

ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021

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

Code	Medicaid Fee
0335T	\$2,659.73
0338T	\$1,290.21
0339T	\$1,290.21
0342T	\$1,220.82
0402T	\$510.73
0404T	\$2,173.43
0408T	\$10,331.05
0409T	\$8,997.80
0410T	\$3,158.89
0411T	\$3,158.89
0412T	\$1,040.22
0413T	\$1,040.22
0414T	\$8,997.80
0415T	\$163.76
0416T	\$518.65
0419T	\$158.49
0420T	\$158.49
0421T	\$2,428.17
0424T	\$7,805.20
0425T	\$3,623.70
0426T	\$3,623.70
0427T	\$13,904.05
0428T	\$1,095.76
0429T	\$1,095.76
0430T	\$1,095.76
0431T	\$14,001.84
0432T	\$1,095.76
0433T	\$1,095.76

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Code	Medicaid Fee
0434T	\$30.33
0440T	\$481.50
0441T	\$481.50
0442T	\$2,460.25
0446T	\$518.65
0447T	\$54.29
0448T	\$518.65
0449T	\$1,741.12
0453T	\$2,423.45
0454T	\$2,423.45
0457T	\$1,040.22
0458T	\$1,040.22
0460T	\$1,040.22
0465T	\$93.96
0467T	\$1,654.83
0468T	\$1,095.76
0479T	\$158.49
0491T	\$104.57
0499T	\$834.75
0505T	\$3,831.06
0510T	\$794.75
0511T	\$2,284.51
0512T	\$54.29
0515T	\$8,997.80
0516T	\$2,423.45
0517T	\$4,283.65
0518T	\$1,040.22
0519T	\$1,355.89
0520T	\$8,997.80
0524T	\$816.78
0525T	\$3,743.71
0526T	\$3,158.89

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Code	Medicaid Fee
0527T	\$2,423.45
0530T	\$1,040.22
0531T	\$1,040.22
0532T	\$1,040.22
0548T	\$5,964.18
0549T	\$2,070.95
0550T	\$834.75
0551T	\$80.47
0566T	\$78.97
0583T	\$400.85
0587T	\$2,346.71
0588T	\$1,095.76
0594T	\$2,284.51
0596T	\$173.78
0597T	\$173.78
0600T	\$2,958.92
0601T	\$2,958.92
0614T	\$8,997.80
0616T	\$810.57
0617T	\$1,460.26
0618T	\$1,460.26
0619T	\$1,609.27
0620T	\$5,503.37
0627T	\$3,509.72
0629T	\$3,509.72
0632T	\$5,503.37
0644T	\$1,681.74
0647T	\$538.02
0651T	\$319.07
0652T	\$319.07
0653T	\$319.07
0654T	\$538.02

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Code	Medicaid Fee
0655T	\$834.74
10005	\$188.06
10009	\$188.06
10011	\$188.06
10030	\$188.06
10121	\$355.52
10180	\$595.56
11010	\$188.06
11011	\$188.06
11012	\$595.56
11042	\$104.57
11043	\$158.49
11044	\$355.52
11307	\$54.29
11311	\$54.29
11404	\$355.52
11406	\$355.52
11424	\$355.52
11426	\$595.56
11444	\$355.52
11446	\$595.56
11450	\$595.56
11451	\$595.56
11462	\$595.56
11463	\$595.56
11470	\$595.56
11471	\$595.56
11604	\$188.06
11606	\$355.52
11624	\$355.52
11626	\$595.56
11644	\$355.52

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Code	Medicaid Fee
11646	\$595.56
11770	\$595.56
11771	\$595.56
11772	\$595.56
11960	\$1,064.94
11970	\$2,274.56
11971	\$595.56
12005	\$104.57
12006	\$104.57
12007	\$54.29
12015	\$54.29
12016	\$104.57
12017	\$104.57
12018	\$54.29
12020	\$158.49
12021	\$104.57
12031	\$104.57
12032	\$104.57
12034	\$104.57
12035	\$104.57
12036	\$158.49
12037	\$518.65
12041	\$104.57
12042	\$104.57
12044	\$158.49
12045	\$158.49
12046	\$158.49
12047	\$518.65
12051	\$104.57
12052	\$104.57
12053	\$104.57
12054	\$104.57

