1,092.27
46712		\$2,193.21
46715		\$539.44
46716		\$1,199.29
46730		\$1,939.04

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
46735		\$2,234.43
46740		\$2,117.28
46742		\$2,449.19
46744		\$3,441.31
46746		\$3,819.86
46748		\$4,143.45
46750		\$752.04
46751		\$649.72
46753		\$606.33
46754		\$319.26
46760		\$1,102.39
46761		\$919.08
46900		\$240.07
46910		\$262.13
46916		\$242.61
46917		\$439.29
46922		\$283.10
46924		\$539.08
46930		\$213.68
46940		\$239.35
46942		\$228.87
46945		\$321.43
46946		\$323.96
46947		\$381.08
47000		\$312.75
47001		\$101.96
47010		\$1,196.76
47015		\$1,146.86
47100		\$835.92
47120		\$2,296.62
47122		\$3,369.72
47125		\$3,026.24
47130		\$3,250.41
47135		\$5,286.70
47140		\$3,505.67
47141		\$4,192.27
47142		\$4,614.56
47146		\$318.53
47147		\$374.57
47300		\$1,115.77
47350		\$1,349.70
47360		\$1,844.67
47361		\$2,982.13
47362		\$1,428.15

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
47370		\$1,229.66
47371		\$1,215.56
47380		\$1,421.65
47381		\$1,444.06
47382		\$4,702.78
47383		\$7,078.94
47400		\$2,116.92
47420		\$1,320.41
47425		\$1,345.72
47460		\$1,247.01
47480		\$867.74
47490		\$338.78
47531		\$355.41
47532		\$833.39
47533		\$1,266.18
47534		\$1,473.71
47535		\$1,022.85
47536		\$704.31
47537		\$413.62
47538		\$4,396.91
47539		\$4,871.27
47540		\$4,954.43
47541		\$1,212.30
47542		\$499.31
47543		\$479.43
47544		\$1,053.58
47550		\$161.62
47552		\$316.00
47553		\$312.39
47554		\$505.10
47555		\$331.19
47556		\$375.30
47562		\$648.64
47563		\$704.68
47564		\$1,096.24
47570		\$762.89
47600		\$1,051.77
47605		\$1,106.01
47610		\$1,233.27
47612		\$1,243.04
47620		\$1,345.72
47700		\$1,040.56
47701		\$1,690.65
47711		\$1,531.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
47712		\$1,960.01
47715		\$1,306.67
47720		\$1,136.02
47721		\$1,334.15
47740		\$1,286.06
47741		\$1,450.93
47760		\$2,216.35
47765		\$2,975.98
47780		\$2,431.48
47785		\$3,190.03
47800		\$1,547.83
47801		\$1,098.05
47802		\$1,502.64
47900		\$1,348.97
48000		\$1,849.37
48001		\$2,257.93
48020		\$1,159.15
48100		\$877.50
48102		\$543.42
48105		\$2,798.46
48120		\$1,089.37
48140		\$1,539.51
48145		\$1,603.15
48146		\$1,850.09
48148		\$1,227.49
48150		\$3,063.84
48152		\$2,837.51
48153		\$3,051.55
48154		\$2,852.69
48155		\$1,788.63
48400		\$104.13
48500		\$1,134.93
48510		\$1,081.06
48520		\$1,073.10
48540		\$1,283.89
48545		\$1,320.05
48547		\$1,757.53
48548		\$1,633.88
48552		\$231.04
48554		\$2,525.12
48556		\$1,257.50
49000		\$759.63
49002		\$1,030.44
49010		\$915.10

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
49020		\$1,568.44
49040		\$984.16
49060		\$1,083.59
49062		\$728.90
49082		\$202.47
49083		\$302.26
49084		\$106.30
49180		\$167.76
49185		\$1,091.18
49203		\$1,183.02
49204		\$1,510.23
49205		\$1,734.76
49215		\$2,191.04
49220		\$956.32
49250		\$582.83
49255		\$783.50
49320		\$323.23
49321		\$341.31
49322		\$366.98
49323		\$628.75
49324		\$381.81
49325		\$406.75
49326		\$184.39
49327		\$127.27
49400		\$138.48
49402		\$843.88
49405		\$859.42
49406		\$859.06
49407		\$696.00
49411		\$492.08
49412		\$80.99
49418		\$1,299.44
49419		\$437.49
49421		\$224.53
49422		\$218.74
49423		\$581.39
49424		\$156.19
49425		\$717.69
49426		\$608.86
49427		\$45.56
49428		\$424.83
49429		\$450.86
49435		\$116.06
49436		\$183.31

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
49440		\$969.70
49441		\$1,098.41
49442		\$916.19
49446		\$933.90
49450		\$677.56
49451		\$736.49
49452		\$905.70
49460		\$737.22
49465		\$161.25
49491		\$782.41
49492		\$942.22
49495		\$403.86
49496		\$605.25
49500		\$403.14
49501		\$596.93
49505		\$513.77
49507		\$578.13
49520		\$622.60
49521		\$705.76
49525		\$565.48
49540		\$664.54
49550		\$567.65
49553		\$622.96
49555		\$589.70
49557		\$712.63
49560		\$726.73
49561		\$914.02
49565		\$757.10
49566		\$922.33
49568		\$262.13
49570		\$412.90
49572		\$509.44
49580		\$325.04
49582		\$464.60
49585		\$440.02
49587		\$470.03
49590		\$564.39
49600		\$716.97
49605		\$4,816.31
49606		\$1,113.24
49610		\$678.64
49611		\$598.74
49650		\$423.75
49651		\$551.01

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
49652		\$732.52
49653		\$914.38
49654		\$831.94
49655		\$1,015.62
49656		\$901.73
49657		\$1,296.55
49900		\$807.72
49904		\$1,402.85
49905		\$347.46
50010		\$735.41
50020		\$1,026.10
50040		\$938.24
50045		\$944.03
50060		\$1,154.45
50065		\$1,223.87
50070		\$1,200.37
50075		\$1,474.43
50080		\$880.39
50081		\$1,292.93
50100		\$1,044.18
50120		\$961.38
50125		\$995.01
50130		\$1,045.63
50135		\$1,136.02
50200		\$548.48
50205		\$744.81
50220		\$1,053.22
50225		\$1,212.67
50230		\$1,294.02
50234		\$1,316.79
50236		\$1,483.11
50240		\$1,340.66
50250		\$1,231.47
50280		\$965.00
50290		\$910.04
50320		\$1,481.66
50327		\$212.60
50328		\$186.20
50329		\$177.52
50340		\$936.44
50360		\$2,381.58
50365		\$2,827.02
50370		\$1,190.61
50380		\$1,974.11

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$1,125.53
50384		\$898.11
50385		\$1,105.64
50386		\$728.90
50387		\$527.51
50389		\$341.31
50390		\$97.62
50391		\$124.01
50396		\$119.31
50400		\$1,172.89
50405		\$1,412.61
50430		\$521.01
50431		\$216.21
50432		\$844.60
50433		\$1,122.64
50434		\$886.18
50435		\$526.43
50436		\$153.66
50437		\$255.98
50500		\$1,264.01
50520		\$1,138.55
50525		\$1,443.34
50526		\$1,546.75
50540		\$1,159.88
50541		\$929.93
50542		\$1,181.21
50543		\$1,506.61
50544		\$1,259.67
50545		\$1,354.40
50546		\$1,215.92
50547		\$1,589.41
50548		\$1,361.99
50551		\$366.62
50553		\$391.93
50555		\$418.68
50557		\$425.92
50561		\$482.32
50562		\$587.53
50570		\$497.14
50572		\$538.00
50574		\$571.98
50575		\$722.03
50576		\$570.54
50580		\$614.29

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
50590		\$741.19
50592		\$3,331.03
50593		\$4,524.18
50600		\$950.54
50605		\$981.63
50606		\$675.03
50610		\$955.60
50620		\$914.38
50630		\$904.26
50650		\$1,049.60
50660		\$1,156.99
50684		\$110.64
50686		\$141.37
50688		\$79.54
50690		\$101.96
50693		\$1,033.33
50694		\$1,138.55
50695		\$1,389.83
50700		\$937.52
50705		\$2,048.23
50706		\$985.25
50715		\$1,210.13
50722		\$1,017.06
50725		\$1,116.13
50727		\$514.86
50728		\$735.77
50740		\$1,201.82
50750		\$1,168.19
50760		\$1,131.31
50770		\$1,167.47
50780		\$1,113.96
50782		\$1,087.93
50783		\$1,141.80
50785		\$1,226.40
50800		\$937.88
50810		\$1,375.73
50815		\$1,238.34
50820		\$1,328.00
50825		\$1,677.63
50830		\$1,823.70
50840		\$1,244.84
50845		\$1,266.54
50860		\$957.04
50900		\$853.28

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
50920		\$890.52
50930		\$1,115.77
50940		\$898.11
50945		\$983.80
50947		\$1,403.57
50948		\$1,289.32
50951		\$383.25
50953		\$405.31
50955		\$432.42
50957		\$436.40
50961		\$393.74
50970		\$374.94
50972		\$362.28
50974		\$478.34
50976		\$471.83
50980		\$360.47
51020		\$474.36
51030		\$477.98
51040		\$293.95
51045		\$494.25
51050		\$479.43
51060		\$589.70
51065		\$587.53
51080		\$414.71
51100		\$65.08
51101		\$134.86
51102		\$233.93
51500		\$645.38
51520		\$603.08
51525		\$869.19
51530		\$779.88
51535		\$789.64
51550		\$971.51
51555		\$1,279.19
51565		\$1,311.01
51570		\$1,490.70
51575		\$1,844.67
51580		\$1,916.98
51585		\$2,135.36
51590		\$1,954.58
51595		\$2,213.46
51596		\$2,381.58
51597		\$2,316.14
51600		\$199.94

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$39.05
51610		\$114.25
51700		\$75.57
51701		\$45.19
51702		\$62.91
51703		\$134.14
51705		\$94.73
51710		\$130.88
51715		\$321.06
51720		\$85.33
51725		\$203.56
51725	26	\$77.01
51725	TC	\$126.55
51726		\$284.55
51726	26	\$86.77
51726	TC	\$197.77
51727		\$336.25
51727	26	\$107.74
51727	TC	\$228.50
51728		\$342.03
51728	26	\$105.94
51728	TC	\$236.10
51729		\$365.17
51729	26	\$127.63
51729	TC	\$237.54
51736		\$14.10
51736	26	\$8.32
51736	TC	\$5.78
51741		\$14.46
51741	26	\$8.32
51741	TC	\$6.15
51784		\$68.70
51784	26	\$37.96
51784	TC	\$30.73
51785		\$323.59
51785	26	\$88.58
51785	TC	\$235.01
51792		\$235.74
51792	26	\$56.04
51792	TC	\$179.69
51797		\$141.73
51797	26	\$40.86
51797	TC	\$100.87
51798		\$13.02

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
51800		\$1,060.45
51820		\$1,098.05
51840		\$675.39
51841		\$787.47
51845		\$589.70
51860		\$748.06
51865		\$903.90
51880		\$471.83
51900		\$834.84
51920		\$773.73
51925		\$1,033.69
51940		\$1,661.72
51960		\$1,401.40
51980		\$722.75
51990		\$756.38
51992		\$839.18
52000		\$191.99
52001		\$399.16
52005		\$286.72
52007		\$470.75
52010		\$391.57
52204		\$386.14
52214		\$716.61
52224		\$748.43
52234		\$249.11
52235		\$291.42
52240		\$396.27
52250		\$241.88
52260		\$212.23
52265		\$378.91
52270		\$388.31
52275		\$514.50
52276		\$267.55
52277		\$326.85
52281		\$303.35
52282		\$340.23
52283		\$306.96
52285		\$306.24
52287		\$342.76
52290		\$247.31
52300		\$282.74
52301		\$292.86
52305		\$281.65
52310		\$272.25

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
52315		\$446.52
52317		\$859.42
52318		\$478.70
52320		\$249.48
52325		\$323.96
52327		\$264.66
52330		\$549.93
52332		\$483.76
52334		\$185.48
52341		\$287.08
52342		\$312.39
52343		\$348.18
52344		\$373.49
52345		\$398.80
52346		\$451.22
52351		\$305.88
52352		\$358.30
52353		\$396.27
52354		\$421.94
52355		\$472.56
52356		\$420.85
52400		\$484.13
52402		\$269.72
52441		\$1,299.44
52442		\$978.74
52450		\$477.26
52500		\$496.06
52601		\$738.30
52630		\$407.11
52640		\$321.79
52647		\$1,653.04
52648		\$1,703.66
52649		\$835.20
52700		\$447.61
53000		\$150.41
53010		\$299.37
53020		\$97.98
53025		\$69.06
53040		\$398.44
53060		\$184.39
53080		\$426.64
53085		\$658.40
53200		\$159.09
53210		\$779.88

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$939.69
53220		\$458.46
53230		\$613.56
53235		\$641.40
53240		\$430.98
53250		\$401.69
53260		\$204.64
53265		\$223.80
53270		\$210.43
53275		\$265.75
53400		\$810.61
53405		\$884.73
53410		\$991.03
53415		\$1,143.97
53420		\$852.19
53425		\$948.73
53430		\$976.93
53431		\$1,168.19
53440		\$762.89
53442		\$793.98
53444		\$803.38
53445		\$763.97
53446		\$651.17
53447		\$818.93
53448		\$1,294.74
53449		\$620.43
53450		\$415.07
53460		\$464.60
53500		\$753.85
53502		\$493.17
53505		\$492.80
53510		\$640.32
53515		\$806.27
53520		\$565.48
53600		\$84.24
53601		\$80.99
53605		\$65.44
53620		\$134.14
53621		\$126.18
53660		\$70.50
53661		\$69.42
53665		\$39.05
53850		\$1,632.07
53852		\$1,578.92

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
53854		\$1,870.34
53855		\$784.58
53860		\$1,898.90
54000		\$156.19
54001		\$192.71
54015		\$312.39
54050		\$134.50
54055		\$123.65
54056		\$142.82
54057		\$141.01
54060		\$187.29
54065		\$222.72
54100		\$199.94
54105		\$270.81
54110		\$632.73
54111		\$809.89
54112		\$950.17
54115		\$460.62
54120		\$640.68
54125		\$825.08
54130		\$1,208.69
54135		\$1,530.11
54150		\$155.83
54160		\$224.17
54161		\$199.94
54162		\$262.13
54163		\$222.00
54164		\$197.05
54200		\$111.00
54205		\$540.17
54220		\$210.79
54230		\$99.43
54231		\$143.54
54235		\$90.39
54240		\$104.49
54240	26	\$66.89
54240	TC	\$37.60
54250		\$123.29
54250	26	\$111.00
54250	TC	\$12.29
54300		\$653.70
54304		\$759.63
54308		\$725.29
54312		\$829.41

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
54316		\$1,010.55
54318		\$720.59
54322		\$791.45
54324		\$981.27
54326		\$957.77
54328		\$951.26
54332		\$1,026.82
54336		\$1,205.07
54340		\$578.13
54344		\$959.94
54348		\$1,026.82
54352		\$1,434.30
54360		\$730.35
54380		\$810.25
54385		\$941.50
54390		\$1,257.14
54400		\$538.00
54401		\$667.07
54405		\$819.29
54406		\$740.47
54408		\$801.21
54410		\$872.08
54411		\$1,040.56
54415		\$536.55
54416		\$722.39
54417		\$910.04
54420		\$713.72
54430		\$649.36
54435		\$422.66
54437		\$683.71
54438		\$1,354.76
54450		\$69.78
54500		\$75.57
54505		\$212.96
54512		\$546.31
54520		\$330.83
54522		\$597.66
54530		\$513.05
54535		\$753.49
54550		\$498.95
54560		\$696.36
54600		\$459.90
54620		\$303.71
54640		\$484.49

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$721.31
54660		\$363.00
54670		\$412.54
54680		\$797.96
54690		\$665.63
54692		\$768.31
54700		\$215.49
54800		\$127.27
54830		\$378.19
54840		\$326.13
54860		\$425.55
54861		\$574.88
54865		\$364.45
54900		\$811.70
54901		\$1,070.93
55000		\$117.87
55040		\$342.76
55041		\$517.75
55060		\$386.14
55100		\$222.00
55110		\$392.65
55120		\$359.39
55150		\$498.23
55175		\$368.79
55180		\$697.45
55200		\$430.25
55250		\$379.27
55300		\$189.46
55400		\$505.10
55500		\$397.71
55520		\$449.42
55530		\$356.86
55535		\$436.76
55540		\$545.23
55550		\$434.95
55600		\$428.08
55605		\$529.68
55650		\$726.37
55680		\$349.99
55700		\$253.09
55705		\$269.36
55706		\$378.55
55720		\$458.46
55725		\$602.72

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
55801		\$1,108.18
55810		\$1,328.73
55812		\$1,628.82
55815		\$1,781.40
55821		\$885.09
55831		\$957.77
55840		\$1,186.27
55842		\$1,186.99
55845		\$1,380.79
55860		\$886.90
55862		\$1,110.71
55865		\$1,346.80
55866		\$1,461.42
55870		\$177.52
55873		\$6,357.64
55874		\$3,560.26
55875		\$777.71
55876		\$143.54
55920		\$458.82
56405		\$114.25
56420		\$136.67
56440		\$180.06
56441		\$152.58
56442		\$47.00
56501		\$144.98
56515		\$236.10
56605		\$85.69
56606		\$37.96
56620		\$537.64
56625		\$639.60
56630		\$933.90
56631		\$1,178.68
56632		\$1,393.08
56633		\$1,210.86
56634		\$1,291.12
56637		\$1,499.38
56640		\$1,496.85
56700		\$189.09
56740		\$301.54
56800		\$242.24
56805		\$1,136.38
56810		\$262.13
56820		\$114.61
56821		\$152.58

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
57000		\$190.90
57010		\$436.40
57020		\$97.26
57022		\$170.29
57023		\$309.13
57061		\$124.38
57065		\$206.09
57100		\$92.20
57105		\$147.15
57106		\$505.10
57107		\$1,441.89
57109		\$1,729.69
57110		\$887.62
57111		\$1,731.14
57112		\$1,855.52
57120		\$511.60
57130		\$187.65
57135		\$203.56
57150		\$48.81
57155		\$378.55
57156		\$210.79
57160		\$62.91
57170		\$65.08
57180		\$154.75
57200		\$309.86
57210		\$372.40
57220		\$324.68
57230		\$397.71
57240		\$595.12
57250		\$596.21
57260		\$761.08
57265		\$853.64
57267		\$252.73
57268		\$488.10
57270		\$801.57
57280		\$951.98
57282		\$510.88
57283		\$686.60
57284		\$816.04
57285		\$674.67
57287		\$700.34
57288		\$723.12
57289		\$762.53
57291		\$529.32

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
57292		\$809.17
57295		\$482.68
57296		\$939.69
57300		\$572.71
57305		\$940.05
57307		\$1,039.12
57308		\$661.65
57310		\$477.26
57311		\$541.61
57320		\$544.14
57330		\$758.19
57335		\$1,147.22
57400		\$132.33
57410		\$106.30
57415		\$164.87
57420		\$120.40
57421		\$161.62
57423		\$911.85
57425		\$966.81
57426		\$846.77
57452		\$113.89
57454		\$156.55
57455		\$147.88
57456		\$138.84
57460		\$294.31
57461		\$330.83
57500		\$134.86
57505		\$112.81
57510		\$137.03
57511		\$156.19
57513		\$161.62
57520		\$321.06
57522		\$274.06
57530		\$351.80
57531		\$1,672.57
57540		\$770.84
57545		\$815.31
57550		\$410.01
57555		\$599.46
57556		\$567.65
57558		\$134.14
57700		\$321.79
57720		\$312.75
57800		\$65.08