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Code	Medicaid Fee
12055	\$104.57
12056	\$104.57
12057	\$104.57
13100	\$158.49
13101	\$158.49
13120	\$158.49
13121	\$158.49
13131	\$104.57
13132	\$158.49
13151	\$158.49
13152	\$158.49
13160	\$518.65
14000	\$518.65
14001	\$518.65
14020	\$518.65
14021	\$518.65
14040	\$518.65
14041	\$518.65
14060	\$518.65
14061	\$518.65
14301	\$1,064.94
14350	\$518.65
15002	\$518.65
15004	\$158.49
15040	\$518.65
15050	\$158.49
15100	\$518.65
15110	\$518.65
15115	\$518.65
15120	\$1,064.94
15130	\$518.65
15135	\$1,064.94

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Code	Medicaid Fee
15150	\$518.65
15155	\$1,064.94
15200	\$518.65
15220	\$518.65
15240	\$518.65
15260	\$518.65
15271	\$518.65
15273	\$1,064.94
15275	\$518.65
15277	\$518.65
15570	\$518.65
15572	\$1,064.94
15574	\$518.65
15600	\$1,064.94
15610	\$518.65
15620	\$518.65
15630	\$518.65
15650	\$518.65
15730	\$1,064.94
15731	\$1,064.94
15733	\$1,064.94
15734	\$1,064.94
15736	\$518.65
15738	\$1,064.94
15740	\$518.65
15750	\$1,064.94
15760	\$518.65
15769	\$1,064.94
15770	\$1,064.94
15771	\$1,064.94
15773	\$518.65
15783	\$104.57

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Code	Medicaid Fee
15819	\$518.65
15820	\$518.65
15821	\$518.65
15822	\$518.65
15823	\$518.65
15830	\$1,346.69
15832	\$595.56
15840	\$1,064.94
15841	\$1,064.94
15842	\$518.65
15845	\$1,064.94
15850	\$158.49
15877	\$1,064.94
15920	\$595.56
15922	\$1,064.94
15931	\$595.56
15933	\$595.56
15934	\$1,064.94
15935	\$1,064.94
15936	\$518.65
15937	\$518.65
15940	\$595.56
15941	\$595.56
15944	\$1,064.94
15945	\$518.65
15946	\$518.65
15950	\$355.52
15951	\$595.56
15952	\$518.65
15953	\$1,064.94
15956	\$518.65
15958	\$1,064.94

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Code	Medicaid Fee
16025	\$54.29
16030	\$104.57
16035	\$104.57
17106	\$104.57
17107	\$158.49
17270	\$54.29
17271	\$54.29
17311	\$158.49
17313	\$158.49
17380	\$158.49
19020	\$355.52
19081	\$355.52
19083	\$355.52
19085	\$355.52
19100	\$355.52
19101	\$703.80
19105	\$1,021.83
19110	\$703.80
19112	\$703.80
19120	\$703.80
19125	\$703.80
19296	\$2,571.41
19298	\$1,346.69
19300	\$703.80
19301	\$703.80
19302	\$1,346.69
19303	\$1,346.69
19307	\$1,346.69
19316	\$1,346.69
19318	\$1,346.69
19325	\$1,668.39
19328	\$703.80

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Code	Medicaid Fee
19330	\$703.80
19340	\$1,346.69
19342	\$1,668.39
19350	\$703.80
19355	\$703.80
19357	\$3,363.60
19370	\$703.80
19371	\$703.80
19380	\$1,346.69
19396	\$703.80
20100	\$136.78
20101	\$518.65
20102	\$518.65
20103	\$188.06
20150	\$794.75
20200	\$355.52
20205	\$595.56
20206	\$355.52
20220	\$355.52
20225	\$355.52
20240	\$595.56
20245	\$595.56
20250	\$794.75
20251	\$1,752.64
20525	\$595.56
20555	\$794.75
20650	\$794.75
20660	\$432.91
20662	\$432.91
20663	\$794.75
20665	\$81.70
20670	\$355.52

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Code	Medicaid Fee
20680	\$595.56
20690	\$2,504.63
20692	\$5,444.06
20693	\$1,752.64
20694	\$432.91
20696	\$6,446.03
20697	\$432.91
20822	\$432.91
20900	\$1,752.64
20902	\$1,752.64
20910	\$158.49
20912	\$1,064.94
20920	\$518.65
20922	\$518.65
20924	\$1,752.64
20950	\$188.06
20972	\$1,752.64
20973	\$1,752.64
20982	\$1,752.64
20983	\$1,752.64
21010	\$647.61
21012	\$355.52
21014	\$595.56
21015	\$595.56
21016	\$595.56
21025	\$1,428.15
21026	\$1,428.15
21029	\$647.61
21034	\$1,428.15
21040	\$647.61
21044	\$1,428.15
21046	\$1,428.15

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Code	Medicaid Fee
21047	\$1,428.15
21048	\$1,428.15
21049	\$1,428.15
21050	\$1,428.15
21060	\$1,428.15
21070	\$1,428.15
21085	\$63.98
21088	\$647.61
21100	\$1,428.15
21110	\$307.52
21120	\$1,428.15
21121	\$647.61
21122	\$1,428.15
21123	\$647.61
21125	\$1,428.15
21127	\$1,428.15
21150	\$1,428.15
21172	\$1,428.15
21175	\$1,428.15
21181	\$1,428.15
21193	\$1,428.15
21195	\$2,153.03
21198	\$1,428.15
21199	\$1,428.15
21206	\$1,428.15
21209	\$1,428.15
21210	\$1,428.15
21215	\$1,428.15
21230	\$1,428.15
21235	\$1,428.15
21240	\$1,428.15
21242	\$1,428.15

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Code	Medicaid Fee
21243	\$6,960.39
21244	\$1,967.37
21245	\$1,428.15
21246	\$1,428.15
21248	\$1,428.15
21249	\$1,428.15
21256	\$1,428.15
21260	\$1,428.15
21261	\$1,428.15
21263	\$1,428.15
21267	\$2,226.85
21270	\$1,428.15
21275	\$1,428.15
21280	\$647.61
21282	\$647.61
21295	\$307.52
21296	\$647.61
21310	\$62.34
21315	\$307.52
21320	\$647.61
21325	\$647.61
21330	\$1,428.15
21335	\$647.61
21336	\$794.75
21337	\$647.61
21338	\$2,084.95
21339	\$1,428.15
21340	\$647.61
21345	\$307.52
21346	\$1,428.15
21355	\$647.61
21356	\$1,428.15

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Code	Medicaid Fee
21360	\$1,428.15
21365	\$1,428.15
21385	\$1,428.15
21386	\$1,428.15
21387	\$1,428.15
21390	\$1,428.15
21395	\$1,428.15
21400	\$136.78
21401	\$307.52
21406	\$1,428.15
21407	\$1,428.15
21408	\$1,428.15
21421	\$647.61
21445	\$1,428.15
21450	\$183.50
21451	\$307.52
21452	\$1,882.79
21453	\$1,428.15
21454	\$1,946.41
21461	\$1,932.28
21462	\$2,042.87
21465	\$1,917.46
21470	\$1,987.92
21480	\$62.34
21485	\$307.52
21490	\$647.61
21497	\$307.52
21501	\$595.56
21502	\$794.75
21550	\$355.52
21552	\$595.56
21554	\$595.56

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Code	Medicaid Fee
21555	\$355.52
21556	\$595.56
21557	\$595.56
21558	\$595.56
21600	\$1,752.64
21601	\$595.56
21610	\$794.75
21685	\$1,428.15
21700	\$1,752.64
21720	\$794.75
21725	\$188.06
21742	\$794.75
21743	\$794.75
21820	\$62.34
21925	\$355.52
21930	\$355.52
21931	\$355.52
21932	\$595.56
21933	\$595.56
21935	\$595.56
21936	\$595.56
22100	\$1,752.64
22101	\$1,752.64
22102	\$1,752.64
22310	\$62.34
22315	\$794.75
22505	\$432.91
22510	\$794.75
22511	\$794.75
22513	\$1,752.64
22514	\$1,752.64
22551	\$5,111.47