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
58100		\$92.92
58110		\$50.26
58120		\$268.64
58140		\$911.13
58145		\$550.29
58146		\$1,137.46
58150		\$1,006.22
58152		\$1,237.97
58180		\$952.34
58200		\$1,359.10
58210		\$1,824.78
58240		\$2,904.76
58260		\$820.74
58262		\$912.21
58263		\$979.82
58267		\$1,043.82
58270		\$875.69
58275		\$975.12
58280		\$1,039.48
58285		\$1,419.12
58290		\$1,137.46
58291		\$1,239.42
58292		\$1,293.65
58293		\$1,346.08
58294		\$1,201.10
58300		\$80.27
58301		\$95.09
58340		\$159.81
58346		\$470.39
58353		\$1,007.66
58356		\$1,872.87
58400		\$445.44
58410		\$797.24
58520		\$780.60
58540		\$899.19
58541		\$712.63
58542		\$813.87
58543		\$822.54
58544		\$890.88
58545		\$890.52
58546		\$1,104.92
58548		\$1,881.91
58550		\$870.99
58552		\$975.48

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
58553		\$1,111.07
58554		\$1,305.95
58555		\$298.29
58558		\$1,397.06
58559		\$285.63
58560		\$312.39
58561		\$357.94
58562		\$367.70
58563		\$1,806.71
58570		\$780.60
58571		\$891.24
58572		\$1,019.23
58573		\$1,206.16
58575		\$1,877.21
58600		\$361.92
58605		\$327.93
58611		\$75.57
58615		\$243.69
58660		\$667.44
58661		\$643.57
58662		\$702.87
58670		\$362.28
58671		\$362.28
58672		\$723.48
58673		\$785.30
58674		\$804.83
58700		\$774.82
58720		\$736.13
58740		\$883.29
58760		\$802.30
58770		\$844.24
58800		\$329.02
58805		\$407.48
58820		\$317.09
58822		\$694.19
58825		\$689.13
58900		\$415.43
58920		\$695.28
58925		\$744.09
58940		\$529.32
58943		\$1,169.64
58950		\$1,129.15
58951		\$1,440.81
58952		\$1,633.88

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
58953		\$2,011.71
58954		\$2,182.36
58956		\$1,368.14
58957		\$1,580.37
58958		\$1,748.13
58960		\$967.17
58970		\$225.61
58976		\$247.67
59000		\$121.85
59001		\$173.55
59012		\$195.96
59015		\$152.22
59020		\$69.42
59020	26	\$35.79
59020	TC	\$33.62
59025		\$47.36
59025	26	\$28.56
59025	TC	\$18.80
59030		\$109.19
59050		\$48.81
59051		\$40.49
59070		\$394.46
59072		\$506.18
59074		\$379.27
59076		\$506.18
59100		\$817.12
59120		\$778.80
59121		\$779.52
59130		\$907.87
59135		\$896.30
59136		\$859.78
59140		\$395.91
59150		\$754.93
59151		\$733.96
59160		\$212.96
59200		\$77.37
59300		\$198.13
59320		\$147.52
59325		\$234.29
59350		\$271.17
59400		\$2,057.27
59409		\$788.56
59410		\$1,011.64
59412		\$99.43

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
59414		\$88.94
59425		\$452.31
59426		\$808.81
59430		\$192.35
59510		\$2,270.95
59514		\$885.46
59515		\$1,225.32
59525		\$468.22
59610		\$2,151.99
59612		\$883.65
59614		\$1,097.69
59618		\$2,299.15
59620		\$910.40
59622		\$1,261.48
59812		\$319.98
59820		\$385.78
59821		\$385.06
59830		\$433.15
59840		\$222.36
59841		\$382.17
59850		\$361.56
59851		\$390.12
59852		\$533.66
59855		\$406.39
59856		\$476.53
59857		\$533.30
59866		\$220.19
59870		\$480.15
59871		\$129.44
60000		\$172.10
60100		\$113.17
60200		\$656.59
60210		\$699.61
60212		\$997.54
60220		\$700.34
60225		\$921.97
60240		\$908.23
60252		\$1,304.50
60254		\$1,655.57
60260		\$1,081.42
60270		\$1,350.42
60271		\$1,046.35
60280		\$443.63
60281		\$587.17

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
60300		\$116.42
60500		\$954.15
60502		\$1,273.41
60505		\$1,379.34
60512		\$239.35
60520		\$1,026.10
60521		\$1,098.77
60522		\$1,339.21
60540		\$1,058.28
60545		\$1,210.50
60600		\$1,345.00
60605		\$1,611.10
60650		\$1,180.13
61000		\$107.02
61001		\$104.13
61020		\$97.98
61026		\$104.85
61050		\$86.41
61055		\$123.65
61070		\$56.76
61105		\$450.86
61107		\$300.45
61108		\$869.55
61120		\$722.75
61140		\$1,221.34
61150		\$1,308.12
61151		\$962.11
61154		\$1,228.94
61156		\$1,201.10
61210		\$353.24
61215		\$497.50
61250		\$836.65
61253		\$956.32
61304		\$1,585.79
61305		\$1,930.36
61312		\$1,999.78
61313		\$1,911.20
61314		\$1,757.17
61315		\$1,987.85
61316		\$84.60
61320		\$1,828.40
61321		\$2,035.57
61322		\$2,290.47
61323		\$2,291.92

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$1,723.19
61333		\$1,953.50
61340		\$1,375.73
61343		\$2,108.24
61345		\$1,961.81
61450		\$1,843.22
61458		\$1,936.14
61460		\$2,026.17
61500		\$1,282.81
61501		\$1,119.02
61510		\$2,111.14
61512		\$2,456.06
61514		\$1,840.69
61516		\$1,795.50
61517		\$84.24
61518		\$2,660.71
61519		\$2,840.76
61520		\$3,632.93
61521		\$3,064.93
61522		\$2,082.21
61524		\$2,001.22
61526		\$3,281.50
61530		\$2,970.92
61531		\$1,171.81
61533		\$1,464.31
61534		\$1,572.42
61535		\$966.44
61536		\$2,471.61
61537		\$2,372.18
61538		\$2,563.45
61539		\$2,278.90
61540		\$2,082.21
61541		\$2,062.69
61543		\$2,052.56
61544		\$1,835.27
61545		\$3,055.17
61546		\$2,215.99
61548		\$1,523.24
61550		\$1,098.77
61552		\$1,432.49
61556		\$1,647.26
61557		\$1,625.93
61558		\$1,815.02
61559		\$2,234.43

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
61563		\$1,896.37
61564		\$2,323.37
61566		\$2,141.87
61567		\$2,421.72
61570		\$1,795.14
61571		\$1,896.73
61575		\$2,411.95
61576		\$4,031.37
61580		\$2,427.50
61581		\$2,659.98
61582		\$2,966.22
61583		\$2,801.71
61584		\$2,782.19
61585		\$3,142.30
61586		\$2,375.07
61590		\$3,029.49
61591		\$3,047.21
61592		\$3,074.69
61595		\$2,328.43
61596		\$2,440.15
61597		\$2,836.06
61598		\$2,752.54
61600		\$2,115.48
61601		\$2,340.73
61605		\$2,159.59
61606		\$2,857.75
61607		\$2,637.93
61608		\$3,160.74
61611		\$450.86
61613		\$3,188.22
61615		\$2,719.28
61616		\$3,239.56
61618		\$1,254.61
61619		\$1,398.87
61623		\$554.99
61624		\$1,125.17
61626		\$874.25
61630		\$1,355.84
61635		\$1,433.58
61640		\$478.34
61641		\$168.12
61642		\$336.25
61645		\$819.29
61650		\$540.53

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
61651		\$234.29
61680		\$2,174.05
61682		\$4,021.61
61684		\$2,728.68
61686		\$4,403.05
61690		\$2,095.59
61692		\$3,540.74
61697		\$4,084.88
61698		\$4,524.90
61700		\$3,293.79
61702		\$3,868.31
61703		\$1,295.82
61705		\$2,449.19
61708		\$2,458.23
61710		\$2,074.62
61711		\$2,490.41
61720		\$1,228.21
61735		\$1,537.71
61750		\$1,361.27
61751		\$1,334.87
61760		\$1,513.84
61770		\$1,567.35
61781		\$226.34
61782		\$173.55
61783		\$224.17
61790		\$853.28
61791		\$1,088.29
61796		\$980.91
61797		\$210.79
61798		\$1,333.79
61799		\$291.78
61800		\$148.24
61850		\$938.24
61860		\$1,505.53
61863		\$1,450.21
61864		\$271.89
61867		\$2,195.02
61868		\$479.06
61870		\$1,145.05
61880		\$556.80
61885		\$503.65
61886		\$830.50
61888		\$383.97
62000		\$997.90

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
62005		\$1,214.83
62010		\$1,474.80
62100		\$1,542.77
62115		\$1,620.86
62117		\$1,894.93
62120		\$2,069.56
62121		\$1,558.31
62140		\$998.26
62141		\$1,104.56
62142		\$858.34
62143		\$1,006.58
62145		\$1,356.93
62146		\$1,147.59
62147		\$1,391.64
62148		\$121.12
62160		\$182.23
62161		\$1,455.99
62162		\$1,820.08
62163		\$1,156.26
62164		\$2,011.35
62165		\$1,496.85
62180		\$1,545.66
62190		\$897.03
62192		\$948.37
62194		\$474.00
62200		\$1,326.56
62201		\$1,169.28
62220		\$970.78
62223		\$1,010.55
62225		\$513.77
62230		\$814.59
62252		\$79.90
62252	26	\$44.11
62252	TC	\$35.79
62256		\$585.00
62258		\$1,078.17
62263		\$612.48
62264		\$435.68
62267		\$261.04
62268		\$259.60
62269		\$269.72
62270		\$149.69
62272		\$196.33
62273		\$174.99

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
62280		\$333.72
62281		\$246.94
62282		\$308.05
62284		\$199.22
62287		\$585.36
62290		\$343.48
62291		\$331.55
62292		\$583.19
62294		\$918.36
62302		\$254.54
62303		\$260.32
62304		\$251.28
62305		\$272.98
62320		\$166.68
62321		\$257.43
62322		\$155.47
62323		\$254.54
62324		\$146.43
62325		\$238.27
62326		\$152.22
62327		\$239.35
62350		\$396.63
62351		\$843.88
62355		\$267.19
62360		\$313.47
62361		\$416.51
62362		\$379.27
62365		\$292.86
62367		\$40.49
62368		\$55.68
62369		\$119.68
62370		\$124.01
63001		\$1,200.37
63003		\$1,201.46
63005		\$1,153.01
63011		\$1,074.91
63012		\$1,161.69
63015		\$1,435.02
63016		\$1,478.05
63017		\$1,222.79
63020		\$1,132.40
63030		\$951.26
63035		\$186.20
63040		\$1,358.73

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
63042		\$1,271.24
63045		\$1,249.91
63046		\$1,197.12
63047		\$1,078.17
63048		\$205.73
63050		\$1,463.95
63051		\$1,671.12
63055		\$1,577.12
63056		\$1,451.66
63057		\$310.58
63064		\$1,727.52
63066		\$196.69
63075		\$1,320.41
63076		\$239.71
63077		\$1,485.28
63078		\$197.77
63081		\$1,714.15
63082		\$258.88
63085		\$1,875.76
63086		\$186.20
63087		\$2,352.66
63088		\$252.01
63090		\$1,931.08
63091		\$174.99
63101		\$2,257.21
63102		\$2,219.24
63103		\$285.99
63170		\$1,531.56
63172		\$1,342.83
63173		\$1,654.49
63180		\$1,397.78
63182		\$1,499.74
63185		\$1,124.81
63190		\$1,238.70
63191		\$1,334.15
63194		\$1,544.58
63195		\$1,483.11
63196		\$1,720.29
63197		\$1,571.69
63198		\$2,018.94
63199		\$2,114.75
63200		\$1,479.50
63250		\$2,823.41
63251		\$2,924.28

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
63252		\$2,913.80
63265		\$1,612.55
63266		\$1,665.70
63267		\$1,332.34
63268		\$1,373.20
63270		\$1,990.38
63271		\$1,991.46
63272		\$1,829.12
63273		\$1,793.33
63275		\$1,740.54
63276		\$1,729.69
63277		\$1,512.40
63278		\$1,528.31
63280		\$2,038.83
63281		\$2,017.13
63282		\$1,903.96
63283		\$1,824.78
63285		\$2,518.25
63286		\$2,484.27
63287		\$2,632.14
63290		\$2,673.36
63295		\$317.81
63300		\$1,779.95
63301		\$2,114.03
63302		\$2,087.27
63303		\$2,107.16
63304		\$2,234.79
63305		\$2,415.21
63306		\$2,329.16
63307		\$2,323.37
63308		\$312.02
63600		\$1,055.39
63610		\$560.05
63620		\$1,083.23
63621		\$242.97
63650		\$1,651.24
63655		\$810.61
63661		\$619.35
63662		\$820.38
63663		\$831.58
63664		\$849.66
63685		\$358.30
63688		\$368.79
63700		\$1,256.41

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
63702		\$1,378.62
63704		\$1,563.02
63706		\$1,732.59
63707		\$907.87
63709		\$1,080.34
63710		\$1,065.15
63740		\$942.58
63741		\$660.57
63744		\$651.89
63746		\$581.75
64400		\$136.31
64402		\$148.96
64405		\$82.44
64408		\$119.31
64410		\$154.39
64413		\$126.55
64415		\$120.04
64416		\$80.27
64417		\$133.78
64418		\$95.81
64420		\$112.08
64421		\$159.09
64425		\$139.20
64430		\$147.52
64435		\$141.73
64445		\$138.12
64446		\$80.27
64447		\$122.93
64448		\$71.95
64449		\$85.33
64450		\$78.10
64455		\$48.09
64461		\$141.01
64462		\$78.10
64463		\$182.95
64479		\$248.03
64480		\$121.48
64483		\$230.31
64484		\$99.43
64486		\$111.00
64487		\$160.17
64488		\$136.31
64489		\$238.27
64490		\$192.35

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
64491		\$95.09
64492		\$95.81
64493		\$175.36
64494		\$88.58
64495		\$88.58
64505		\$117.51
64510		\$134.86
64517		\$193.43
64520		\$205.73
64530		\$205.00
64553		\$1,752.11
64555		\$1,589.77
64561		\$745.89
64566		\$129.80
64568		\$622.24
64569		\$741.92
64570		\$709.74
64575		\$329.38
64580		\$303.71
64581		\$666.71
64585		\$249.84
64590		\$269.36
64595		\$245.14
64600		\$434.23
64605		\$593.32
64610		\$758.19
64611		\$118.23
64612		\$133.41
64615		\$144.26
64616		\$128.71
64617		\$162.34
64620		\$209.70
64630		\$237.91
64632		\$87.14
64633		\$424.83
64634		\$191.26
64635		\$420.13
64636		\$173.91
64640		\$137.75
64642		\$143.90
64643		\$91.84
64644		\$167.40
64645		\$114.98
64646		\$150.05

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
64647		\$174.63
64650		\$79.18
64653		\$96.17
64680		\$323.96
64681		\$575.24
64702		\$505.10
64704		\$325.40
64708		\$501.12
64712		\$581.02
64713		\$771.56
64714		\$720.59
64716		\$522.81
64718		\$592.59
64719		\$402.05
64721		\$433.51
64722		\$356.13
64726		\$275.87
64727		\$181.50
64732		\$432.42
64734		\$488.46
64736		\$373.85
64738		\$465.33
64740		\$488.83
64742		\$501.84
64744		\$479.43
64746		\$423.38
64755		\$896.66
64760		\$505.82
64763		\$503.29
64766		\$613.56
64771		\$592.96
64772		\$562.22
64774		\$407.48
64776		\$390.84
64778		\$181.14
64782		\$462.43
64783		\$216.21
64784		\$725.29
64786		\$983.44
64787		\$240.44
64788		\$399.88
64790		\$825.80
64792		\$1,068.04
64795		\$190.18

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
64802		\$808.81
64804		\$1,135.29
64809		\$1,034.78
64818		\$776.99
64820		\$716.25
64821		\$692.02
64822		\$692.02
64823		\$785.67
64831		\$688.41
64832		\$335.16
64834		\$741.56
64835		\$809.89
64836		\$810.25
64837		\$364.09
64840		\$957.77
64856		\$1,009.83
64857		\$1,052.13
64858		\$1,171.09
64859		\$246.22
64861		\$1,465.39
64862		\$1,358.73
64864		\$865.57
64865		\$1,098.41
64866		\$1,282.45
64868		\$1,007.66
64872		\$115.70
64874		\$173.19
64876		\$196.33
64885		\$1,117.21
64886		\$1,294.02
64890		\$1,073.83
64891		\$1,140.35
64892		\$1,040.20
64893		\$1,115.41
64895		\$1,317.16
64896		\$1,424.54
64897		\$1,257.14
64898		\$1,364.16
64901		\$594.40
64902		\$688.41
64905		\$1,017.79
64907		\$1,295.46
64910		\$797.96
64911		\$1,021.40

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
64912		\$777.71
64913		\$155.47
65091		\$656.59
65093		\$649.72
65101		\$762.53
65103		\$793.62
65105		\$873.16
65110		\$1,248.46
65112		\$1,445.15
65114		\$1,513.84
65125		\$467.13
65130		\$755.29
65135		\$765.78
65140		\$831.94
65150		\$599.82
65155		\$869.91
65175		\$680.09
65205		\$47.00
65210		\$57.13
65220		\$59.66
65222		\$69.06
65235		\$721.67
65260		\$975.85
65265		\$1,095.88
65270		\$279.48
65272		\$520.64
65273		\$386.14
65275		\$590.79
65280		\$679.73
65285		\$1,122.64
65286		\$717.69
65290		\$496.78
65400		\$693.83
65410		\$146.79
65420		\$534.38
65426		\$671.05
65430		\$117.87
65435		\$82.80
65436		\$393.74
65450		\$331.91
65600		\$406.39
65710		\$1,130.95
65730		\$1,251.35
65750		\$1,256.78

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
65755		\$1,250.27
65756		\$1,196.40
65770		\$1,410.08
65772		\$459.54
65775		\$563.67
65778		\$1,448.04
65779		\$1,244.48
65780		\$675.75
65781		\$1,348.97
65782		\$1,162.77
65785		\$2,508.49
65800		\$121.85
65810		\$471.47
65815		\$652.97
65820		\$767.95
65850		\$849.66
65855		\$249.84
65860		\$314.19
65865		\$479.79
65870		\$598.02
65875		\$638.51
65880		\$671.77
65900		\$983.80
65920		\$798.32
65930		\$643.93
66020		\$194.16
66030		\$174.27
66130		\$711.91
66150		\$889.07
66155		\$888.35
66160		\$1,001.15
66170		\$1,108.54
66172		\$1,207.60
66174		\$958.49
66175		\$1,003.69
66179		\$1,091.91
66180		\$1,151.56
66183		\$1,043.09
66184		\$796.15
66185		\$856.89
66225		\$942.22
66250		\$765.78
66500		\$364.45
66505		\$398.80

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
66600		\$853.28
66605		\$1,079.97
66625		\$434.59
66630		\$575.96
66635		\$581.75
66680		\$524.26
66682		\$656.23
66700		\$458.82
66710		\$449.42
66711		\$651.53
66720		\$470.03
66740		\$445.80
66761		\$303.71
66762		\$484.13
66770		\$537.64
66820		\$409.65
66821		\$336.61
66825		\$779.16
66830		\$716.97
66840		\$704.68
66850		\$801.57
66852		\$853.64
66920		\$761.80
66930		\$865.93
66940		\$791.45
66982		\$802.66
66983		\$752.04
66984		\$646.47
66985		\$778.43
66986		\$919.08
66990		\$90.75
67005		\$478.70
67010		\$549.21
67015		\$590.79
67025		\$744.09
67027		\$861.95
67028		\$102.68
67030		\$542.70
67031		\$396.27
67036		\$911.49
67039		\$975.85
67040		\$1,054.30
67041		\$1,164.22
67042		\$1,164.22

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
67043		\$1,228.57
67101		\$335.53
67105		\$301.54
67107		\$1,144.69
67108		\$1,212.30
67110		\$894.86
67113		\$1,353.31
67115		\$505.82
67120		\$673.58
67121		\$918.36
67141		\$532.21
67145		\$535.47
67208		\$608.14
67210		\$524.62
67218		\$1,399.23
67220		\$541.25
67221		\$287.80
67225		\$30.01
67227		\$297.20
67228		\$346.37
67229		\$1,178.68
67250		\$805.91
67255		\$692.02
67311		\$603.80
67312		\$719.86
67314		\$680.09
67316		\$809.17
67318		\$710.82
67320		\$325.04
67331		\$308.41
67332		\$334.44
67334		\$304.43
67335		\$149.32
67340		\$361.20
67343		\$659.48
67345		\$244.77
67346		\$195.24
67400		\$954.87
67405		\$813.14
67412		\$878.95
67413		\$879.67
67414		\$1,355.12
67415		\$105.21
67420		\$1,642.92