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Code	Medicaid Fee
22554	\$5,079.52
22612	\$5,153.05
22856	\$7,092.98
22867	\$7,390.65
22869	\$6,130.87
22900	\$595.56
22901	\$595.56
22902	\$355.52
22903	\$595.56
22904	\$595.56
22905	\$595.56
23000	\$595.56
23020	\$794.75
23030	\$595.56
23031	\$595.56
23035	\$432.91
23040	\$794.75
23044	\$794.75
23066	\$595.56
23071	\$355.52
23073	\$595.56
23075	\$355.52
23076	\$595.56
23077	\$595.56
23078	\$595.56
23100	\$794.75
23101	\$794.75
23105	\$1,752.64
23106	\$794.75
23107	\$1,752.64
23120	\$794.75
23125	\$794.75

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Code	Medicaid Fee
23130	\$794.75
23140	\$794.75
23145	\$794.75
23146	\$1,752.64
23150	\$794.75
23155	\$1,752.64
23156	\$1,752.64
23170	\$794.75
23172	\$794.75
23174	\$1,752.64
23180	\$1,752.64
23182	\$1,752.64
23184	\$1,752.64
23190	\$794.75
23195	\$1,752.64
23330	\$188.06
23333	\$595.56
23334	\$595.56
23395	\$1,752.64
23397	\$1,752.64
23400	\$1,752.64
23405	\$1,752.64
23406	\$1,752.64
23410	\$1,752.64
23412	\$1,752.64
23415	\$1,752.64
23420	\$1,752.64
23430	\$1,752.64
23440	\$1,752.64
23450	\$2,481.82
23455	\$2,362.40
23460	\$1,752.64

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Code	Medicaid Fee
23462	\$1,752.64
23465	\$1,752.64
23466	\$1,752.64
23470	\$5,335.83
23473	\$5,123.15
23480	\$1,752.64
23485	\$4,936.94
23490	\$1,752.64
23491	\$4,686.47
23500	\$62.34
23505	\$432.91
23515	\$2,410.78
23520	\$432.91
23525	\$62.34
23530	\$1,752.64
23532	\$2,428.28
23540	\$62.34
23545	\$62.34
23550	\$1,752.64
23552	\$2,339.06
23570	\$62.34
23575	\$432.91
23585	\$1,752.64
23600	\$62.34
23605	\$432.91
23615	\$5,049.63
23616	\$6,779.30
23620	\$62.34
23625	\$432.91
23630	\$1,752.64
23650	\$62.34
23655	\$432.91

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Code	Medicaid Fee
23660	\$1,752.64
23665	\$432.91
23670	\$1,752.64
23675	\$432.91
23680	\$5,507.28
23700	\$432.91
23800	\$1,752.64
23802	\$3,509.72
23921	\$518.65
23930	\$595.56
23931	\$355.52
23935	\$794.75
24000	\$794.75
24006	\$794.75
24066	\$595.56
24071	\$595.56
24073	\$595.56
24075	\$355.52
24076	\$595.56
24077	\$595.56
24079	\$595.56
24100	\$794.75
24101	\$794.75
24102	\$794.75
24105	\$794.75
24110	\$794.75
24115	\$1,752.64
24116	\$1,752.64
24120	\$794.75
24125	\$794.75
24126	\$2,847.09
24130	\$794.75

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Code	Medicaid Fee
24134	\$1,752.64
24136	\$794.75
24138	\$1,752.64
24140	\$794.75
24145	\$1,752.64
24147	\$794.75
24149	\$1,752.64
24150	\$1,752.64
24152	\$1,752.64
24155	\$794.75
24160	\$794.75
24164	\$794.75
24201	\$595.56
24300	\$432.91
24301	\$1,752.64
24305	\$794.75
24310	\$794.75
24320	\$1,752.64
24330	\$1,752.64
24331	\$1,752.64
24332	\$794.75
24340	\$1,752.64
24341	\$1,752.64
24342	\$1,752.64
24343	\$794.75
24344	\$2,292.74
24345	\$1,752.64
24346	\$3,509.72
24357	\$794.75
24358	\$794.75
24359	\$794.75
24360	\$2,271.30

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Code	Medicaid Fee
24361	\$7,295.88
24362	\$5,621.00
24363	\$7,210.01
24365	\$5,217.64
24366	\$5,437.88
24370	\$4,832.49
24371	\$6,476.29
24400	\$1,752.64
24410	\$3,509.72
24420	\$1,752.64
24430	\$4,913.23
24435	\$4,901.55
24470	\$794.75
24495	\$1,752.64
24498	\$4,714.30
24500	\$62.34
24505	\$432.91
24515	\$4,804.66
24516	\$4,913.23
24530	\$62.34
24535	\$432.91
24538	\$1,752.64
24545	\$4,960.30
24546	\$6,551.93
24560	\$62.34
24565	\$432.91
24566	\$432.91
24575	\$4,829.06
24576	\$62.34
24577	\$432.91
24579	\$4,634.25
24582	\$1,752.64

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Code	Medicaid Fee
24586	\$3,509.72
24587	\$5,307.66
24600	\$62.34
24605	\$432.91
24615	\$1,752.64
24620	\$432.91
24635	\$2,432.23
24650	\$62.34
24655	\$432.91
24665	\$1,752.64
24666	\$5,459.52
24670	\$62.34
24675	\$432.91
24685	\$2,322.25
24800	\$1,752.64
24802	\$3,509.72
24925	\$794.75
24935	\$1,752.64
25000	\$432.91
25001	\$794.75
25020	\$432.91
25023	\$794.75
25024	\$794.75
25025	\$432.91
25028	\$794.75
25031	\$432.91
25035	\$1,752.64
25040	\$794.75
25066	\$595.56
25071	\$355.52
25073	\$595.56
25075	\$355.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
25076	\$355.52
25077	\$595.56
25078	\$595.56
25085	\$794.75
25100	\$794.75
25101	\$794.75
25105	\$794.75
25107	\$794.75
25109	\$794.75
25110	\$432.91
25111	\$432.91
25112	\$432.91
25115	\$432.91
25116	\$794.75
25118	\$432.91
25119	\$794.75
25120	\$794.75
25125	\$432.91
25126	\$794.75
25130	\$794.75
25135	\$1,752.64
25136	\$1,752.64
25145	\$794.75
25150	\$794.75
25151	\$794.75
25170	\$1,752.64
25210	\$794.75
25215	\$794.75
25230	\$794.75
25240	\$794.75
25248	\$432.91
25250	\$432.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
25251	\$794.75
25259	\$432.91
25260	\$794.75
25263	\$1,752.64
25265	\$794.75
25270	\$794.75
25272	\$794.75
25274	\$794.75
25275	\$794.75
25280	\$794.75
25290	\$794.75
25295	\$794.75
25300	\$794.75
25301	\$794.75
25310	\$794.75
25312	\$794.75
25315	\$1,752.64
25316	\$1,752.64
25320	\$1,752.64
25332	\$794.75
25335	\$794.75
25337	\$1,752.64
25350	\$2,478.04
25355	\$794.75
25360	\$1,752.64
25365	\$3,509.72
25370	\$794.75
25375	\$794.75
25390	\$2,419.02
25391	\$5,014.93
25392	\$1,752.64
25393	\$1,752.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
25394	\$794.75
25400	\$2,460.54
25405	\$2,422.62
25415	\$2,607.40
25420	\$2,511.67
25425	\$1,752.64
25426	\$1,082.68
25430	\$794.75
25431	\$1,752.64
25440	\$1,752.64
25441	\$5,593.86
25442	\$7,466.29
25443	\$2,624.39
25444	\$5,463.99
25445	\$2,643.61
25446	\$7,676.75
25447	\$794.75
25449	\$1,752.64
25450	\$794.75
25455	\$794.75
25490	\$1,752.64
25491	\$3,509.72
25492	\$794.75
25500	\$62.34
25505	\$432.91
25515	\$2,360.86
25520	\$432.91
25525	\$2,313.16
25526	\$1,752.64
25530	\$62.34
25535	\$62.34
25545	\$2,312.13