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
67430		\$1,281.00
67440		\$1,239.42
67445		\$1,433.22
67450		\$1,288.23
67500		\$71.59
67505		\$84.60
67515		\$80.27
67550		\$989.95
67560		\$1,014.89
67570		\$1,191.33
67700		\$280.93
67710		\$235.74
67715		\$253.45
67800		\$129.80
67801		\$165.59
67805		\$205.36
67808		\$371.68
67810		\$178.25
67820		\$33.26
67825		\$132.33
67830		\$274.06
67835		\$443.99
67840		\$283.46
67850		\$218.74
67875		\$177.52
67880		\$468.58
67882		\$574.88
67900		\$651.17
67901		\$782.41
67902		\$729.62
67903		\$605.61
67904		\$746.62
67906		\$513.77
67908		\$505.82
67909		\$547.76
67911		\$568.01
67912		\$908.60
67914		\$484.49
67915		\$305.52
67916		\$609.23
67917		\$620.07
67921		\$475.81
67922		\$300.09
67923		\$609.59

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
67924		\$649.00
67930		\$372.40
67935		\$603.80
67938		\$258.51
67950		\$584.28
67961		\$587.89
67966		\$782.05
67971		\$731.07
67973		\$940.41
67974		\$938.60
67975		\$691.66
68020		\$122.57
68040		\$63.63
68100		\$177.89
68110		\$235.01
68115		\$325.04
68130		\$553.55
68135		\$160.17
68200		\$41.94
68320		\$744.45
68325		\$665.27
68326		\$652.97
68328		\$715.16
68330		\$621.88
68335		\$655.50
68340		\$573.43
68360		\$545.95
68362		\$664.54
68371		\$418.32
68400		\$295.75
68420		\$332.63
68440		\$104.49
68500		\$992.48
68505		\$987.78
68510		\$458.09
68520		\$697.08
68525		\$265.75
68530		\$438.93
68540		\$944.03
68550		\$1,157.71
68700		\$611.03
68705		\$250.20
68720		\$768.31
68745		\$772.29

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
68750		\$800.13
68760		\$211.87
68761		\$151.13
68770		\$636.34
68801		\$92.20
68810		\$159.81
68811		\$137.75
68815		\$401.69
68816		\$738.66
68840		\$131.25
68850		\$63.63
69000		\$188.01
69005		\$216.21
69020		\$233.93
69100		\$99.07
69105		\$142.09
69110		\$460.99
69120		\$400.24
69140		\$885.09
69145		\$396.27
69150		\$1,032.25
69155		\$1,645.45
69200		\$82.07
69205		\$99.07
69209		\$14.46
69210		\$47.36
69220		\$80.63
69222		\$217.66
69300		\$641.40
69310		\$1,095.52
69320		\$1,533.73
69420		\$190.54
69421		\$148.24
69424		\$129.08
69433		\$201.03
69436		\$158.36
69440		\$688.41
69450		\$545.95
69501		\$723.48
69502		\$959.21
69505		\$1,208.33
69511		\$1,237.25
69530		\$1,655.21
69535		\$2,677.34

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
69540		\$209.34
69550		\$1,045.26
69552		\$1,570.25
69554		\$2,512.10
69601		\$1,034.78
69602		\$1,086.12
69603		\$1,265.09
69604		\$1,110.71
69605		\$1,563.02
69610		\$381.08
69620		\$702.51
69631		\$884.73
69632		\$1,077.08
69633		\$1,044.54
69635		\$1,244.12
69636		\$1,385.49
69637		\$1,401.76
69641		\$1,040.20
69642		\$1,335.60
69643		\$1,220.62
69644		\$1,483.83
69645		\$1,457.80
69646		\$1,550.00
69650		\$802.30
69660		\$924.14
69661		\$1,203.99
69662		\$1,153.37
69666		\$807.00
69667		\$809.53
69670		\$941.86
69676		\$830.50
69700		\$677.92
69711		\$852.92
69714		\$1,066.23
69715		\$1,314.99
69717		\$1,117.58
69718		\$1,328.36
69720		\$1,194.95
69725		\$1,870.34
69740		\$1,162.05
69745		\$1,237.61
69801		\$205.73
69805		\$1,043.09
69806		\$932.82

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
69905		\$915.83
69910		\$1,005.13
69915		\$1,522.16
69930		\$1,218.09
69950		\$1,763.68
69955		\$1,965.07
69960		\$1,904.69
69970		\$2,129.94
69990		\$208.98
70010		\$60.74
70015		\$155.83
70015	26	\$60.02
70015	TC	\$95.81
70030		\$29.65
70030	26	\$8.32
70030	TC	\$21.33
70100		\$34.71
70100	26	\$9.04
70100	TC	\$25.67
70110		\$40.49
70110	26	\$12.65
70110	TC	\$27.84
70120		\$34.71
70120	26	\$9.76
70120	TC	\$25.67
70130		\$57.85
70130	26	\$17.35
70130	TC	\$40.49
70134		\$54.23
70134	26	\$17.72
70134	TC	\$36.52
70140		\$30.73
70140	26	\$10.12
70140	TC	\$20.61
70150		\$44.11
70150	26	\$13.38
70150	TC	\$30.73
70160		\$34.71
70160	26	\$8.68
70160	TC	\$26.03
70170	26	\$15.19
70190		\$36.88
70190	26	\$10.85
70190	TC	\$26.03

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$44.47
70200	26	\$14.10
70200	TC	\$30.37
70210		\$31.82
70210	26	\$8.68
70210	TC	\$23.14
70220		\$39.41
70220	26	\$12.65
70220	TC	\$26.76
70240		\$31.82
70240	26	\$10.12
70240	TC	\$22.06
70250		\$38.33
70250	26	\$12.65
70250	TC	\$25.67
70260		\$48.09
70260	26	\$17.72
70260	TC	\$30.37
70300		\$14.10
70300	26	\$5.42
70300	TC	\$8.68
70310		\$37.96
70310	26	\$7.59
70310	TC	\$30.37
70320		\$54.96
70320	26	\$12.29
70320	TC	\$42.66
70328		\$31.82
70328	26	\$9.04
70328	TC	\$22.78
70330		\$49.90
70330	26	\$12.29
70330	TC	\$37.60
70332		\$77.01
70332	26	\$27.12
70332	TC	\$49.90
70336		\$305.15
70336	26	\$74.12
70336	TC	\$231.04
70350		\$18.80
70350	26	\$9.76
70350	TC	\$9.04
70355		\$19.89
70355	26	\$10.85

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
70355	TC	\$9.04
70360		\$30.37
70360	26	\$8.32
70360	TC	\$22.06
70370		\$77.37
70370	26	\$14.82
70370	TC	\$62.55
70371		\$99.07
70371	26	\$42.66
70371	TC	\$56.40
70380		\$33.99
70380	26	\$8.32
70380	TC	\$25.67
70390		\$104.49
70390	26	\$19.16
70390	TC	\$85.33
70450		\$116.78
70450	26	\$42.66
70450	TC	\$74.12
70460		\$165.23
70460	26	\$57.13
70460	TC	\$108.11
70470		\$193.43
70470	26	\$64.00
70470	TC	\$129.44
70480		\$177.52
70480	26	\$64.36
70480	TC	\$113.17
70481		\$272.25
70481	26	\$69.78
70481	TC	\$202.47
70482		\$275.15
70482	26	\$73.03
70482	TC	\$202.11
70486		\$140.65
70486	26	\$43.03
70486	TC	\$97.62
70487		\$169.21
70487	26	\$56.76
70487	TC	\$112.44
70488		\$206.09
70488	26	\$64.00
70488	TC	\$142.09
70490		\$165.96

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
70490	26	\$64.36
70490	TC	\$101.60
70491		\$205.00
70491	26	\$69.78
70491	TC	\$135.22
70492		\$246.94
70492	26	\$81.35
70492	TC	\$165.59
70496		\$290.33
70496	26	\$88.22
70496	TC	\$202.11
70498		\$290.33
70498	26	\$88.22
70498	TC	\$202.11
70540		\$269.00
70540	26	\$67.97
70540	TC	\$201.03
70542		\$319.62
70542	26	\$82.07
70542	TC	\$237.54
70543		\$401.69
70543	26	\$108.11
70543	TC	\$293.59
70544		\$282.02
70544	26	\$60.74
70544	TC	\$221.27
70545		\$279.85
70545	26	\$60.74
70545	TC	\$219.10
70546		\$413.98
70546	26	\$74.48
70546	TC	\$339.50
70547		\$283.10
70547	26	\$60.74
70547	TC	\$222.36
70548		\$311.30
70548	26	\$75.93
70548	TC	\$235.37
70549		\$432.42
70549	26	\$90.75
70549	TC	\$341.67
70551		\$229.23
70551	26	\$74.84
70551	TC	\$154.39

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$318.17
70552	26	\$90.03
70552	TC	\$228.14
70553		\$375.30
70553	26	\$115.34
70553	TC	\$259.96
70554		\$445.80
70554	26	\$106.30
70554	TC	\$339.50
70555	26	\$127.27
70557	26	\$158.00
70558	26	\$173.91
70559	26	\$164.51
71045		\$24.95
71045	26	\$9.04
71045	TC	\$15.91
71046		\$31.82
71046	26	\$11.21
71046	TC	\$20.97
71047		\$40.13
71047	26	\$14.10
71047	TC	\$26.03
71048		\$43.39
71048	26	\$16.27
71048	TC	\$27.12
71100		\$34.71
71100	26	\$11.21
71100	TC	\$23.50
71101		\$39.77
71101	26	\$13.74
71101	TC	\$26.03
71110		\$41.58
71110	26	\$14.82
71110	TC	\$26.76
71111		\$49.53
71111	26	\$16.63
71111	TC	\$32.90
71120		\$31.46
71120	26	\$10.49
71120	TC	\$21.33
71130		\$37.60
71130	26	\$11.21
71130	TC	\$26.76
71250		\$160.17

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
71250	26	\$58.57
71250	TC	\$101.60
71260		\$198.50
71260	26	\$62.55
71260	TC	\$135.95
71270		\$235.74
71270	26	\$69.78
71270	TC	\$165.96
71275		\$293.95
71275	26	\$91.84
71275	TC	\$202.11
71550		\$304.43
71550	26	\$73.40
71550	TC	\$231.04
71551		\$454.48
71551	26	\$87.14
71551	TC	\$367.34
71552		\$500.76
71552	26	\$113.89
71552	TC	\$386.87
71555		\$396.99
71555	26	\$90.39
71555	TC	\$306.60
72020		\$23.14
72020	26	\$7.59
72020	TC	\$15.55
72040		\$36.88
72040	26	\$11.21
72040	TC	\$25.67
72050		\$50.98
72050	26	\$15.91
72050	TC	\$35.07
72052		\$60.74
72052	26	\$18.44
72052	TC	\$42.30
72070		\$34.35
72070	26	\$11.21
72070	TC	\$23.14
72072		\$36.52
72072	26	\$11.21
72072	TC	\$25.67
72074		\$40.13
72074	26	\$11.21
72074	TC	\$29.29

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
72080		\$33.99
72080	26	\$11.21
72080	TC	\$22.78
72081		\$40.86
72081	26	\$13.74
72081	TC	\$27.12
72082		\$65.80
72082	26	\$16.27
72082	TC	\$49.53
72083		\$77.73
72083	26	\$18.44
72083	TC	\$59.30
72084		\$90.39
72084	26	\$20.97
72084	TC	\$69.42
72100		\$36.88
72100	26	\$11.21
72100	TC	\$25.67
72110		\$51.70
72110	26	\$15.91
72110	TC	\$35.79
72114		\$58.93
72114	26	\$16.63
72114	TC	\$42.30
72120		\$43.39
72120	26	\$11.21
72120	TC	\$32.18
72125		\$166.68
72125	26	\$53.87
72125	TC	\$112.81
72126		\$229.95
72126	26	\$61.46
72126	TC	\$168.49
72127		\$266.11
72127	26	\$63.63
72127	TC	\$202.47
72128		\$163.42
72128	26	\$50.62
72128	TC	\$112.81
72129		\$231.40
72129	26	\$61.46
72129	TC	\$169.93
72130		\$266.11
72130	26	\$63.63

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
72130	TC	\$202.47
72131		\$163.42
72131	26	\$50.62
72131	TC	\$112.81
72132		\$230.31
72132	26	\$61.46
72132	TC	\$168.85
72133		\$266.47
72133	26	\$64.00
72133	TC	\$202.47
72141		\$223.08
72141	26	\$74.84
72141	TC	\$148.24
72142		\$324.32
72142	26	\$90.39
72142	TC	\$233.93
72146		\$223.44
72146	26	\$74.84
72146	TC	\$148.60
72147		\$322.51
72147	26	\$90.03
72147	TC	\$232.48
72148		\$223.44
72148	26	\$74.84
72148	TC	\$148.60
72149		\$320.34
72149	26	\$90.39
72149	TC	\$229.95
72156		\$377.83
72156	26	\$115.34
72156	TC	\$262.49
72157		\$378.91
72157	26	\$115.34
72157	TC	\$263.58
72158		\$377.10
72158	26	\$115.34
72158	TC	\$261.77
72159		\$411.09
72159	26	\$90.75
72159	TC	\$320.34
72170		\$33.26
72170	26	\$8.68
72170	TC	\$24.59
72190		\$40.13

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
72190	26	\$10.85
72190	TC	\$29.29
72191		\$292.86
72191	26	\$90.75
72191	TC	\$202.11
72192		\$147.15
72192	26	\$54.96
72192	TC	\$92.20
72193		\$236.82
72193	26	\$58.57
72193	TC	\$178.25
72194		\$263.58
72194	26	\$61.10
72194	TC	\$202.47
72195		\$274.06
72195	26	\$73.76
72195	TC	\$200.30
72196		\$319.62
72196	26	\$87.50
72196	TC	\$232.12
72197		\$403.86
72197	26	\$111.00
72197	TC	\$292.86
72198		\$398.80
72198	26	\$89.67
72198	TC	\$309.13
72200		\$31.09
72200	26	\$8.68
72200	TC	\$22.42
72202		\$35.07
72202	26	\$9.40
72202	TC	\$25.67
72220		\$30.73
72220	26	\$8.68
72220	TC	\$22.06
72240		\$105.21
72240	26	\$45.56
72240	TC	\$59.66
72255		\$106.66
72255	26	\$47.36
72255	TC	\$59.30
72265		\$98.34
72265	26	\$40.86
72265	TC	\$57.49

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
72270		\$136.67
72270	26	\$67.97
72270	TC	\$68.70
72275		\$125.10
72275	26	\$39.41
72275	TC	\$85.69
72285		\$118.95
72285	26	\$60.02
72285	TC	\$58.93
72295		\$103.77
72295	26	\$43.39
72295	TC	\$60.38
73000		\$29.29
73000	26	\$8.32
73000	TC	\$20.97
73010		\$32.18
73010	26	\$9.40
73010	TC	\$23.14
73020		\$23.86
73020	26	\$7.95
73020	TC	\$15.91
73030		\$30.37
73030	26	\$9.76
73030	TC	\$20.97
73040		\$112.08
73040	26	\$27.48
73040	TC	\$84.60
73050		\$37.60
73050	26	\$10.49
73050	TC	\$27.12
73060		\$30.37
73060	26	\$8.32
73060	TC	\$22.06
73070		\$27.12
73070	26	\$7.95
73070	TC	\$19.16
73080		\$30.01
73080	26	\$8.68
73080	TC	\$21.33
73085		\$107.38
73085	26	\$28.92
73085	TC	\$78.46
73090		\$28.20
73090	26	\$8.32

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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	\$19.89
73092		\$28.92
73092	26	\$7.95
73092	TC	\$20.97
73100		\$32.18
73100	26	\$8.32
73100	TC	\$23.86
73110		\$36.88
73110	26	\$8.68
73110	TC	\$28.20
73115		\$119.68
73115	26	\$28.56
73115	TC	\$91.11
73120		\$29.29
73120	26	\$8.32
73120	TC	\$20.97
73130		\$33.62
73130	26	\$8.68
73130	TC	\$24.95
73140		\$33.99
73140	26	\$6.87
73140	TC	\$27.12
73200		\$163.42
73200	26	\$50.62
73200	TC	\$112.81
73201		\$225.61
73201	26	\$58.57
73201	TC	\$167.04
73202		\$263.94
73202	26	\$61.46
73202	TC	\$202.47
73206		\$292.50
73206	26	\$90.39
73206	TC	\$202.11
73218		\$299.37
73218	26	\$68.33
73218	TC	\$231.04
73219		\$399.88
73219	26	\$82.07
73219	TC	\$317.81
73220		\$494.97
73220	26	\$108.47
73220	TC	\$386.51
73221		\$235.74

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
73221	26	\$68.70
73221	TC	\$167.04
73222		\$376.74
73222	26	\$82.44
73222	TC	\$294.31
73223		\$467.49
73223	26	\$108.83
73223	TC	\$358.67
73225		\$393.74
73225	26	\$85.33
73225	TC	\$308.41
73501		\$31.09
73501	26	\$9.76
73501	TC	\$21.69
73502		\$43.39
73502	26	\$11.21
73502	TC	\$32.18
73503		\$54.23
73503	26	\$14.10
73503	TC	\$40.13
73521		\$38.69
73521	26	\$11.21
73521	TC	\$27.48
73522		\$50.62
73522	26	\$15.19
73522	TC	\$35.43
73523		\$59.30
73523	26	\$16.27
73523	TC	\$43.03
73525		\$113.89
73525	26	\$28.92
73525	TC	\$84.97
73551		\$28.56
73551	26	\$8.32
73551	TC	\$20.25
73552		\$33.62
73552	26	\$9.04
73552	TC	\$24.59
73560		\$32.54
73560	26	\$8.32
73560	TC	\$24.22
73562		\$37.60
73562	26	\$9.76
73562	TC	\$28.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
73564		\$41.94
73564	26	\$11.21
73564	TC	\$30.73
73565		\$37.60
73565	26	\$9.04
73565	TC	\$28.92
73580		\$128.71
73580	26	\$28.56
73580	TC	\$100.15
73590		\$29.65
73590	26	\$7.95
73590	TC	\$21.69
73592		\$28.92
73592	26	\$7.95
73592	TC	\$20.97
73600		\$31.09
73600	26	\$8.32
73600	TC	\$22.78
73610		\$33.62
73610	26	\$8.68
73610	TC	\$24.95
73615		\$119.68
73615	26	\$28.92
73615	TC	\$90.75
73620		\$27.12
73620	26	\$7.59
73620	TC	\$19.52
73630		\$31.46
73630	26	\$8.32
73630	TC	\$23.14
73650		\$27.12
73650	26	\$7.95
73650	TC	\$19.16
73660		\$28.92
73660	26	\$6.51
73660	TC	\$22.42
73700		\$163.42
73700	26	\$50.62
73700	TC	\$112.81
73701		\$228.50
73701	26	\$58.57
73701	TC	\$169.93
73702		\$263.58
73702	26	\$61.10

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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	\$202.47
73706		\$297.20
73706	26	\$95.09
73706	TC	\$202.11
73718		\$265.75
73718	26	\$67.97
73718	TC	\$197.77
73719		\$314.19
73719	26	\$82.07
73719	TC	\$232.12
73720		\$403.14
73720	26	\$108.47
73720	TC	\$294.67
73721		\$235.74
73721	26	\$68.70
73721	TC	\$167.04
73722		\$378.55
73722	26	\$82.44
73722	TC	\$296.12
73723		\$466.41
73723	26	\$108.47
73723	TC	\$357.94
73725		\$399.16
73725	26	\$90.39
73725	TC	\$308.77
74018		\$28.56
74018	26	\$9.04
74018	TC	\$19.52
74019		\$35.07
74019	26	\$11.57
74019	TC	\$23.50
74021		\$40.49
74021	26	\$13.74
74021	TC	\$26.76
74022		\$47.00
74022	26	\$16.27
74022	TC	\$30.73
74150		\$151.13
74150	26	\$60.02
74150	TC	\$91.11
74160		\$241.52
74160	26	\$64.00
74160	TC	\$177.52
74170		\$272.98

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
74170	26	\$70.50
74170	TC	\$202.47
74174		\$400.97
74174	26	\$109.91
74174	TC	\$291.05
74175		\$293.22
74175	26	\$91.11
74175	TC	\$202.11
74176		\$202.47
74176	26	\$87.86
74176	TC	\$114.61
74177		\$323.23
74177	26	\$92.20
74177	TC	\$231.04
74178		\$364.81
74178	26	\$101.24
74178	TC	\$263.58
74181		\$247.31
74181	26	\$73.76
74181	TC	\$173.55
74182		\$363.37
74182	26	\$87.50
74182	TC	\$275.87
74183		\$404.22
74183	26	\$111.00
74183	TC	\$293.22
74185		\$400.24
74185	26	\$90.03
74185	TC	\$310.22
74190	26	\$23.50
74210		\$89.30
74210	26	\$29.65
74210	TC	\$59.66
74220		\$97.98
74220	26	\$33.99
74220	TC	\$64.00
74230		\$129.08
74230	26	\$26.76
74230	TC	\$102.32
74235	26	\$60.38
74240		\$124.01
74240	26	\$35.07
74240	TC	\$88.94
74241		\$129.08

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
74241	26	\$34.71
74241	TC	\$94.37
74245		\$188.37
74245	26	\$45.56
74245	TC	\$142.82
74246		\$138.12
74246	26	\$34.71
74246	TC	\$103.41
74247		\$155.47
74247	26	\$34.71
74247	TC	\$120.76
74249		\$202.11
74249	26	\$45.56
74249	TC	\$156.55
74250		\$114.25
74250	26	\$23.50
74250	TC	\$90.75
74251		\$266.11
74251	26	\$34.71
74251	TC	\$231.40
74260		\$138.48
74260	26	\$25.31
74260	TC	\$113.17
74261		\$234.65
74261	26	\$121.48
74261	TC	\$113.17
74262		\$329.02
74262	26	\$126.55
74262	TC	\$202.47
74263		\$768.67
74263	26	\$115.34
74263	TC	\$653.34
74270		\$163.42
74270	26	\$34.71
74270	TC	\$128.71
74280		\$230.67
74280	26	\$49.90
74280	TC	\$180.78
74283		\$236.82
74283	26	\$104.13
74283	TC	\$132.69
74290		\$77.37
74290	26	\$16.27
74290	TC	\$61.10

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
74300	26	\$18.44
74301	26	\$10.85
74328	26	\$35.79
74329	26	\$36.16
74330	26	\$45.92
74340	26	\$27.48
74355	26	\$38.33
74360	26	\$28.20
74363	26	\$43.39
74400		\$120.76
74400	26	\$24.59
74400	TC	\$96.17
74410		\$122.57
74410	26	\$24.22
74410	TC	\$98.34
74415		\$146.43
74415	26	\$24.59
74415	TC	\$121.85
74420		\$72.67
74420	26	\$26.03
74420	TC	\$46.64
74425	26	\$17.72
74430		\$39.77
74430	26	\$16.27
74430	TC	\$23.50
74440		\$87.86
74440	26	\$18.44
74440	TC	\$69.42
74445	26	\$56.40
74450	26	\$16.63
74455		\$91.84
74455	26	\$16.63
74455	TC	\$75.20
74470	26	\$26.76
74485		\$108.47
74485	26	\$40.49
74485	TC	\$67.97
74710		\$38.69
74710	26	\$17.35
74710	TC	\$21.33
74712		\$382.53
74712	26	\$151.49
74712	TC	\$231.04
74713		\$236.46

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
74713	26	\$93.64
74713	TC	\$142.82
74740		\$83.52
74740	26	\$19.16
74740	TC	\$64.36
74742	26	\$31.09
74775	26	\$31.46
75557		\$329.02
75557	26	\$116.78
75557	TC	\$212.23
75559		\$459.54
75559	26	\$144.62
75559	TC	\$314.92
75561		\$432.78
75561	26	\$129.44
75561	TC	\$303.35
75563		\$513.41
75563	26	\$148.60
75563	TC	\$364.81
75565		\$54.60
75565	26	\$12.65
75565	TC	\$41.94
75571		\$91.47
75571	26	\$28.92
75571	TC	\$62.55
75572		\$270.08
75572	26	\$87.86
75572	TC	\$182.23
75573		\$329.74
75573	26	\$127.63
75573	TC	\$202.11
75574		\$321.79
75574	26	\$119.31
75574	TC	\$202.47
75600		\$202.47
75600	26	\$23.86
75600	TC	\$178.61
75605		\$134.86
75605	26	\$55.32
75605	TC	\$79.54
75625		\$132.33
75625	26	\$54.60
75625	TC	\$77.73
75630		\$165.96

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
75630	26	\$86.77
75630	TC	\$79.18
75635		\$321.79
75635	26	\$119.31
75635	TC	\$202.47
75705		\$251.28
75705	26	\$113.89
75705	TC	\$137.39
75710		\$167.04
75710	26	\$84.60
75710	TC	\$82.44
75716		\$178.61
75716	26	\$95.09
75716	TC	\$83.52
75726		\$146.07
75726	26	\$54.96
75726	TC	\$91.11
75731		\$169.57
75731	26	\$57.85
75731	TC	\$111.72
75733		\$182.59
75733	26	\$64.36
75733	TC	\$118.23
75736		\$156.19
75736	26	\$54.60
75736	TC	\$101.60
75741		\$147.52
75741	26	\$63.27
75741	TC	\$84.24
75743		\$165.59
75743	26	\$80.27
75743	TC	\$85.33
75746		\$148.96
75746	26	\$55.68
75746	TC	\$93.28
75756		\$170.29
75756	26	\$56.04
75756	TC	\$114.25
75774		\$83.52
75774	26	\$16.99
75774	TC	\$66.53
75801	26	\$43.75
75803	26	\$59.66
75805	26	\$41.22

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
75807	26	\$56.76
75809		\$96.54
75809	26	\$23.86
75809	TC	\$72.67
75810	26	\$49.53
75820		\$112.81
75820	26	\$34.71
75820	TC	\$78.10
75822		\$131.25
75822	26	\$51.34
75822	TC	\$79.90
75825		\$130.88
75825	26	\$54.96
75825	TC	\$75.93
75827		\$135.58
75827	26	\$55.32
75827	TC	\$80.27
75831		\$137.03
75831	26	\$54.60
75831	TC	\$82.44
75833		\$160.89
75833	26	\$71.59
75833	TC	\$89.30
75840		\$146.07
75840	26	\$57.49
75840	TC	\$88.58
75842		\$177.16
75842	26	\$75.57
75842	TC	\$101.60
75860		\$142.45
75860	26	\$56.04
75860	TC	\$86.41
75870		\$187.65
75870	26	\$62.19
75870	TC	\$125.46
75872		\$146.07
75872	26	\$57.49
75872	TC	\$88.58
75880		\$123.65
75880	26	\$35.43
75880	TC	\$88.22
75885		\$153.66
75885	26	\$67.97
75885	TC	\$85.69

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
75887		\$154.39
75887	26	\$68.33
75887	TC	\$86.05
75889		\$140.65
75889	26	\$54.60
75889	TC	\$86.05
75891		\$142.45
75891	26	\$55.32
75891	TC	\$87.14
75893		\$119.31
75893	26	\$27.12
75893	TC	\$92.20
75894	26	\$70.50
75898	26	\$87.86
75901		\$202.47
75901	26	\$23.50
75901	TC	\$178.97
75902		\$79.54
75902	26	\$18.80
75902	TC	\$60.74
75956	26	\$334.08
75957	26	\$286.35
75958	26	\$190.54
75959	26	\$166.32
75970	26	\$40.13
75984		\$103.77
75984	26	\$35.07
75984	TC	\$68.70
75989		\$122.21
75989	26	\$58.21
75989	TC	\$64.00
76000		\$47.36
76000	26	\$15.19
76000	TC	\$32.18
76010		\$27.48
76010	26	\$9.04
76010	TC	\$18.44
76080		\$57.49
76080	26	\$26.03
76080	TC	\$31.46
76098		\$16.63
76098	26	\$7.95
76098	TC	\$8.68
76100		\$95.45

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76100	26	\$31.09
76100	TC	\$64.36
76101		\$93.64
76101	26	\$26.76
76101	TC	\$66.89
76102		\$146.07
76102	26	\$33.26
76102	TC	\$112.81
76120		\$103.41
76120	26	\$18.44
76120	TC	\$84.97
76125	26	\$14.10
76376		\$23.14
76376	26	\$9.76
76376	TC	\$13.38
76377		\$71.59
76377	26	\$39.77
76377	TC	\$31.82
76380		\$111.36
76380	26	\$48.81
76380	TC	\$62.55
76390		\$444.35
76390	26	\$70.87
76390	TC	\$373.49
76391		\$239.71
76391	26	\$56.04
76391	TC	\$183.67
76506		\$116.78
76506	26	\$31.82
76506	TC	\$84.97
76510		\$113.53
76510	26	\$59.30
76510	TC	\$54.23
76511		\$69.42
76511	26	\$36.88
76511	TC	\$32.54
76512		\$62.19
76512	26	\$35.43
76512	TC	\$26.76
76513		\$100.15
76513	26	\$36.52
76513	TC	\$63.63
76514		\$12.65
76514	26	\$8.32

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76514	TC	\$4.70
76516		\$54.96
76516	26	\$23.14
76516	TC	\$31.82
76519		\$67.25
76519	26	\$31.82
76519	TC	\$35.43
76529		\$83.88
76529	26	\$33.62
76529	TC	\$50.26
76536		\$116.78
76536	26	\$28.20
76536	TC	\$88.58
76604		\$90.03
76604	26	\$27.12
76604	TC	\$62.91
76641		\$108.47
76641	26	\$36.88
76641	TC	\$71.59
76642		\$88.58
76642	26	\$34.35
76642	TC	\$54.23
76700		\$123.29
76700	26	\$40.86
76700	TC	\$82.44
76705		\$91.84
76705	26	\$29.29
76705	TC	\$62.55
76706		\$114.98
76706	26	\$27.48
76706	TC	\$87.50
76770		\$114.25
76770	26	\$37.24
76770	TC	\$77.01
76775		\$58.93
76775	26	\$28.92
76775	TC	\$30.01
76776		\$157.64
76776	26	\$38.33
76776	TC	\$119.31
76800		\$143.54
76800	26	\$58.21
76800	TC	\$85.33
76801		\$124.01

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76801	26	\$50.26
76801	TC	\$73.76
76802		\$64.36
76802	26	\$42.30
76802	TC	\$22.06
76805		\$142.09
76805	26	\$50.26
76805	TC	\$91.84
76810		\$93.64
76810	26	\$50.26
76810	TC	\$43.39
76811		\$182.23
76811	26	\$97.62
76811	TC	\$84.60
76812		\$203.92
76812	26	\$91.84
76812	TC	\$112.08
76813		\$122.93
76813	26	\$60.74
76813	TC	\$62.19
76814		\$80.27
76814	26	\$50.98
76814	TC	\$29.29
76815		\$85.33
76815	26	\$32.90
76815	TC	\$52.43
76816		\$115.34
76816	26	\$43.39
76816	TC	\$71.95
76817		\$97.62
76817	26	\$37.96
76817	TC	\$59.66
76818		\$122.57
76818	26	\$54.23
76818	TC	\$68.33
76819		\$90.03
76819	26	\$39.41
76819	TC	\$50.62
76820		\$48.09
76820	26	\$25.67
76820	TC	\$22.42
76821		\$93.28
76821	26	\$36.16
76821	TC	\$57.13

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76825		\$279.48
76825	26	\$84.24
76825	TC	\$195.24
76826		\$166.32
76826	26	\$41.58
76826	TC	\$124.74
76827		\$75.57
76827	26	\$28.92
76827	TC	\$46.64
76828		\$53.87
76828	26	\$28.56
76828	TC	\$25.31
76830		\$123.65
76830	26	\$35.07
76830	TC	\$88.58
76831		\$120.04
76831	26	\$36.52
76831	TC	\$83.52
76856		\$111.00
76856	26	\$34.71
76856	TC	\$76.29
76857		\$49.17
76857	26	\$24.95
76857	TC	\$24.22
76870		\$106.66
76870	26	\$32.18
76870	TC	\$74.48
76872		\$130.52
76872	26	\$33.99
76872	TC	\$96.54
76873		\$176.44
76873	26	\$79.18
76873	TC	\$97.26
76881		\$90.03
76881	26	\$31.82
76881	TC	\$58.21
76882		\$57.85
76882	26	\$24.59
76882	TC	\$33.26
76885		\$100.15
76885	26	\$37.60
76885	TC	\$62.55
76886		\$94.01
76886	26	\$31.46

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76886	TC	\$62.55
76930	26	\$33.62
76932	26	\$33.62
76936		\$270.81
76936	26	\$96.54
76936	TC	\$174.27
76937		\$34.35
76937	26	\$14.46
76937	TC	\$19.89
76940	26	\$101.96
76941	26	\$69.06
76942		\$57.49
76942	26	\$32.18
76942	TC	\$25.31
76945	26	\$34.71
76946		\$32.54
76946	26	\$19.16
76946	TC	\$13.38
76948		\$75.57
76948	26	\$34.71
76948	TC	\$40.86
76965		\$93.64
76965	26	\$68.33
76965	TC	\$25.31
76970		\$91.11
76970	26	\$19.16
76970	TC	\$71.95
76975	26	\$43.03
76977		\$7.23
76977	26	\$2.89
76977	TC	\$4.70
76978		\$330.10
76978	26	\$81.35
76978	TC	\$248.75
76979		\$224.53
76979	26	\$43.03
76979	TC	\$181.50
76981		\$109.19
76981	26	\$30.01
76981	TC	\$79.18
76982		\$97.62
76982	26	\$30.01
76982	TC	\$67.61
76983		\$60.02

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
76983	26	\$25.67
76983	TC	\$34.35
76998	26	\$61.83
77001		\$91.47
77001	26	\$18.44
77001	TC	\$73.03
77002		\$102.68
77002	26	\$27.84
77002	TC	\$74.84
77003		\$99.43
77003	26	\$30.37
77003	TC	\$69.06
77011		\$232.48
77011	26	\$63.27
77011	TC	\$169.21
77012		\$152.58
77012	26	\$74.12
77012	TC	\$78.46
77013	26	\$193.43
77014		\$122.57
77014	26	\$45.19
77014	TC	\$77.37
77021		\$484.49
77021	26	\$74.12
77021	TC	\$410.37
77022	26	\$218.38
77046		\$252.37
77046	26	\$73.03
77046	TC	\$179.33
77047		\$258.88
77047	26	\$80.63
77047	TC	\$178.25
77048		\$400.97
77048	26	\$105.94
77048	TC	\$295.03
77049		\$409.28
77049	26	\$115.70
77049	TC	\$293.59
77053		\$58.21
77053	26	\$18.08
77053	TC	\$40.13
77054		\$75.93
77054	26	\$22.78
77054	TC	\$53.15

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
77063		\$55.68
77063	26	\$30.37
77063	TC	\$25.31
77065		\$135.22
77065	26	\$40.86
77065	TC	\$94.37
77066		\$171.38
77066	26	\$50.62
77066	TC	\$120.76
77067		\$138.12
77067	26	\$38.33
77067	TC	\$99.79
77071		\$50.62
77072		\$24.22
77072	26	\$9.40
77072	TC	\$14.82
77073		\$37.96
77073	26	\$14.46
77073	TC	\$23.50
77074		\$68.33
77074	26	\$22.78
77074	TC	\$45.56
77075		\$93.28
77075	26	\$27.12
77075	TC	\$66.17
77076		\$102.32
77076	26	\$35.43
77076	TC	\$66.89
77077		\$39.05
77077	26	\$16.27
77077	TC	\$22.78
77078		\$74.84
77078	26	\$12.29
77078	TC	\$62.55
77080		\$40.49
77080	26	\$9.76
77080	TC	\$30.73
77081		\$33.62
77081	26	\$10.49
77081	TC	\$23.50
77084		\$312.39
77084	26	\$81.35
77084	TC	\$231.04
77085		\$55.32

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
77085	26	\$15.19
77085	TC	\$40.13
77086		\$35.43
77086	26	\$8.32
77086	TC	\$27.12
77261		\$71.95
77262		\$108.47
77263		\$168.85
77280		\$282.74
77280	26	\$37.60
77280	TC	\$245.14
77285		\$468.22
77285	26	\$57.49
77285	TC	\$410.73
77290		\$520.28
77290	26	\$82.80
77290	TC	\$437.49
77293		\$470.39
77293	26	\$106.66
77293	TC	\$363.73
77295		\$500.03
77295	26	\$228.14
77295	TC	\$271.89
77300		\$67.61
77300	26	\$32.90
77300	TC	\$34.71
77301		\$1,980.61
77301	26	\$425.19
77301	TC	\$1,555.42
77306		\$152.22
77306	26	\$74.48
77306	TC	\$77.73
77307		\$294.67
77307	26	\$154.02
77307	TC	\$140.65
77316		\$207.53
77316	26	\$74.84
77316	TC	\$132.69
77317		\$271.53
77317	26	\$97.26
77317	TC	\$174.27
77318		\$390.48
77318	26	\$154.39
77318	TC	\$236.10

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
77321		\$95.45
77321	26	\$50.62
77321	TC	\$44.83
77331		\$65.80
77331	26	\$46.28
77331	TC	\$19.52
77332		\$53.51
77332	26	\$24.22
77332	TC	\$29.29
77333		\$111.36
77333	26	\$39.77
77333	TC	\$71.59
77334		\$130.52
77334	26	\$61.10
77334	TC	\$69.42
77336		\$80.63
77338		\$507.99
77338	26	\$228.50
77338	TC	\$279.48
77370		\$125.10
77372		\$1,090.82
77373		\$1,320.41
77401		\$25.31
77417		\$11.57
77427		\$190.18
77431		\$104.85
77432		\$426.28
77435		\$642.85
77469		\$318.53
77470		\$133.78
77470	26	\$107.74
77470	TC	\$26.03
77600		\$459.54
77600	26	\$71.95
77600	TC	\$387.59
77605		\$791.09
77605	26	\$100.15
77605	TC	\$690.94
77610		\$706.85
77610	26	\$69.06
77610	TC	\$637.79
77615		\$1,085.04
77615	26	\$97.26
77615	TC	\$987.78

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
77620		\$524.62
77620	26	\$83.88
77620	TC	\$440.74
77750		\$386.14
77750	26	\$266.11
77750	TC	\$120.04
77761		\$406.03
77761	26	\$205.00
77761	TC	\$201.03
77762		\$537.28
77762	26	\$307.32
77762	TC	\$229.95
77763		\$763.97
77763	26	\$461.71
77763	TC	\$302.26
77767		\$237.54
77767	26	\$56.04
77767	TC	\$181.50
77768		\$364.81
77768	26	\$74.84
77768	TC	\$289.97
77770		\$336.25
77770	26	\$103.41
77770	TC	\$232.84
77771		\$613.56
77771	26	\$202.47
77771	TC	\$411.09
77772		\$929.93
77772	26	\$287.08
77772	TC	\$642.85
77778		\$861.95
77778	26	\$466.05
77778	TC	\$395.91
77789		\$125.10
77789	26	\$60.74
77789	TC	\$64.36
77790		\$15.55
78012		\$84.24
78012	26	\$9.76
78012	TC	\$74.48
78013		\$199.58
78013	26	\$18.44
78013	TC	\$181.14
78014		\$250.20