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
25560	\$62.34
25565	\$432.91
25574	\$2,505.84
25575	\$2,444.58
25600	\$62.34
25605	\$432.91
25606	\$794.75
25607	\$2,520.76
25608	\$2,515.79
25609	\$2,526.77
25622	\$62.34
25624	\$432.91
25628	\$1,752.64
25630	\$62.34
25635	\$432.91
25645	\$794.75
25650	\$62.34
25651	\$794.75
25652	\$2,283.48
25660	\$62.34
25670	\$2,739.34
25671	\$794.75
25675	\$62.34
25676	\$1,752.64
25680	\$62.34
25685	\$1,752.64
25690	\$432.91
25695	\$1,752.64
25800	\$2,402.03
25805	\$2,499.83
25810	\$4,981.26
25820	\$2,402.21

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
25825	\$2,428.12
25830	\$1,752.64
25907	\$794.75
25909	\$1,752.64
25922	\$432.91
25929	\$518.65
25931	\$794.75
26010	\$54.29
26011	\$355.52
26020	\$794.75
26025	\$794.75
26030	\$794.75
26034	\$432.91
26035	\$794.75
26037	\$794.75
26040	\$432.91
26045	\$794.75
26055	\$432.91
26060	\$432.91
26070	\$432.91
26075	\$794.75
26080	\$432.91
26100	\$794.75
26105	\$794.75
26110	\$432.91
26111	\$355.52
26113	\$355.52
26115	\$355.52
26116	\$355.52
26117	\$595.56
26118	\$595.56
26121	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
26123	\$794.75
26130	\$794.75
26135	\$794.75
26140	\$432.91
26145	\$432.91
26160	\$432.91
26170	\$432.91
26180	\$432.91
26185	\$432.91
26200	\$432.91
26205	\$1,752.64
26210	\$432.91
26215	\$794.75
26230	\$794.75
26235	\$432.91
26236	\$432.91
26250	\$794.75
26260	\$794.75
26262	\$432.91
26320	\$355.52
26340	\$432.91
26350	\$794.75
26352	\$1,752.64
26356	\$794.75
26357	\$794.75
26358	\$1,752.64
26370	\$794.75
26372	\$1,752.64
26373	\$794.75
26390	\$2,342.84
26392	\$1,752.64
26410	\$432.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
26412	\$794.75
26415	\$794.75
26416	\$794.75
26418	\$432.91
26420	\$794.75
26426	\$794.75
26428	\$794.75
26432	\$432.91
26433	\$794.75
26434	\$794.75
26437	\$794.75
26440	\$432.91
26442	\$794.75
26445	\$794.75
26449	\$794.75
26450	\$794.75
26455	\$432.91
26460	\$432.91
26471	\$794.75
26474	\$432.91
26476	\$794.75
26477	\$794.75
26478	\$794.75
26479	\$794.75
26480	\$794.75
26483	\$794.75
26485	\$794.75
26489	\$794.75
26490	\$794.75
26492	\$794.75
26494	\$794.75
26496	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
26497	\$794.75
26498	\$794.75
26499	\$794.75
26500	\$1,752.64
26502	\$794.75
26508	\$794.75
26510	\$794.75
26516	\$794.75
26517	\$794.75
26518	\$1,752.64
26520	\$794.75
26525	\$432.91
26530	\$2,309.90
26531	\$2,562.11
26535	\$794.75
26536	\$2,409.75
26540	\$794.75
26541	\$794.75
26542	\$794.75
26545	\$794.75
26546	\$1,752.64
26548	\$794.75
26550	\$794.75
26555	\$1,752.64
26560	\$432.91
26561	\$794.75
26562	\$794.75
26565	\$794.75
26567	\$794.75
26568	\$1,752.64
26580	\$794.75
26587	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
26590	\$432.91
26591	\$794.75
26593	\$794.75
26596	\$794.75
26600	\$62.34
26605	\$62.34
26607	\$794.75
26608	\$794.75
26615	\$794.75
26641	\$62.34
26645	\$432.91
26650	\$794.75
26665	\$794.75
26670	\$62.34
26675	\$432.91
26676	\$794.75
26685	\$794.75
26686	\$794.75
26700	\$62.34
26705	\$432.91
26706	\$794.75
26715	\$794.75
26720	\$62.34
26725	\$62.34
26727	\$794.75
26735	\$794.75
26740	\$62.34
26742	\$432.91
26746	\$794.75
26750	\$62.34
26755	\$62.34
26756	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
26765	\$794.75
26770	\$62.34
26775	\$72.92
26776	\$794.75
26785	\$794.75
26820	\$2,450.76
26841	\$1,752.64
26842	\$1,752.64
26843	\$2,379.21
26844	\$2,730.60
26850	\$1,752.64
26852	\$1,752.64
26860	\$794.75
26862	\$794.75
26910	\$794.75
26951	\$794.75
26952	\$794.75
26990	\$794.75
26991	\$432.91
27000	\$432.91
27001	\$794.75
27003	\$1,752.64
27006	\$794.75
27027	\$1,752.64
27033	\$1,752.64
27035	\$794.75
27040	\$355.52
27041	\$355.52
27043	\$595.56
27045	\$595.56
27047	\$595.56
27048	\$595.56