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78014	26	\$24.59
78014	TC	\$225.61
78015		\$232.84
78015	26	\$33.62
78015	TC	\$199.22
78016		\$292.86
78016	26	\$35.07
78016	TC	\$257.79
78018		\$325.04
78018	26	\$41.58
78018	TC	\$283.46
78020		\$86.41
78020	26	\$28.20
78020	TC	\$58.21
78070		\$310.22
78070	26	\$39.41
78070	TC	\$270.81
78071		\$369.51
78071	26	\$59.30
78071	TC	\$310.22
78072		\$403.14
78072	26	\$77.73
78072	TC	\$325.40
78075		\$468.58
78075	26	\$37.60
78075	TC	\$430.98
78102		\$175.72
78102	26	\$26.39
78102	TC	\$149.32
78103		\$225.61
78103	26	\$35.43
78103	TC	\$190.18
78104		\$257.43
78104	26	\$39.05
78104	TC	\$218.38
78110		\$71.23
78110	26	\$8.32
78110	TC	\$63.27
78111		\$75.57
78111	26	\$9.76
78111	TC	\$66.17
78120		\$73.03
78120	26	\$10.12
78120	TC	\$63.27

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78121		\$79.90
78121	26	\$13.74
78121	TC	\$66.17
78122		\$97.98
78122	26	\$21.33
78122	TC	\$76.65
78130		\$127.99
78130	26	\$26.03
78130	TC	\$101.96
78135		\$289.25
78135	26	\$27.48
78135	TC	\$261.77
78140		\$112.81
78140	26	\$25.67
78140	TC	\$87.14
78185		\$175.36
78185	26	\$16.99
78185	TC	\$158.36
78191		\$127.99
78191	26	\$26.03
78191	TC	\$101.96
78195		\$369.51
78195	26	\$59.30
78195	TC	\$310.22
78201		\$197.77
78201	26	\$21.33
78201	TC	\$176.44
78202		\$209.70
78202	26	\$23.86
78202	TC	\$185.84
78205		\$218.74
78205	26	\$33.62
78205	TC	\$185.12
78206		\$352.16
78206	26	\$47.00
78206	TC	\$305.15
78215		\$201.75
78215	26	\$24.22
78215	TC	\$177.52
78216		\$131.97
78216	26	\$27.48
78216	TC	\$104.49
78226		\$342.76
78226	26	\$36.88

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78226	TC	\$305.88
78227		\$463.52
78227	26	\$44.83
78227	TC	\$418.68
78230		\$180.78
78230	26	\$22.78
78230	TC	\$158.00
78231		\$107.02
78231	26	\$22.06
78231	TC	\$84.97
78232		\$104.85
78232	26	\$20.25
78232	TC	\$84.97
78258		\$227.06
78258	26	\$36.16
78258	TC	\$190.90
78261		\$210.07
78261	26	\$29.29
78261	TC	\$180.78
78262		\$250.20
78262	26	\$33.26
78262	TC	\$216.93
78264		\$347.46
78264	26	\$39.05
78264	TC	\$308.41
78265		\$402.41
78265	26	\$48.45
78265	TC	\$353.97
78266		\$489.19
78266	26	\$53.51
78266	TC	\$435.68
78267		\$11.06
78268		\$94.41
78278		\$362.28
78278	26	\$49.53
78278	TC	\$312.75
78282	26	\$16.63
78290		\$343.12
78290	26	\$33.62
78290	TC	\$309.49
78291		\$266.11
78291	26	\$43.03
78291	TC	\$223.08
78300		\$238.63

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78300	26	\$31.09
78300	TC	\$207.53
78305		\$290.69
78305	26	\$41.22
78305	TC	\$249.48
78306		\$313.83
78306	26	\$42.66
78306	TC	\$271.17
78315		\$359.39
78315	26	\$50.62
78315	TC	\$308.77
78320		\$236.82
78320	26	\$50.98
78320	TC	\$185.84
78350		\$33.26
78350	26	\$11.21
78350	TC	\$22.06
78351		\$15.55
78414	26	\$22.42
78428		\$190.18
78428	26	\$37.96
78428	TC	\$152.22
78445		\$193.43
78445	26	\$24.95
78445	TC	\$168.49
78451		\$351.43
78451	26	\$67.97
78451	TC	\$283.46
78452		\$489.55
78452	26	\$79.90
78452	TC	\$409.65
78453		\$316.00
78453	26	\$50.26
78453	TC	\$265.75
78454		\$451.95
78454	26	\$66.89
78454	TC	\$385.06
78456		\$321.43
78456	26	\$49.17
78456	TC	\$272.25
78457		\$197.77
78457	26	\$38.69
78457	TC	\$159.09
78458		\$212.60

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78458	26	\$45.19
78458	TC	\$167.40
78459	26	\$71.59
78466		\$203.92
78466	26	\$35.07
78466	TC	\$168.85
78468		\$211.51
78468	26	\$39.77
78468	TC	\$171.74
78469		\$233.93
78469	26	\$45.92
78469	TC	\$188.01
78472		\$236.82
78472	26	\$48.45
78472	TC	\$188.37
78473		\$299.37
78473	26	\$71.95
78473	TC	\$227.42
78481		\$181.86
78481	26	\$48.81
78481	TC	\$133.05
78483		\$245.50
78483	26	\$71.59
78483	TC	\$173.91
78491	26	\$71.95
78492	26	\$91.11
78494		\$233.93
78494	26	\$58.57
78494	TC	\$175.36
78496		\$44.83
78496	26	\$24.59
78496	TC	\$20.25
78579		\$193.07
78579	26	\$24.22
78579	TC	\$168.85
78580		\$247.31
78580	26	\$36.88
78580	TC	\$210.43
78582		\$346.73
78582	26	\$53.15
78582	TC	\$293.59
78597		\$208.62
78597	26	\$36.16
78597	TC	\$172.46

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78598		\$316.72
78598	26	\$41.58
78598	TC	\$275.15
78600		\$191.26
78600	26	\$22.06
78600	TC	\$169.21
78601		\$224.89
78601	26	\$25.31
78601	TC	\$199.58
78605		\$206.45
78605	26	\$26.76
78605	TC	\$179.69
78606		\$342.40
78606	26	\$31.82
78606	TC	\$310.58
78607		\$359.39
78607	26	\$59.66
78607	TC	\$299.73
78608	26	\$72.67
78609		\$75.93
78609	26	\$75.93
78610		\$181.50
78610	26	\$15.19
78610	TC	\$166.32
78630		\$350.71
78630	26	\$33.99
78630	TC	\$316.72
78635		\$351.80
78635	26	\$31.09
78635	TC	\$320.70
78645		\$337.70
78645	26	\$28.20
78645	TC	\$309.49
78647		\$361.20
78647	26	\$45.56
78647	TC	\$315.64
78650		\$284.55
78650	26	\$26.03
78650	TC	\$258.51
78660		\$189.46
78660	26	\$26.76
78660	TC	\$162.70
78700		\$177.16
78700	26	\$22.06

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78700	TC	\$155.11
78701		\$225.25
78701	26	\$24.22
78701	TC	\$201.03
78707		\$240.44
78707	26	\$46.64
78707	TC	\$193.80
78708		\$182.23
78708	26	\$59.66
78708	TC	\$122.57
78709		\$381.44
78709	26	\$69.06
78709	TC	\$312.39
78710		\$184.03
78710	26	\$27.84
78710	TC	\$156.19
78725		\$111.72
78725	26	\$18.44
78725	TC	\$93.28
78730		\$79.90
78730	26	\$7.95
78730	TC	\$71.95
78740		\$226.70
78740	26	\$27.84
78740	TC	\$198.86
78761		\$218.74
78761	26	\$35.79
78761	TC	\$182.95
78800		\$201.03
78800	26	\$33.26
78800	TC	\$167.76
78801		\$266.83
78801	26	\$39.41
78801	TC	\$227.42
78802		\$334.44
78802	26	\$41.94
78802	TC	\$292.50
78803		\$353.24
78803	26	\$52.79
78803	TC	\$300.45
78804		\$590.06
78804	26	\$52.43
78804	TC	\$537.64
78805		\$190.54

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
78805	26	\$36.16
78805	TC	\$154.39
78806		\$345.29
78806	26	\$42.30
78806	TC	\$302.99
78807		\$353.24
78807	26	\$52.79
78807	TC	\$300.45
78808		\$40.13
78811	26	\$75.93
78812	26	\$93.64
78813	26	\$96.90
78814	26	\$107.38
78815	26	\$120.04
78816	26	\$121.48
79005		\$139.56
79005	26	\$88.94
79005	TC	\$50.62
79101		\$149.32
79101	26	\$98.71
79101	TC	\$50.62
79200		\$137.75
79200	26	\$84.97
79200	TC	\$52.79
79300	26	\$68.70
79403		\$194.52
79403	26	\$110.64
79403	TC	\$83.88
79440		\$124.01
79440	26	\$84.60
79440	TC	\$39.41
79445	26	\$115.70
80047		\$13.73
80048		\$9.40
80051		\$7.79
80053		\$11.74
80055		\$53.12
80061		\$14.88
80069		\$9.65
80074		\$52.93
80076		\$9.08
80081		\$83.18
80150		\$16.75
80155		\$38.57

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
80156		\$16.18
80157		\$14.73
80158		\$20.06
80159		\$20.55
80162		\$14.75
80163		\$14.75
80164		\$15.05
80165		\$15.05
80168		\$18.15
80169		\$15.26
80170		\$18.20
80171		\$21.67
80173		\$16.18
80175		\$14.73
80176		\$16.32
80177		\$14.73
80178		\$7.35
80180		\$20.06
80183		\$14.73
80184		\$15.30
80185		\$14.73
80186		\$15.29
80188		\$18.44
80190		\$60.00
80192		\$18.61
80194		\$16.22
80195		\$15.26
80197		\$15.26
80198		\$15.71
80199		\$27.11
80200		\$17.92
80201		\$13.24
80202		\$15.05
80203		\$14.73
80299		\$18.64
80305		\$12.60
80306		\$17.14
80307		\$64.65
80400		\$36.24
80402		\$96.62
80406		\$86.95
80408		\$139.44
80410		\$29.77
80412		\$801.62

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
80414		\$57.37
80415		\$62.09
80416		\$209.32
80417		\$48.88
80418		\$643.84
80420		\$161.88
80422		\$51.19
80424		\$56.11
80426		\$164.90
80428		\$74.12
80430		\$129.33
80432		\$165.61
80434		\$285.03
80435		\$114.45
80436		\$101.29
80438		\$56.01
80439		\$74.68
80500		\$23.14
80502		\$74.84
81000		\$4.02
81001		\$3.52
81002		\$3.48
81003		\$2.49
81005		\$2.41
81007		\$29.98
81015		\$3.39
81020		\$4.70
81025		\$8.61
81050		\$3.64
81105		\$135.80
81106		\$135.80
81107		\$135.80
81108		\$135.80
81109		\$135.80
81110		\$135.80
81111		\$135.80
81112		\$135.80
81120		\$193.25
81121		\$295.79
81161		\$279.00
81162		\$2,027.64
81163		\$468.00
81164		\$584.23
81165		\$282.88

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
81166		\$301.35
81167		\$282.88
81170		\$300.00
81171		\$137.00
81172		\$274.83
81173		\$301.35
81174		\$185.20
81175		\$676.50
81176		\$268.77
81177		\$137.00
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
81200		\$47.25
81201		\$780.00
81202		\$280.00
81203		\$200.00
81204		\$137.00
81205		\$94.99
81206		\$182.18
81207		\$160.93
81208		\$214.62
81209		\$39.31
81210		\$175.40
81212		\$440.00
81215		\$375.25
81216		\$185.12
81217		\$375.25
81218		\$268.77
81219		\$135.14
81220		\$556.60
81221		\$97.22
81222		\$435.07
81223		\$499.00

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
81224		\$168.75
81225		\$291.36
81226		\$450.91
81227		\$174.81
81228		\$900.00
81229		\$1,160.00
81230		\$174.81
81231		\$174.81
81232		\$174.81
81233		\$175.40
81234		\$137.00
81235		\$324.58
81236		\$282.88
81237		\$175.40
81238		\$600.00
81239		\$274.83
81240		\$65.69
81241		\$73.37
81242		\$36.62
81243		\$57.04
81244		\$44.89
81245		\$165.51
81246		\$83.00
81247		\$174.81
81248		\$375.25
81249		\$600.00
81250		\$58.49
81251		\$47.25
81252		\$101.12
81253		\$61.52
81254		\$35.00
81255		\$51.45
81256		\$72.62
81257		\$102.26
81258		\$375.25
81259		\$600.00
81260		\$39.31
81261		\$219.99
81262		\$68.55
81263		\$327.24
81264		\$172.73
81265		\$238.94
81266		\$304.81
81267		\$230.51

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
81268		\$289.76
81269		\$202.40
81270		\$101.85
81271		\$137.00
81272		\$329.51
81273		\$124.87
81274		\$274.83
81275		\$193.25
81276		\$193.25
81283		\$73.37
81284		\$137.00
81285		\$274.83
81286		\$274.83
81287		\$124.64
81288		\$192.32
81289		\$185.20
81290		\$39.31
81291		\$65.34
81292		\$675.40
81293		\$331.00
81294		\$202.40
81295		\$381.70
81296		\$337.73
81297		\$213.30
81298		\$641.85
81299		\$308.00
81300		\$238.00
81301		\$348.56
81302		\$527.87
81303		\$120.00
81304		\$150.00
81305		\$175.40
81306		\$291.36
81310		\$246.52
81311		\$295.79
81312		\$137.00
81313		\$255.05
81314		\$329.51
81315		\$230.35
81316		\$230.35
81317		\$676.50
81318		\$331.00
81319		\$203.50
81320		\$291.36

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$47.56
81323		\$300.00
81324		\$758.36
81325		\$769.58
81326		\$47.56
81327		\$192.00
81328		\$174.81
81329		\$137.00
81330		\$47.00
81331		\$51.07
81332		\$48.50
81333		\$137.00
81334		\$329.51
81335		\$174.81
81336		\$301.35
81337		\$185.20
81340		\$232.13
81341		\$55.10
81342		\$223.88
81343		\$137.00
81344		\$137.00
81345		\$185.20
81346		\$174.81
81350		\$234.00
81355		\$88.20
81361		\$174.81
81362		\$375.25
81363		\$202.40
81364		\$324.58
81370		\$446.80
81371		\$404.52
81372		\$403.59
81373		\$127.43
81374		\$80.83
81375		\$245.27
81376		\$135.80
81377		\$102.01
81378		\$383.96
81379		\$372.65
81380		\$196.94
81381		\$169.90
81382		\$137.42
81383		\$121.26

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
81400		\$63.96
81401		\$137.00
81402		\$150.33
81403		\$185.20
81404		\$274.83
81405		\$301.35
81406		\$282.88
81407		\$846.27
81408		\$2,000.00
81410		\$504.00
81411		\$1,350.19
81412		\$2,448.56
81413		\$649.89
81414		\$649.89
81415		\$4,780.00
81416		\$12,000.00
81417		\$320.00
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		\$754.50
81433		\$487.70
81434		\$597.91
81435		\$649.89
81436		\$649.89
81437		\$487.70
81438		\$487.70
81439		\$649.89
81440		\$3,324.00
81442		\$2,143.60
81443		\$2,448.56
81445		\$597.91
81448		\$649.89
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 07/01/2019

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		\$74.67
81507		\$795.00
81508		\$54.30
81509		\$1,487.37
81510		\$55.54
81511		\$153.50
81512		\$69.52
81518		\$3,873.00
81519		\$3,873.00
81520		\$2,789.12
81521		\$3,873.00
81525		\$3,116.00
81528		\$508.87
81535		\$579.46
81536		\$177.56
81538		\$2,871.00
81539		\$760.00
81540		\$3,750.00
81541		\$3,873.00
81545		\$3,600.00
81551		\$2,030.00
81595		\$3,240.00
81596		\$72.19
82009		\$5.02
82010		\$9.08
82013		\$12.41
82016		\$16.49
82017		\$18.74
82024		\$42.91
82030		\$28.67
82040		\$5.50
82042		\$7.78
82043		\$6.42
82044		\$6.23
82045		\$37.71
82075		\$30.00
82085		\$10.79
82088		\$45.28
82103		\$14.93
82104		\$16.07

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
82105		\$18.64
82106		\$18.64
82107		\$71.57
82108		\$28.31
82120		\$5.99
82127		\$15.41
82128		\$15.41
82131		\$22.98
82135		\$18.28
82136		\$19.61
82139		\$18.74
82140		\$16.19
82143		\$9.35
82150		\$7.20
82154		\$32.04
82157		\$32.53
82160		\$27.78
82163		\$22.80
82164		\$16.22
82172		\$21.09
82175		\$21.08
82180		\$10.98
82190		\$16.56
82232		\$17.97
82239		\$19.03
82240		\$29.53
82247		\$5.57
82248		\$5.57
82252		\$5.06
82261		\$18.74
82270		\$4.38
82271		\$5.32
82272		\$4.23
82274		\$17.67
82286		\$5.73
82300		\$25.72
82306		\$32.89
82308		\$29.77
82310		\$5.73
82330		\$15.20
82331		\$13.34
82340		\$6.70
82355		\$12.86
82360		\$14.30

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
82365		\$14.33
82370		\$13.92
82373		\$20.06
82374		\$5.43
82375		\$13.69
82376		\$14.07
82378		\$21.07
82379		\$18.74
82380		\$10.25
82382		\$27.30
82383		\$29.08
82384		\$28.06
82387		\$20.06
82390		\$11.93
82397		\$15.69
82415		\$14.08
82435		\$5.11
82436		\$5.75
82438		\$5.43
82441		\$6.67
82465		\$4.84
82480		\$8.75
82482		\$9.81
82485		\$22.95
82495		\$22.53
82507		\$30.89
82523		\$20.76
82525		\$13.79
82528		\$25.02
82530		\$18.57
82533		\$18.11
82540		\$5.15
82542		\$24.09
82550		\$7.23
82552		\$14.88
82553		\$12.83
82554		\$13.19
82565		\$5.69
82570		\$5.75
82575		\$10.51
82585		\$14.14
82595		\$7.18
82600		\$21.55
82607		\$16.75

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
82608		\$15.91
82610		\$18.52
82615		\$9.55
82626		\$28.08
82627		\$24.71
82633		\$34.43
82634		\$32.53
82638		\$13.61
82642		\$32.53
82652		\$42.78
82656		\$12.81
82657		\$22.17
82658		\$44.03
82664		\$61.50
82668		\$20.88
82670		\$31.04
82671		\$35.89
82672		\$24.11
82677		\$26.87
82679		\$27.73
82693		\$16.56
82696		\$26.24
82705		\$5.66
82710		\$18.67
82715		\$22.97
82725		\$18.77
82726		\$20.06
82728		\$15.15
82731		\$71.57
82735		\$20.60
82746		\$16.34
82747		\$19.25
82757		\$19.26
82759		\$23.87
82760		\$12.44
82775		\$23.41
82776		\$11.74
82777		\$44.25
82784		\$10.34
82785		\$18.29
82787		\$8.91
82800		\$11.00
82803		\$26.07
82805		\$78.77

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
82810		\$9.77
82820		\$13.34
82930		\$6.71
82938		\$19.66
82941		\$19.59
82943		\$15.88
82945		\$4.37
82946		\$17.77
82947		\$4.37
82948		\$5.04
82950		\$5.27
82951		\$14.30
82952		\$4.36
82955		\$10.77
82960		\$6.72
82962		\$3.28
82963		\$23.87
82965		\$13.15
82977		\$8.00
82978		\$15.84
82979		\$10.49
82985		\$16.76
83001		\$20.65
83002		\$20.57
83003		\$18.52
83006		\$75.60
83009		\$74.84
83010		\$13.97
83012		\$26.89
83013		\$74.84
83014		\$8.73
83015		\$20.94
83018		\$24.41
83020		\$14.30
83020	26	\$18.80
83021		\$20.06
83026		\$4.01
83030		\$10.74
83033		\$8.00
83036		\$10.79
83037		\$10.79
83045		\$6.49
83050		\$8.20
83051		\$8.12

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
83060		\$9.19
83065		\$9.00
83068		\$9.47
83069		\$4.39
83070		\$5.27
83080		\$18.74
83088		\$32.81
83090		\$18.74
83150		\$22.41
83491		\$19.47
83497		\$14.33
83498		\$30.19
83500		\$25.17
83505		\$27.01
83516		\$12.81
83518		\$9.64
83519		\$18.40
83520		\$17.27
83525		\$12.70
83527		\$14.39
83528		\$19.82
83540		\$7.19
83550		\$9.71
83570		\$9.83
83582		\$15.75
83586		\$14.22
83593		\$29.22
83605		\$11.87
83615		\$6.71
83625		\$14.22
83630		\$21.81
83631		\$21.81
83632		\$22.47
83633		\$11.25
83655		\$13.45
83661		\$24.43
83662		\$21.01
83663		\$21.01
83664		\$21.01
83670		\$10.18
83690		\$7.65
83695		\$14.39
83698		\$46.31
83700		\$12.51

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
83701		\$33.86
83704		\$35.06
83718		\$9.10
83719		\$12.93
83721		\$10.60
83722		\$35.06
83727		\$19.10
83735		\$7.44
83775		\$8.19
83785		\$27.33
83789		\$24.11
83825		\$18.06
83835		\$18.82
83857		\$11.93
83861		\$22.48
83864		\$28.50
83872		\$6.51
83873		\$19.12
83874		\$14.35
83876		\$50.86
83880		\$39.26
83883		\$15.11
83885		\$27.23
83915		\$12.39
83916		\$27.39
83918		\$23.60
83919		\$18.28
83921		\$21.21
83930		\$7.35
83935		\$7.57
83937		\$33.16
83945		\$14.45
83950		\$71.57
83951		\$71.57
83970		\$45.86
83986		\$3.98
83987		\$3.98
83992		\$18.15
83993		\$21.81
84030		\$6.11
84035		\$4.07
84060		\$8.21
84066		\$10.73
84075		\$5.75

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
84078		\$8.26
84080		\$16.43
84081		\$18.35
84085		\$10.49
84087		\$11.47
84100		\$5.27
84105		\$5.78
84106		\$5.82
84110		\$9.38
84112		\$98.11
84119		\$13.36
84120		\$16.35
84126		\$39.11
84132		\$5.11
84133		\$4.79
84134		\$16.21
84135		\$21.27
84138		\$21.05
84140		\$22.97
84143		\$25.34
84144		\$23.18
84145		\$29.77
84146		\$21.53
84150		\$41.77
84152		\$20.44
84153		\$20.44
84154		\$20.44
84155		\$4.07
84156		\$4.07
84157		\$4.07
84160		\$5.75
84163		\$16.73
84165		\$11.93
84165	26	\$18.80
84166		\$19.81
84166	26	\$18.80
84181		\$18.92
84181	26	\$18.80
84182		\$29.21
84182	26	\$18.80
84202		\$15.94
84203		\$9.74
84206		\$26.69
84207		\$31.22

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
84210		\$14.48
84220		\$10.49
84228		\$12.93
84233		\$87.88
84234		\$72.09
84235		\$71.23
84238		\$40.63
84244		\$24.44
84252		\$22.49
84255		\$28.37
84260		\$34.43
84270		\$24.15
84275		\$14.93
84285		\$26.15
84295		\$5.35
84300		\$5.40
84302		\$5.40
84305		\$23.63
84307		\$20.31
84311		\$8.10
84315		\$3.28
84375		\$39.00
84376		\$6.11
84377		\$6.11
84378		\$12.81
84379		\$12.81
84392		\$5.49
84402		\$28.30
84403		\$28.68
84410		\$56.98
84425		\$23.59
84430		\$12.93
84431		\$35.11
84432		\$17.84
84436		\$7.63
84437		\$7.18
84439		\$10.02
84442		\$16.43
84443		\$18.67
84445		\$56.51
84446		\$15.75
84449		\$20.00
84450		\$5.75
84460		\$5.89

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
84466		\$14.18
84478		\$6.38
84479		\$7.18
84480		\$15.75
84481		\$18.82
84482		\$17.51
84484		\$12.47
84485		\$8.00
84488		\$8.11
84490		\$9.93
84510		\$11.56
84512		\$10.09
84520		\$4.39
84525		\$5.13
84540		\$5.56
84545		\$7.35
84550		\$5.02
84560		\$5.27
84577		\$18.67
84578		\$4.47
84580		\$9.55
84583		\$6.05
84585		\$17.22
84586		\$39.26
84588		\$37.71
84590		\$12.90
84591		\$17.06
84597		\$15.24
84600		\$17.87
84620		\$13.16
84630		\$12.65
84681		\$23.13
84702		\$16.73
84703		\$8.36
84704		\$16.73
84830		\$12.70
85002		\$5.01
85004		\$7.18
85007		\$3.82
85008		\$3.82
85009		\$5.07
85013		\$7.00
85014		\$2.63
85018		\$2.63

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
85025		\$8.63
85027		\$7.18
85032		\$4.79
85041		\$3.35
85044		\$4.79
85045		\$4.44
85046		\$6.19
85048		\$2.82
85049		\$4.97
85055		\$35.74
85060		\$24.95
85097		\$75.57
85130		\$13.21
85170		\$16.30
85175		\$20.37
85210		\$14.43
85220		\$19.61
85230		\$19.89
85240		\$19.89
85244		\$22.69
85245		\$25.49
85246		\$25.49
85247		\$25.49
85250		\$21.16
85260		\$19.89
85270		\$19.89
85280		\$21.50
85290		\$18.15
85291		\$9.88
85292		\$21.04
85293		\$21.04
85300		\$13.17
85301		\$12.01
85302		\$13.35
85303		\$15.37
85305		\$12.90
85306		\$17.03
85307		\$17.03
85335		\$14.30
85337		\$17.27
85345		\$4.79
85347		\$4.73
85348		\$4.49
85360		\$9.34

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
85362		\$7.65
85366		\$80.46
85370		\$12.62
85378		\$9.72
85379		\$11.31
85380		\$11.31
85384		\$9.72
85385		\$14.46
85390		\$15.48
85390	26	\$37.96
85396		\$20.61
85397		\$30.86
85400		\$8.56
85410		\$8.56
85415		\$19.10
85420		\$7.26
85421		\$11.32
85441		\$4.67
85445		\$7.57
85460		\$8.59
85461		\$9.36
85475		\$9.86
85520		\$14.55
85525		\$13.15
85530		\$14.55
85536		\$7.18
85540		\$9.56
85547		\$9.56
85549		\$20.83
85555		\$7.47
85557		\$14.84
85576		\$24.91
85576	26	\$18.80
85597		\$19.97
85598		\$19.97
85610		\$4.37
85611		\$4.38
85612		\$17.49
85613		\$10.64
85635		\$10.94
85651		\$4.27
85652		\$3.00
85660		\$6.12
85670		\$6.41

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
85675		\$7.61
85705		\$10.70
85730		\$6.67
85732		\$7.18
85810		\$12.97
86000		\$7.76
86001		\$7.82
86003		\$5.80
86005		\$8.85
86008		\$19.93
86021		\$16.73
86022		\$20.41
86023		\$13.84
86038		\$13.43
86039		\$12.40
86060		\$8.11
86063		\$6.41
86077		\$56.04
86078		\$56.04
86079		\$55.68
86140		\$5.75
86141		\$14.39
86146		\$28.28
86147		\$28.28
86148		\$17.85
86152		\$273.00
86153	26	\$35.07
86155		\$17.76
86156		\$8.07
86157		\$8.96
86160		\$13.33
86161		\$13.33
86162		\$22.58
86171		\$11.12
86200		\$14.39
86215		\$14.72
86225		\$15.27
86226		\$13.45
86235		\$19.93
86255		\$13.39
86255	26	\$18.80
86256		\$13.39
86256	26	\$18.80
86277		\$17.49

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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		\$9.10
86294		\$25.57
86300		\$23.13
86301		\$23.13
86304		\$23.13
86305		\$23.13
86308		\$5.75
86309		\$7.18
86310		\$8.19
86316		\$23.13
86317		\$16.65
86318		\$18.09
86320		\$29.92
86320	26	\$18.80
86325		\$24.85
86325	26	\$18.80
86327		\$29.92
86327	26	\$23.14
86329		\$15.61
86331		\$13.31
86332		\$27.08
86334		\$24.83
86334	26	\$18.80
86335		\$32.61
86335	26	\$18.80
86336		\$17.32
86337		\$23.79
86340		\$16.75
86341		\$23.57
86343		\$13.84
86344		\$10.39
86352		\$150.96
86353		\$54.47
86355		\$41.92
86356		\$29.75
86357		\$41.92
86359		\$41.92
86360		\$52.20
86361		\$29.75
86367		\$77.78
86376		\$16.17
86382		\$18.79
86384		\$13.61
86386		\$21.78

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
86403		\$11.54
86406		\$11.82
86430		\$6.30
86431		\$6.30
86480		\$68.87
86481		\$100.00
86486		\$5.42
86490		\$90.03
86510		\$6.87
86580		\$8.68
86590		\$12.66
86592		\$4.75
86593		\$4.89
86602		\$11.31
86603		\$14.30
86606		\$16.73
86609		\$14.31
86611		\$11.31
86612		\$14.34
86615		\$14.65
86617		\$17.21
86618		\$18.92
86619		\$14.86
86622		\$9.92
86625		\$14.58
86628		\$13.34
86631		\$13.14
86632		\$14.09
86635		\$12.75
86638		\$13.47
86641		\$16.01
86644		\$15.99
86645		\$18.72
86648		\$16.90
86651		\$14.65
86652		\$14.65
86653		\$14.65
86654		\$14.65
86658		\$14.47
86663		\$14.58
86664		\$16.99
86665		\$20.16
86666		\$11.31
86668		\$14.16

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
86671		\$13.62
86674		\$16.35
86677		\$16.85
86682		\$14.45
86684		\$17.60
86687		\$9.32
86688		\$15.56
86689		\$21.51
86692		\$19.07
86694		\$15.99
86695		\$14.65
86696		\$21.51
86698		\$13.88
86701		\$9.87
86702		\$15.02
86703		\$15.23
86704		\$13.39
86705		\$13.08
86706		\$11.93
86707		\$12.85
86708		\$13.76
86709		\$12.51
86710		\$15.06
86711		\$16.89
86713		\$17.00
86717		\$13.61
86720		\$16.20
86723		\$14.65
86727		\$14.30
86732		\$15.00
86735		\$14.50
86738		\$14.71
86741		\$14.65
86744		\$15.99
86747		\$16.70
86750		\$14.65
86753		\$13.76
86756		\$15.89
86757		\$21.51
86759		\$18.23
86762		\$15.99
86765		\$14.31
86768		\$14.65
86771		\$24.48

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
86774		\$16.44
86777		\$15.99
86778		\$16.01
86780		\$14.71
86784		\$13.96
86787		\$14.31
86788		\$18.72
86789		\$15.99
86790		\$14.31
86793		\$14.65
86794		\$18.72
86800		\$17.67
86803		\$15.85
86804		\$17.21
86805		\$189.51
86806		\$52.88
86807		\$78.65
86808		\$32.98
86812		\$28.67
86813		\$64.44
86816		\$30.95
86817		\$106.14
86821		\$40.62
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		\$397.29
86835		\$358.85
86850		\$9.77
86880		\$5.99
86885		\$6.36
86886		\$5.75
86900		\$3.32
86901		\$3.32
86902		\$6.35
86904		\$16.34
86905		\$4.25
86906		\$8.61
86940		\$9.11

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
86941		\$13.45
87003		\$18.71
87015		\$7.42
87040		\$11.47
87045		\$10.49
87046		\$10.49
87070		\$9.57
87071		\$10.49
87073		\$10.49
87075		\$10.52
87076		\$8.97
87077		\$8.97
87081		\$7.36
87084		\$27.07
87086		\$8.97
87088		\$8.99
87101		\$8.56
87102		\$9.34
87103		\$20.46
87106		\$11.47
87107		\$11.47
87109		\$17.10
87110		\$21.77
87116		\$12.00
87118		\$14.61
87140		\$6.19
87143		\$13.92
87147		\$5.75
87149		\$22.28
87150		\$38.99
87152		\$7.74
87153		\$128.17
87158		\$7.74
87164		\$11.93
87164	26	\$20.61
87166		\$12.56
87168		\$4.75
87169		\$4.75
87172		\$4.75
87176		\$6.54
87177		\$9.89
87181		\$5.27
87184		\$7.66
87185		\$5.27

ND MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

as of 07/01/2019

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		\$9.61
87187		\$40.17
87188		\$7.38
87190		\$7.31
87197		\$16.69
87205		\$4.75
87206		\$5.99
87207		\$6.66
87207	26	\$18.80
87209		\$19.97
87210		\$5.82
87220		\$4.75
87230		\$21.93
87250		\$21.73
87252		\$28.97
87253		\$22.45
87254		\$21.73
87255		\$37.62
87260		\$14.43
87265		\$13.32
87267		\$13.42
87269		\$13.61
87270		\$13.32
87271		\$13.42
87272		\$13.32
87273		\$13.32
87274		\$13.32
87275		\$13.32
87276		\$16.07
87278		\$15.60
87279		\$16.43
87280		\$13.42
87281		\$13.32
87283		\$60.80
87285		\$13.32
87290		\$13.42
87299		\$16.10
87300		\$13.32
87301		\$13.32
87305		\$13.32
87320		\$15.00
87324		\$13.32
87327		\$13.42
87328		\$13.82

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
87329		\$13.32
87332		\$13.32
87335		\$13.32
87336		\$16.00
87337		\$13.32
87338		\$15.98
87339		\$16.00
87340		\$11.48
87341		\$11.48
87350		\$12.81
87380		\$18.36
87385		\$13.32
87389		\$26.75
87390		\$24.06
87391		\$21.90
87400		\$14.13
87420		\$13.91
87425		\$13.32
87427		\$13.32
87430		\$16.81
87449		\$13.32
87450		\$10.66
87451		\$10.66
87471		\$38.99
87472		\$47.60
87475		\$22.28
87476		\$38.99
87480		\$22.28
87481		\$38.99
87482		\$55.74
87483		\$463.09
87485		\$22.28
87486		\$38.99
87487		\$47.60
87490		\$22.75
87491		\$38.99
87492		\$53.47
87493		\$38.99
87495		\$30.03
87496		\$38.99
87497		\$47.60
87498		\$38.99
87500		\$38.99
87501		\$57.02

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
87502		\$95.80
87503		\$29.22
87505		\$142.54
87506		\$262.99
87507		\$463.09
87510		\$22.28
87511		\$38.99
87512		\$46.40
87516		\$38.99
87517		\$47.60
87520		\$31.22
87521		\$38.99
87522		\$47.60
87525		\$29.80
87526		\$39.26
87527		\$46.40
87528		\$22.28
87529		\$38.99
87530		\$47.60
87531		\$58.00
87532		\$38.99
87533		\$46.40
87534		\$22.28
87535		\$38.99
87536		\$94.55
87537		\$22.28
87538		\$38.99
87539		\$58.62
87540		\$22.28
87541		\$38.99
87542		\$46.40
87550		\$22.28
87551		\$48.24
87552		\$47.60
87555		\$26.88
87556		\$41.68
87557		\$47.60
87560		\$27.29
87561		\$38.99
87562		\$47.60
87580		\$22.28
87581		\$38.99
87582		\$302.62
87590		\$26.88

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
87591		\$38.99
87592		\$47.60
87623		\$38.99
87624		\$38.99
87625		\$40.55
87631		\$142.63
87632		\$237.14
87633		\$463.09
87634		\$77.99
87640		\$38.99
87641		\$38.99
87650		\$22.28
87651		\$38.99
87652		\$46.40
87653		\$38.99
87660		\$22.28
87661		\$38.99
87662		\$57.02
87797		\$30.03
87798		\$38.99
87799		\$47.60
87800		\$44.57
87801		\$77.99
87802		\$13.32
87803		\$16.00
87804		\$16.55
87806		\$32.77
87807		\$13.32
87808		\$15.29
87809		\$21.76
87810		\$35.29
87850		\$24.56
87880		\$16.53
87899		\$16.07
87900		\$144.83
87901		\$286.05
87902		\$286.05
87903		\$542.95
87904		\$28.97
87905		\$13.58
87906		\$143.03
87910		\$286.05
87912		\$286.05
88104		\$71.23

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88104	26	\$29.29
88104	TC	\$41.94
88106		\$65.08
88106	26	\$19.89
88106	TC	\$45.19
88108		\$61.46
88108	26	\$23.14
88108	TC	\$38.33
88112		\$68.33
88112	26	\$28.92
88112	TC	\$39.41
88120		\$609.95
88120	26	\$60.02
88120	TC	\$549.93
88121		\$489.55
88121	26	\$50.98
88121	TC	\$438.57
88125		\$26.76
88125	26	\$14.10
88125	TC	\$12.65
88130		\$19.97
88140		\$8.88
88141		\$32.18
88142		\$22.51
88143		\$23.04
88147		\$50.56
88148		\$16.88
88150		\$14.99
88152		\$27.64
88153		\$24.03
88155		\$14.65
88160		\$72.31
88160	26	\$26.76
88160	TC	\$45.56
88161		\$67.25
88161	26	\$26.03
88161	TC	\$41.22
88162		\$96.90
88162	26	\$39.77
88162	TC	\$57.13
88164		\$14.99
88165		\$42.22
88166		\$14.99
88167		\$14.99

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88172		\$57.49
88172	26	\$37.60
88172	TC	\$19.89
88173		\$155.47
88173	26	\$73.76
88173	TC	\$81.71
88174		\$25.37
88175		\$29.44
88177		\$30.37
88177	26	\$23.14
88177	TC	\$7.23
88182		\$136.31
88182	26	\$40.13
88182	TC	\$96.17
88184		\$67.61
88185		\$24.95
88187		\$38.69
88188		\$65.08
88189		\$87.14
88230		\$129.44
88233		\$156.36
88235		\$163.63
88237		\$143.75
88239		\$163.91
88240		\$13.07
88241		\$12.09
88245		\$192.42
88248		\$192.42
88249		\$192.42
88261		\$264.34
88262		\$138.49
88263		\$166.99
88264		\$144.61
88267		\$199.75
88269		\$184.81
88271		\$23.80
88272		\$40.70
88273		\$35.70
88274		\$42.38
88275		\$51.19
88280		\$33.47
88283		\$76.22
88285		\$26.91
88289		\$38.26

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88291		\$33.62
88300		\$15.91
88300	26	\$4.34
88300	TC	\$11.57
88302		\$31.09
88302	26	\$6.87
88302	TC	\$24.22
88304		\$40.86
88304	26	\$11.57
88304	TC	\$29.29
88305		\$70.14
88305	26	\$39.41
88305	TC	\$30.73
88307		\$273.34
88307	26	\$86.41
88307	TC	\$186.93
88309		\$415.07
88309	26	\$152.58
88309	TC	\$262.49
88311		\$21.69
88311	26	\$12.65
88311	TC	\$9.04
88312		\$101.96
88312	26	\$27.48
88312	TC	\$74.48
88313		\$73.76
88313	26	\$12.29
88313	TC	\$61.46
88314		\$93.64
88314	26	\$23.14
88314	TC	\$70.50
88319		\$98.71
88319	26	\$27.48
88319	TC	\$71.23
88321		\$101.60
88323		\$117.87
88323	26	\$90.75
88323	TC	\$27.12
88325		\$182.95
88329		\$52.43
88331		\$98.71
88331	26	\$65.08
88331	TC	\$33.62
88332		\$54.23

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88332	26	\$32.18
88332	TC	\$22.06
88333		\$90.75
88333	26	\$65.08
88333	TC	\$25.67
88334		\$56.76
88334	26	\$39.77
88334	TC	\$16.99
88341		\$94.73
88341	26	\$30.01
88341	TC	\$64.72
88342		\$108.47
88342	26	\$36.88
88342	TC	\$71.59
88344		\$174.63
88344	26	\$40.13
88344	TC	\$134.50
88346		\$112.08
88346	26	\$37.60
88346	TC	\$74.48
88348		\$365.54
88348	26	\$79.18
88348	TC	\$286.35
88350		\$78.82
88350	26	\$30.01
88350	TC	\$48.81
88355		\$135.22
88355	26	\$85.33
88355	TC	\$49.90
88356		\$227.78
88356	26	\$130.16
88356	TC	\$97.62
88358		\$130.16
88358	26	\$52.06
88358	TC	\$78.10
88360		\$129.80
88360	26	\$44.11
88360	TC	\$85.69
88361		\$134.14
88361	26	\$47.36
88361	TC	\$86.77
88362		\$212.60
88362	26	\$115.34
88362	TC	\$97.26

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88363		\$23.86
88364		\$134.86
88364	26	\$36.16
88364	TC	\$98.71
88365		\$180.06
88365	26	\$45.56
88365	TC	\$134.50
88366		\$268.28
88366	26	\$64.36
88366	TC	\$203.92
88367		\$111.00
88367	26	\$35.79
88367	TC	\$75.20
88368		\$129.44
88368	26	\$43.39
88368	TC	\$86.05
88369		\$113.17
88369	26	\$33.62
88369	TC	\$79.54
88371		\$24.70
88371	26	\$20.61
88372		\$26.22
88372	26	\$18.80
88373		\$76.29
88373	26	\$28.20
88373	TC	\$48.09
88374		\$331.55
88374	26	\$45.92
88374	TC	\$285.63
88375		\$50.62
88377		\$394.46
88377	26	\$66.89
88377	TC	\$327.57
88380		\$135.95
88380	26	\$57.13
88380	TC	\$78.82
88381		\$156.55
88381	26	\$26.39
88381	TC	\$130.16
88387		\$35.79
88387	26	\$28.92
88387	TC	\$6.87
88388		\$35.79
88388	26	\$24.59

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
88388	TC	\$11.21
88720		\$5.57
88738		\$5.57
88740		\$9.37
88741		\$9.37
89049		\$253.09
89050		\$5.25
89051		\$6.12
89055		\$4.75
89060		\$7.95
89060	26	\$18.80
89125		\$5.88
89160		\$4.85
89190		\$5.79
89220		\$16.63
89230		\$2.89
89300		\$11.03
89320		\$13.39
89321		\$14.88
89322		\$17.22
89330		\$10.99
89331		\$21.76
90371		\$119.54
90375		\$307.02
90376		\$311.99
90471		\$15.80
90472		\$15.80
90473		\$15.80
90474		\$15.80
90785		\$15.19
90791		\$138.84
90792		\$155.47
90832		\$67.97
90833		\$70.14
90834		\$90.39
90836		\$88.58
90837		\$135.58
90838		\$117.14
90839		\$141.37
90840		\$67.97
90845		\$96.17
90846		\$109.19
90847		\$113.53
90849		\$41.94

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
90853		\$27.12
90865		\$171.38
90870		\$177.52
90875		\$64.00
90876		\$108.47
90880		\$106.30
90887		\$88.22
90901		\$40.49
90911		\$88.22
90935		\$73.40
90937		\$104.49
90945		\$86.05
90947		\$124.38
90951		\$943.30
90954		\$814.23
90955		\$459.18
90956		\$319.62
90957		\$645.02
90958		\$438.21
90959		\$298.29
90960		\$284.91
90961		\$239.71
90962		\$185.48
90963		\$547.40
90964		\$477.98
90965		\$455.56
90966		\$238.99
90967		\$18.08
90968		\$15.91
90969		\$15.19
90970		\$7.95
90989		\$623.43
90997		\$89.67
91010		\$193.07
91010	26	\$67.61
91010	TC	\$125.46
91013		\$26.39
91013	26	\$9.76
91013	TC	\$16.63
91020		\$252.01
91020	26	\$75.93
91020	TC	\$176.08
91022		\$171.74
91022	26	\$75.93

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
91022	TC	\$95.81
91030		\$140.65
91030	26	\$48.09
91030	TC	\$92.56
91034		\$193.43
91034	26	\$50.98
91034	TC	\$142.45
91035		\$492.44
91035	26	\$83.88
91035	TC	\$408.56
91037		\$167.40
91037	26	\$51.34
91037	TC	\$116.06
91038		\$453.03
91038	26	\$57.85
91038	TC	\$395.18
91040		\$488.10
91040	26	\$50.62
91040	TC	\$437.49
91065		\$76.65
91065	26	\$10.49
91065	TC	\$66.53
91110		\$894.86
91110	26	\$130.88
91110	TC	\$763.97
91111		\$816.76
91111	26	\$52.79
91111	TC	\$763.97
91112		\$1,292.93
91112	26	\$110.28
91112	TC	\$1,182.66
91117		\$140.28
91120		\$466.77
91120	26	\$50.26
91120	TC	\$416.51
91122		\$245.50
91122	26	\$91.47
91122	TC	\$154.02
91132		\$245.50
91132	26	\$27.48
91132	TC	\$218.02
91133		\$268.28
91133	26	\$34.71
91133	TC	\$233.57

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
91200		\$39.41
91200	26	\$14.10
91200	TC	\$25.31
92002		\$85.33
92004		\$152.94
92012		\$89.30
92014		\$127.99
92015		\$19.89
92018		\$147.52
92019		\$73.40
92020		\$28.20
92025		\$38.33
92025	26	\$20.25
92025	TC	\$18.08
92060		\$65.44
92060	26	\$38.69
92060	TC	\$26.76
92065		\$54.23
92065	26	\$18.08
92065	TC	\$36.16
92081		\$34.35
92081	26	\$16.27
92081	TC	\$18.08
92082		\$48.45
92082	26	\$21.69
92082	TC	\$26.76
92083		\$65.08
92083	26	\$28.20
92083	TC	\$36.88
92100		\$83.52
92132		\$31.82
92132	26	\$16.63
92132	TC	\$15.19
92133		\$37.60
92133	26	\$22.42
92133	TC	\$15.19
92134		\$41.58
92134	26	\$26.03
92134	TC	\$15.55
92136		\$71.23
92136	26	\$31.82
92136	TC	\$39.41
92145		\$17.35
92145	26	\$9.40

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
92145	TC	\$7.95
92225		\$28.20
92226		\$26.03
92227		\$14.46
92228		\$34.71
92228	26	\$20.97
92228	TC	\$13.74
92230		\$65.80
92235		\$93.28
92235	26	\$44.11
92235	TC	\$49.17
92240		\$209.70
92240	26	\$47.73
92240	TC	\$161.98
92242		\$235.01
92242	26	\$56.04
92242	TC	\$178.97
92250		\$51.34
92250	26	\$22.06
92250	TC	\$29.29
92260		\$19.89
92265		\$89.30
92265	26	\$47.73
92265	TC	\$41.58
92270		\$96.90
92270	26	\$42.66
92270	TC	\$54.23
92273		\$136.31
92273	26	\$37.96
92273	TC	\$98.34
92274		\$92.20
92274	26	\$33.62
92274	TC	\$58.57
92283		\$54.60
92283	26	\$9.40
92283	TC	\$45.56
92284		\$62.55
92284	26	\$12.65
92284	TC	\$49.90
92285		\$21.69
92285	26	\$3.25
92285	TC	\$18.80
92286		\$39.41
92286	26	\$22.42

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
92286	TC	\$16.99
92287		\$148.96
92287	26	\$48.09
92287	TC	\$100.87
92340		\$35.43
92341		\$40.86
92342		\$44.11
92352		\$41.94
92353		\$48.81
92354		\$13.74
92355		\$21.33
92358		\$11.57
92370		\$31.46
92371		\$11.93
92502		\$96.90
92504		\$30.01
92507		\$79.90
92508		\$24.22
92511		\$113.17
92512		\$60.02
92516		\$69.78
92520		\$79.90
92521		\$114.98
92522		\$92.56
92523		\$198.50
92524		\$89.67
92526		\$87.50
92537		\$41.58
92537	26	\$32.18
92537	TC	\$9.40
92538		\$21.33
92538	26	\$15.91
92538	TC	\$5.42
92540		\$105.57
92540	26	\$80.27
92540	TC	\$25.31
92541		\$25.31
92541	26	\$21.33
92541	TC	\$3.98
92542		\$29.29
92542	26	\$25.67
92542	TC	\$3.62
92544		\$17.35
92544	26	\$14.46

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
92544	TC	\$2.89
92545		\$16.27
92545	26	\$13.38
92545	TC	\$2.89
92546		\$106.30
92546	26	\$15.55
92546	TC	\$90.75
92547		\$7.59
92548		\$97.98
92548	26	\$26.39
92548	TC	\$71.59
92550		\$22.06
92551		\$11.93
92552		\$32.18
92553		\$39.05
92555		\$24.59
92556		\$38.69
92557		\$38.69
92558		\$10.12
92561		\$39.41
92562		\$46.28
92563		\$31.46
92564		\$25.67
92565		\$15.55
92567		\$15.55
92568		\$15.91
92570		\$32.90
92571		\$27.48
92572		\$43.39
92575		\$64.36
92576		\$37.24
92577		\$14.10
92579		\$47.00
92582		\$74.12
92583		\$48.81
92584		\$75.20
92585		\$137.03
92585	26	\$27.12
92585	TC	\$109.91
92586		\$94.01
92587		\$22.06
92587	26	\$18.44
92587	TC	\$3.62
92588		\$33.62

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
92588	26	\$29.29
92588	TC	\$4.34
92590		\$115.31
92591		\$115.31
92592		\$25.32
92593		\$25.32
92594		\$25.32
92595		\$25.32
92596		\$68.33
92601		\$167.76
92602		\$104.85
92603		\$156.55
92604		\$93.28
92606		\$83.52
92609		\$110.64
92610		\$87.50
92611		\$90.75
92612		\$194.88
92613		\$37.96
92614		\$144.26
92615		\$33.26
92616		\$209.70
92617		\$41.94
92620		\$95.45
92621		\$23.14
92625		\$71.23
92626		\$91.47
92627		\$23.14
92640		\$116.42
92920		\$522.81
92924		\$622.96
92928		\$581.39
92933		\$651.89
92937		\$581.02
92941		\$653.70
92943		\$653.34
92950		\$316.36
92953		\$1.08
92960		\$160.89
92961		\$245.14
92970		\$185.84
92971		\$98.71
92973		\$173.91
92974		\$159.09

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
92975		\$370.60
92977		\$54.60
92978	26	\$94.73
92979	26	\$75.57
92986		\$1,300.89
92987		\$1,343.55
92990		\$1,071.66
92997		\$642.85
92998		\$318.17
93000		\$16.99
93005		\$8.68
93010		\$8.68
93015		\$71.95
93016		\$22.42
93017		\$34.71
93018		\$15.19
93024		\$111.72
93024	26	\$57.85
93024	TC	\$53.87
93025		\$152.22
93025	26	\$37.24
93025	TC	\$114.98
93040		\$12.65
93041		\$5.78
93042		\$7.23
93050		\$16.27
93050	26	\$8.32
93050	TC	\$7.95
93224		\$90.03
93225		\$26.39
93226		\$37.24
93227		\$26.76
93228		\$26.39
93229		\$720.22
93260		\$69.06
93260	26	\$43.39
93260	TC	\$25.67
93261		\$63.27
93261	26	\$37.60
93261	TC	\$25.67
93264		\$51.34
93268		\$205.36
93270		\$9.40
93271		\$170.66

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93272		\$25.67
93278		\$31.09
93278	26	\$12.65
93278	TC	\$18.44
93279		\$56.04
93279	26	\$32.90
93279	TC	\$23.14
93280		\$65.44
93280	26	\$38.69
93280	TC	\$26.76
93281		\$70.50
93281	26	\$43.39
93281	TC	\$27.12
93282		\$67.97
93282	26	\$43.03
93282	TC	\$24.95
93283		\$85.69
93283	26	\$58.57
93283	TC	\$27.12
93284		\$92.56
93284	26	\$63.63
93284	TC	\$28.92
93285		\$49.17
93285	26	\$26.76
93285	TC	\$22.42
93286		\$35.43
93286	26	\$15.19
93286	TC	\$20.25
93287		\$43.75
93287	26	\$23.50
93287	TC	\$20.25
93288		\$44.83
93288	26	\$21.69
93288	TC	\$23.14
93289		\$60.74
93289	26	\$37.60
93289	TC	\$23.14
93290		\$42.66
93290	26	\$22.06
93290	TC	\$20.61
93291		\$38.33
93291	26	\$18.44
93291	TC	\$19.89
93292		\$40.86

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93292	26	\$21.69
93292	TC	\$19.16
93293		\$53.15
93293	26	\$15.19
93293	TC	\$37.96
93294		\$30.73
93295		\$44.83
93296		\$26.03
93297		\$26.76
93298		\$26.76
93303		\$239.35
93303	26	\$64.72
93303	TC	\$174.63
93304		\$163.06
93304	26	\$36.88
93304	TC	\$126.18
93306		\$210.07
93306	26	\$74.48
93306	TC	\$135.58
93307		\$142.82
93307	26	\$45.56
93307	TC	\$97.26
93308		\$100.15
93308	26	\$26.03
93308	TC	\$74.12
93312		\$250.20
93312	26	\$111.00
93312	TC	\$139.20
93313		\$11.57
93314		\$240.07
93314	26	\$91.47
93314	TC	\$148.60
93315	26	\$130.52
93316		\$27.84
93317	26	\$92.92
93318	26	\$105.21
93320		\$54.60
93320	26	\$18.80
93320	TC	\$35.79
93321		\$27.48
93321	26	\$7.59
93321	TC	\$19.89
93325		\$25.67
93325	26	\$3.25

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93325	TC	\$22.42
93350		\$190.90
93350	26	\$71.95
93350	TC	\$118.95
93351		\$236.10
93351	26	\$86.41
93351	TC	\$149.69
93352		\$33.99
93355		\$232.48
93451		\$792.17
93451	26	\$129.08
93451	TC	\$663.10
93452		\$874.97
93452	26	\$235.74
93452	TC	\$639.23
93453		\$1,133.48
93453	26	\$315.64
93453	TC	\$817.84
93454		\$882.92
93454	26	\$238.27
93454	TC	\$644.66
93455		\$1,017.42
93455	26	\$277.68
93455	TC	\$739.75
93456		\$1,117.94
93456	26	\$309.86
93456	TC	\$808.08
93457		\$1,249.18
93457	26	\$348.18
93457	TC	\$901.00
93458		\$1,047.43
93458	26	\$294.31
93458	TC	\$753.13
93459		\$1,149.75
93459	26	\$332.99
93459	TC	\$816.76
93460		\$1,255.69
93460	26	\$372.40
93460	TC	\$883.29
93461		\$1,422.01
93461	26	\$412.18
93461	TC	\$1,009.83
93462		\$206.81
93463		\$99.79

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93464		\$253.09
93464	26	\$88.94
93464	TC	\$164.15
93503		\$89.30
93505		\$707.57
93505	26	\$218.02
93505	TC	\$489.55
93530	26	\$206.09
93531	26	\$428.08
93532	26	\$524.98
93533	26	\$350.71
93561	26	\$47.00
93562	26	\$37.96
93563		\$57.85
93564		\$60.38
93565		\$44.83
93566		\$155.11
93567		\$130.52
93568		\$140.28
93571	26	\$76.65
93572	26	\$62.19
93580		\$962.47
93581		\$1,306.31
93582		\$653.70
93583		\$730.35
93590		\$1,102.75
93591		\$908.60
93592		\$402.41
93600	26	\$117.51
93602	26	\$115.34
93603	26	\$115.70
93609	26	\$275.87
93610	26	\$162.70
93612	26	\$161.25
93613		\$291.78
93615	26	\$39.05
93616	26	\$61.10
93618	26	\$219.10
93619	26	\$387.59
93620	26	\$622.96
93621	26	\$115.70
93622	26	\$171.02
93623	26	\$157.28
93624	26	\$238.99

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93631	26	\$389.76
93640	26	\$177.16
93641	26	\$309.86
93642		\$337.70
93642	26	\$254.18
93642	TC	\$83.52
93644		\$202.11
93644	26	\$148.96
93644	TC	\$53.15
93650		\$582.47
93653		\$823.63
93654		\$1,102.39
93655		\$419.41
93656		\$1,105.64
93657		\$418.68
93660		\$161.62
93660	26	\$95.45
93660	TC	\$66.17
93662	26	\$145.35
93668		\$17.72
93701		\$25.67
93702		\$128.71
93724		\$282.02
93724	26	\$248.03
93724	TC	\$33.99
93740		\$8.32
93750		\$55.68
93770		\$8.32
93784		\$54.23
93786		\$30.01
93788		\$5.42
93790		\$19.16
93793		\$12.29
93797		\$16.63
93798		\$25.67
93880		\$204.64
93880	26	\$40.13
93880	TC	\$164.51
93882		\$130.16
93882	26	\$24.22
93882	TC	\$105.94
93886		\$275.87
93886	26	\$47.36
93886	TC	\$228.50

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93888		\$138.48
93888	26	\$25.67
93888	TC	\$112.81
93890		\$281.29
93890	26	\$51.70
93890	TC	\$229.59
93892		\$173.19
93892	26	\$60.38
93892	TC	\$112.81
93893		\$173.55
93893	26	\$60.74
93893	TC	\$112.81
93922		\$87.50
93922	26	\$12.65
93922	TC	\$75.20
93923		\$135.58
93923	26	\$22.06
93923	TC	\$113.53
93924		\$167.76
93924	26	\$24.59
93924	TC	\$143.18
93925		\$260.32
93925	26	\$39.05
93925	TC	\$221.27
93926		\$136.67
93926	26	\$24.22
93926	TC	\$112.44
93930		\$208.62
93930	26	\$39.41
93930	TC	\$169.21
93931		\$130.16
93931	26	\$24.22
93931	TC	\$105.94
93970		\$198.13
93970	26	\$34.35
93970	TC	\$163.79
93971		\$122.93
93971	26	\$22.42
93971	TC	\$100.51
93975		\$282.74
93975	26	\$57.49
93975	TC	\$225.25
93976		\$152.58
93976	26	\$39.77

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
93976	TC	\$112.81
93978		\$191.26
93978	26	\$39.05
93978	TC	\$152.22
93979		\$121.85
93979	26	\$24.22
93979	TC	\$97.62
93980		\$126.55
93980	26	\$62.55
93980	TC	\$64.00
93981		\$77.01
93981	26	\$21.69
93981	TC	\$55.32
93990		\$136.67
93990	26	\$23.86
93990	TC	\$112.81
94002		\$92.92
94003		\$66.53
94004		\$49.17
94005		\$92.92
94010		\$35.79
94010	26	\$8.32
94010	TC	\$27.48
94011		\$87.50
94012		\$142.09
94013		\$19.52
94014		\$56.76
94015		\$31.09
94016		\$25.67
94060		\$60.38
94060	26	\$13.02
94060	TC	\$47.36
94070		\$60.38
94070	26	\$28.92
94070	TC	\$31.46
94150		\$25.67
94150	26	\$3.98
94150	TC	\$22.06
94200		\$27.84
94200	26	\$5.42
94200	TC	\$22.42
94250		\$27.84
94250	26	\$5.42
94250	TC	\$22.42

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
94375		\$40.13
94375	26	\$14.82
94375	TC	\$25.31
94400		\$57.85
94400	26	\$19.89
94400	TC	\$37.96
94450		\$73.76
94450	26	\$20.25
94450	TC	\$53.51
94452		\$55.68
94452	26	\$14.46
94452	TC	\$41.22
94453		\$77.01
94453	26	\$19.16
94453	TC	\$57.85
94610		\$56.04
94617		\$95.45
94617	26	\$33.99
94617	TC	\$61.46
94618		\$34.35
94618	26	\$23.14
94618	TC	\$11.21
94621		\$162.70
94621	26	\$69.78
94621	TC	\$92.92
94640		\$18.44
94644		\$50.62
94645		\$16.99
94660		\$64.36
94662		\$36.16
94664		\$17.35
94667		\$25.31
94668		\$32.90
94669		\$32.18
94680		\$56.40
94680	26	\$12.65
94680	TC	\$43.75
94681		\$55.68
94681	26	\$10.49
94681	TC	\$45.56
94690		\$53.51
94690	26	\$3.98
94690	TC	\$49.90
94726		\$54.60

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
94726	26	\$12.65
94726	TC	\$42.30
94727		\$44.11
94727	26	\$12.65
94727	TC	\$31.82
94728		\$41.22
94728	26	\$12.65
94728	TC	\$28.56
94729		\$56.04
94729	26	\$9.04
94729	TC	\$47.00
94750		\$86.41
94750	26	\$10.85
94750	TC	\$75.57
94760		\$2.53
94761		\$4.34
94762		\$25.67
94770		\$7.59
94780		\$52.06
94781		\$20.61
95004		\$4.34
95012		\$20.61
95017		\$8.32
95018		\$22.06
95024		\$8.32
95027		\$4.70
95028		\$13.38
95044		\$5.78
95052		\$6.87
95056		\$47.00
95060		\$35.79
95065		\$26.76
95070		\$32.18
95071		\$37.96
95076		\$122.93
95079		\$86.77
95115		\$9.40
95117		\$10.85
95144		\$14.82
95145		\$29.29
95146		\$54.23
95147		\$56.04
95148		\$80.63
95149		\$107.38

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95165		\$14.46
95170		\$10.85
95180		\$140.28
95249		\$56.04
95250		\$153.30
95251		\$35.79
95782		\$923.06
95782	26	\$127.99
95782	TC	\$795.07
95783		\$982.71
95783	26	\$139.20
95783	TC	\$843.51
95803		\$146.07
95803	26	\$44.47
95803	TC	\$101.60
95805		\$427.00
95805	26	\$59.66
95805	TC	\$367.34
95807		\$437.12
95807	26	\$62.55
95807	TC	\$374.57
95808		\$682.98
95808	26	\$89.30
95808	TC	\$593.68
95810		\$624.05
95810	26	\$122.93
95810	TC	\$501.12
95811		\$654.06
95811	26	\$127.63
95811	TC	\$526.43
95812		\$330.83
95812	26	\$58.57
95812	TC	\$272.25
95813		\$410.73
95813	26	\$87.86
95813	TC	\$322.87
95816		\$369.87
95816	26	\$58.57
95816	TC	\$311.30
95819		\$434.95
95819	26	\$58.57
95819	TC	\$376.38
95822		\$392.65
95822	26	\$58.93

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95822	TC	\$333.72
95824	26	\$40.13
95827		\$618.99
95827	26	\$57.13
95827	TC	\$561.86
95829		\$1,929.64
95829	26	\$340.95
95829	TC	\$1,588.69
95830		\$394.46
95831		\$32.90
95832		\$32.18
95833		\$43.03
95834		\$56.04
95836		\$108.11
95851		\$21.33
95852		\$19.16
95857		\$54.96
95860		\$123.29
95860	26	\$52.43
95860	TC	\$70.87
95861		\$175.36
95861	26	\$83.52
95861	TC	\$91.84
95863		\$220.55
95863	26	\$101.24
95863	TC	\$119.31
95864		\$253.45
95864	26	\$108.11
95864	TC	\$145.35
95865		\$152.22
95865	26	\$84.60
95865	TC	\$67.61
95866		\$139.56
95866	26	\$68.70
95866	TC	\$70.87
95867		\$107.38
95867	26	\$42.66
95867	TC	\$64.72
95868		\$141.01
95868	26	\$64.36
95868	TC	\$76.65
95869		\$96.17
95869	26	\$20.25
95869	TC	\$75.93

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95870		\$92.92
95870	26	\$20.25
95870	TC	\$72.67
95872		\$200.30
95872	26	\$155.83
95872	TC	\$44.47
95873		\$77.01
95873	26	\$20.61
95873	TC	\$56.40
95874		\$78.46
95874	26	\$20.25
95874	TC	\$58.21
95875		\$134.50
95875	26	\$60.02
95875	TC	\$74.48
95885		\$62.19
95885	26	\$19.16
95885	TC	\$43.03
95886		\$96.17
95886	26	\$47.00
95886	TC	\$49.17
95887		\$83.52
95887	26	\$38.33
95887	TC	\$45.19
95905		\$64.72
95905	26	\$2.89
95905	TC	\$62.19
95907		\$97.26
95907	26	\$54.23
95907	TC	\$43.03
95908		\$126.18
95908	26	\$68.70
95908	TC	\$57.49
95909		\$150.41
95909	26	\$81.71
95909	TC	\$68.70
95910		\$197.41
95910	26	\$109.19
95910	TC	\$88.22
95911		\$237.18
95911	26	\$136.31
95911	TC	\$100.87
95912		\$266.47
95912	26	\$162.34

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95912	TC	\$104.13
95913		\$307.69
95913	26	\$192.35
95913	TC	\$115.34
95921		\$84.60
95921	26	\$45.92
95921	TC	\$38.69
95922		\$96.54
95922	26	\$48.45
95922	TC	\$48.09
95923		\$130.52
95923	26	\$46.28
95923	TC	\$84.24
95924		\$151.49
95924	26	\$89.67
95924	TC	\$61.83
95925		\$134.14
95925	26	\$28.20
95925	TC	\$105.94
95926		\$129.80
95926	26	\$27.84
95926	TC	\$101.96
95927		\$134.14
95927	26	\$27.48
95927	TC	\$106.66
95928		\$222.72
95928	26	\$80.63
95928	TC	\$142.09
95929		\$228.14
95929	26	\$80.99
95929	TC	\$147.15
95930		\$69.78
95930	26	\$19.16
95930	TC	\$50.62
95933		\$82.44
95933	26	\$31.82
95933	TC	\$50.62
95937		\$88.94
95937	26	\$34.71
95937	TC	\$54.23
95938		\$352.52
95938	26	\$46.64
95938	TC	\$305.88
95939		\$523.54

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95939	26	\$121.85
95939	TC	\$401.69
95940		\$32.90
95950		\$297.20
95950	26	\$79.54
95950	TC	\$217.66
95951	26	\$325.04
95953		\$450.86
95953	26	\$166.32
95953	TC	\$284.55
95954		\$406.39
95954	26	\$117.14
95954	TC	\$289.25
95955		\$214.04
95955	26	\$54.96
95955	TC	\$159.09
95956		\$1,483.11
95956	26	\$192.71
95956	TC	\$1,290.40
95957		\$273.34
95957	26	\$104.85
95957	TC	\$168.49
95958		\$584.28
95958	26	\$228.50
95958	TC	\$355.77
95961		\$309.49
95961	26	\$163.06
95961	TC	\$146.43
95962		\$265.75
95962	26	\$174.99
95962	TC	\$90.75
95965	26	\$429.53
95966	26	\$217.30
95967	26	\$189.82
95970		\$19.16
95971		\$50.98
95972		\$57.13
95976		\$40.86
95977		\$54.23
95980		\$44.83
95981		\$34.35
95982		\$54.60
95983		\$50.98
95984		\$44.47

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
95990		\$94.37
95991		\$118.23
95992		\$44.47
96000		\$96.17
96001		\$124.74
96002		\$22.42
96003		\$17.72
96004		\$115.34
96020	26	\$166.32
96040		\$46.64
96105		\$105.57
96110		\$10.12
96112		\$136.31
96113		\$60.74
96116		\$96.17
96121		\$82.44
96125		\$111.72
96127		\$5.42
96130		\$117.51
96131		\$89.67
96132		\$132.69
96133		\$101.24
96136		\$47.73
96137		\$44.11
96138		\$39.05
96139		\$39.05
96146		\$2.17
96150		\$23.14
96151		\$22.78
96152		\$20.97
96153		\$5.06
96154		\$20.61
96160		\$3.25
96161		\$3.25
96360		\$38.33
96361		\$13.74
96365		\$72.31
96366		\$22.06
96367		\$31.46
96368		\$21.33
96369		\$169.21
96370		\$15.91
96371		\$66.53
96372		\$16.99

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
96373		\$19.16
96374		\$39.41
96375		\$16.99
96377		\$20.61
96401		\$80.27
96402		\$31.46
96405		\$83.16
96406		\$124.01
96409		\$109.19
96411		\$59.30
96413		\$142.09
96415		\$30.73
96416		\$142.82
96417		\$68.70
96420		\$105.21
96422		\$173.55
96423		\$80.27
96425		\$183.67
96440		\$848.22
96446		\$205.00
96450		\$183.31
96521		\$147.88
96522		\$121.12
96523		\$27.48
96542		\$135.22
96567		\$126.55
96570		\$52.06
96571		\$29.29
96573		\$205.73
96574		\$261.41
96900		\$22.06
96902		\$22.06
96904		\$65.44
96910		\$116.78
96912		\$99.07
96913		\$141.01
96920		\$166.68
96921		\$182.95
96922		\$248.03
96931		\$173.19
96932		\$17.35
96933		\$47.00
96934		\$98.34
96935		\$45.56

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
96936		\$44.83
97010		\$6.51
97022		\$18.44
97032		\$15.19
97035		\$14.10
97110		\$31.09
97112		\$35.43
97113		\$39.41
97116		\$30.73
97150		\$18.80
97151		\$27.46
97152		\$20.32
97153		\$9.36
97154		\$2.35
97155		\$27.46
97161		\$86.05
97162		\$86.05
97163		\$86.05
97164		\$58.57
97165		\$92.56
97166		\$92.56
97167		\$92.56
97168		\$63.63
97530		\$40.49
97537		\$33.26
97597		\$90.75
97598		\$28.56
97605		\$44.47
97606		\$52.43
97761		\$41.58
97802		\$37.60
97803		\$32.54
97804		\$17.35
97810		\$36.52
97811		\$27.84
97813		\$40.13
97814		\$32.54
98925		\$31.82
98926		\$45.56
98927		\$60.02
98928		\$72.67
98929		\$87.14
98940		\$41.74
98941		\$58.06

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
98942		\$75.59
98966		\$14.10
98966		\$14.10
98967		\$27.12
98967		\$27.12
98968		\$39.77
98968		\$39.77
99170		\$160.17
99173		\$2.89
99174		\$5.78
99175		\$26.39
99177		\$4.70
99177		\$4.70
99183		\$108.83
99184		\$223.80
99188		\$26.34
99195		\$102.32
99201		\$45.92
99202		\$76.29
99203		\$108.11
99204		\$163.79
99205		\$206.09
99211		\$23.14
99212		\$45.19
99213		\$74.48
99214		\$108.83
99215		\$145.71
99217		\$73.03
99218		\$99.07
99219		\$135.22
99220		\$185.12
99221		\$100.15
99222		\$135.95
99223		\$201.39
99224		\$39.41
99225		\$72.67
99226		\$104.49
99231		\$39.05
99232		\$72.31
99233		\$103.77
99234		\$132.33
99235		\$168.49
99236		\$216.93
99238		\$73.03

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
99239		\$107.02
99281		\$20.97
99282		\$40.86
99283		\$61.10
99284		\$116.06
99285		\$171.02
99291		\$276.23
99292		\$121.85
99304		\$89.67
99305		\$130.16
99306		\$166.68
99307		\$44.11
99308		\$68.70
99309		\$91.47
99310		\$135.58
99315		\$73.40
99316		\$105.57
99318		\$95.81
99324		\$55.32
99325		\$79.90
99326		\$138.84
99327		\$186.20
99328		\$219.47
99334		\$60.38
99335		\$95.09
99336		\$135.22
99337		\$193.80
99341		\$55.32
99342		\$79.54
99343		\$129.80
99344		\$181.86
99345		\$221.27
99347		\$55.32
99348		\$83.88
99349		\$129.08
99350		\$178.61
99354		\$130.16
99355		\$99.07
99356		\$92.20
99357		\$92.56
99360		\$61.46
99366		\$43.03
99374		\$69.78
99375		\$104.49

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
99377		\$69.78
99378		\$104.49
99379		\$69.78
99380		\$104.49
99381		\$111.72
99382		\$116.78
99383		\$121.48
99384		\$137.03
99385		\$132.69
99386		\$154.02
99387		\$166.68
99391		\$100.51
99392		\$107.38
99393		\$107.02
99394		\$117.14
99395		\$119.68
99396		\$127.63
99397		\$137.03
99406		\$14.82
99407		\$28.20
99408		\$35.79
99409		\$69.06
99460		\$95.81
99461		\$91.84
99462		\$41.94
99463		\$111.00
99464		\$74.84
99465		\$146.07
99466		\$238.99
99467		\$119.31
99468		\$920.53
99469		\$398.08
99471		\$796.87
99472		\$406.75
99475		\$560.78
99476		\$347.10
99477		\$348.90
99478		\$137.03
99479		\$124.74
99480		\$119.31
99483		\$260.68
99487		\$92.20
99489		\$46.28
99490		\$41.58

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
99491		\$82.80
99495		\$164.87
99496		\$232.48
0373T		\$11.24
G0027		\$7.23
G0101		\$39.05
G0102		\$22.78
G0103		\$20.44
G0104		\$174.27
G0105		\$323.96
G0106		\$232.12
G0106	26	\$51.34
G0106	TC	\$180.78
G0108		\$55.68
G0109		\$15.55
G0117		\$56.76
G0118		\$42.30
G0120		\$231.40
G0120	26	\$50.62
G0120	TC	\$180.78
G0121		\$324.32
G0122		\$295.39
G0122	26	\$49.90
G0122	TC	\$245.50
G0123		\$22.51
G0124		\$32.18
G0127		\$24.59
G0128		\$7.95
G0130		\$35.43
G0130	26	\$11.21
G0130	TC	\$24.22
G0141		\$32.18
G0143		\$27.05
G0144		\$43.97
G0145		\$29.44
G0147		\$14.99
G0148		\$31.94
G0166		\$116.06
G0168		\$96.90
G0179		\$41.58
G0180		\$53.51
G0181		\$107.74
G0182		\$108.11
G0237		\$9.76

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
G0238		\$10.12
G0239		\$12.65
G0245		\$66.89
G0246		\$39.77
G0247		\$78.10
G0248		\$72.67
G0249		\$73.40
G0250		\$9.40
G0252	26	\$75.93
G0268		\$49.17
G0270		\$32.54
G0271		\$17.35
G0277		\$111.72
G0278		\$13.38
G0279		\$55.68
G0279	26	\$30.37
G0279	TC	\$25.31
G0281		\$14.46
G0288		\$34.71
G0289		\$85.69
G0296		\$28.92
G0297		\$240.80
G0297	26	\$51.70
G0297	TC	\$189.09
G0306		\$8.63
G0307		\$7.18
G0328		\$19.64
G0329		\$11.21
G0337		\$72.67
G0341		\$2,137.53
G0342		\$704.31
G0343		\$1,162.77
G0365		\$125.10
G0365	26	\$12.29
G0365	TC	\$112.81
G0372		\$9.04
G0396		\$35.79
G0397		\$66.89
G0402		\$167.04
G0403		\$16.99
G0404		\$8.68
G0405		\$8.68
G0406		\$38.69
G0407		\$71.95

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
G0408		\$103.41
G0409		\$16.63
G0412		\$718.78
G0413		\$1,058.64
G0414		\$996.82
G0415		\$1,363.80
G0416		\$385.78
G0416	26	\$184.76
G0416	TC	\$201.03
G0425		\$99.43
G0426		\$135.22
G0427		\$201.03
G0429		\$98.71
G0432		\$19.57
G0433		\$18.29
G0435		\$13.32
G0438		\$172.46
G0439		\$116.78
G0455		\$129.08
G0471		\$5.00
G0472		\$46.35
G0476		\$38.99
G0480		\$114.43
G0481		\$156.59
G0482		\$198.74
G0483		\$246.92
G0499		\$31.41
G0500		\$58.57
G0659		\$64.65
G6001		\$83.88
G6001	26	\$31.82
G6001	TC	\$52.06
G6002		\$77.37
G6002	26	\$20.97
G6002	TC	\$56.40
G6003		\$199.94
G6004		\$146.43
G6005		\$146.43
G6006		\$146.07
G6007		\$276.95
G6008		\$202.11
G6009		\$201.03
G6010		\$201.03
G6011		\$273.34

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
G6012		\$267.91
G6013		\$268.28
G6014		\$268.28
G6015		\$363.00
G6016		\$362.64
G9143		\$134.13
H1000		\$84.09
H1001		\$56.06
H1002		\$56.06
H1003		\$56.06
H1004		\$56.06
J0129		\$51.61
J0130		\$1,429.07
J0132		\$1.45
J0171		\$0.74
J0178		\$963.54
J0180		\$178.17
J0207		\$979.75
J0221		\$166.20
J0256		\$4.55
J0257		\$4.70
J0278		\$1.18
J0280		\$7.02
J0290		\$1.00
J0295		\$2.62
J0348		\$0.56
J0360		\$2.58
J0401		\$5.47
J0456		\$2.76
J0461		\$0.07
J0470		\$54.42
J0475		\$169.75
J0476		\$44.35
J0480		\$3,677.61
J0485		\$3.79
J0490		\$44.16
J0500		\$69.65
J0515		\$18.67
J0558		\$10.96
J0561		\$13.85
J0583		\$0.80
J0585		\$6.14
J0586		\$8.53
J0587		\$12.00

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
J0588		\$5.08
J0592		\$4.15
J0594		\$10.82
J0595		\$2.62
J0597		\$48.92
J0598		\$54.02
J0600		\$5,594.42
J0840		\$3,291.27
J7321		\$79.91
J7323		\$141.03
J7324		\$146.91
J7325		\$11.86
J7327		\$791.24
J9030		\$2.82
P3000		\$14.99
P3001		\$32.18
P9603		\$0.32
P9604		\$4.67
Q0035		\$20.25
Q0035	26	\$8.68
Q0035	TC	\$11.57
Q0091		\$43.75
Q0092		\$24.59
Q0111		\$14.99
Q0138		\$1.01
Q0139		\$1.01
Q0162		\$0.03
Q0163		\$0.26
Q0166		\$2.87
Q0510		\$60.28
Q0511		\$28.94
Q0512		\$19.29
Q0513		\$39.79
Q0514		\$79.56
Q2035		\$18.24
Q3014		\$31.17
Q4001		\$51.47
Q4002		\$194.51
Q4003		\$36.99
Q4004		\$127.96
Q4005		\$13.63
Q4006		\$30.71
Q4007		\$6.81
Q4008		\$15.35

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
Q4009		\$9.09
Q4010		\$20.49
Q4011		\$4.55
Q4012		\$10.22
Q4013		\$16.54
Q4014		\$27.94
Q4015		\$8.27
Q4016		\$13.97
Q4017		\$9.59
Q4018		\$15.29
Q4019		\$4.77
Q4020		\$7.65
Q4021		\$7.07
Q4022		\$12.81
Q4023		\$3.57
Q4024		\$6.36
Q4025		\$39.76
Q4026		\$124.09
Q4027		\$19.88
Q4028		\$62.03
Q4029		\$30.40
Q4030		\$79.99
Q4031		\$15.19
Q4032		\$40.00
Q4033		\$28.36
Q4034		\$70.50
Q4035		\$14.19
Q4036		\$35.26
Q4037		\$17.29
Q4038		\$43.32
Q4039		\$8.66
Q4040		\$21.68
Q4041		\$21.03
Q4042		\$35.88
Q4043		\$10.50
Q4044		\$17.96
Q4045		\$12.20
Q4046		\$19.61
Q4047		\$6.08
Q4048		\$9.83
Q4049		\$2.24
Q4101		\$30.49
Q4102		\$11.40
Q4106		\$32.82

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
Q4132		\$135.00
Q4133		\$135.17
Q4186		\$159.86
Q4195		\$75.87
Q4196		\$59.81
Q9958		\$0.08
Q9960		\$0.22
R0070		\$71.64
R0075		\$71.64
S0302		\$127.51
S0390		\$20.28
S2083		\$104.20
S5497		\$7.02
S9326		\$54.57
S9327		\$70.15
S9330		\$54.57
S9331		\$70.15
S9338		\$70.15
S9339		\$54.57
S9364		\$257.14
S9373		\$70.15
S9497		\$93.84
S9500		\$70.38
S9501		\$77.52
S9502		\$77.52
S9503		\$77.52
S9504		\$93.84
T1001		\$16.00
T1002		\$16.72
T1003		\$13.62
T1004		\$10.48
T1015		\$111.55
T1021		\$17.77
T1025		\$336.65
T1030		\$66.87
T1031		\$54.47
V2020		\$24.93
V2025		\$15.60
V2104		\$7.02
V2105		\$4.67
V2111		\$2.74
V2204		\$16.39
V2299		\$17.14
V2304		\$22.29

ND MEDICAID *PROFESSIONAL SERVICES* FEE SCHEDULE

as of 07/01/2019

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

CODE	MODIFIER	MEDICAID FEE
V2430		\$34.30
V2624		\$94.21
V2625		\$562.52
V2626		\$243.17
V2628		\$480.72
V2710		\$72.46
V2715		\$3.11
V2718		\$12.11
V2744		\$7.27
V2745		\$1.95
V2760		\$2.74
V2780		\$2.34
V2784		\$7.79
V2799		\$3.49