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27049	\$595.56
27050	\$432.91
27052	\$432.91
27057	\$432.91
27059	\$595.56
27060	\$1,752.64
27062	\$794.75
27065	\$1,752.64
27066	\$794.75
27067	\$1,752.64
27080	\$794.75
27086	\$595.56
27087	\$794.75
27097	\$794.75
27098	\$794.75
27100	\$1,752.64
27105	\$794.75
27110	\$2,590.93
27111	\$794.75
27130	\$5,276.39
27179	\$1,752.64
27197	\$62.34
27198	\$62.34
27200	\$62.34
27202	\$794.75
27220	\$62.34
27230	\$62.34
27235	\$1,752.64
27238	\$432.91
27246	\$62.34
27250	\$62.34
27252	\$432.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27256	\$62.34
27257	\$432.91
27265	\$62.34
27266	\$432.91
27267	\$794.75
27275	\$432.91
27279	\$7,756.40
27301	\$595.56
27305	\$794.75
27306	\$794.75
27307	\$794.75
27310	\$794.75
27323	\$355.52
27324	\$595.56
27325	\$481.50
27326	\$481.50
27327	\$355.52
27328	\$595.56
27329	\$595.56
27330	\$794.75
27331	\$794.75
27332	\$794.75
27333	\$794.75
27334	\$794.75
27335	\$1,752.64
27337	\$595.56
27339	\$595.56
27340	\$794.75
27345	\$794.75
27347	\$794.75
27350	\$1,752.64
27355	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27356	\$3,509.72
27357	\$1,752.64
27360	\$794.75
27364	\$595.56
27372	\$595.56
27380	\$1,752.64
27381	\$2,311.79
27385	\$1,752.64
27386	\$1,752.64
27390	\$794.75
27391	\$794.75
27392	\$794.75
27393	\$1,752.64
27394	\$1,752.64
27395	\$794.75
27396	\$1,752.64
27397	\$1,752.64
27400	\$1,752.64
27403	\$1,752.64
27405	\$1,752.64
27407	\$1,752.64
27409	\$1,752.64
27412	\$1,752.64
27415	\$6,076.93
27416	\$1,752.64
27418	\$1,752.64
27420	\$1,752.64
27422	\$1,752.64
27424	\$1,752.64
27425	\$794.75
27427	\$2,320.03
27428	\$3,509.72

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27429	\$6,197.52
27430	\$1,752.64
27435	\$794.75
27437	\$1,752.64
27438	\$4,868.22
27440	\$4,829.75
27441	\$3,509.72
27442	\$5,162.67
27443	\$4,914.95
27446	\$5,169.54
27447	\$5,241.00
27475	\$1,752.64
27477	\$2,674.66
27479	\$1,752.64
27485	\$1,752.64
27496	\$794.75
27497	\$794.75
27498	\$432.91
27499	\$1,752.64
27500	\$62.34
27501	\$62.34
27502	\$432.91
27503	\$432.91
27508	\$62.34
27509	\$2,530.88
27510	\$432.91
27516	\$62.34
27517	\$432.91
27520	\$62.34
27524	\$1,752.64
27530	\$62.34
27532	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27538	\$62.34
27550	\$62.34
27552	\$432.91
27560	\$62.34
27562	\$62.34
27566	\$1,752.64
27570	\$432.91
27594	\$794.75
27600	\$794.75
27601	\$794.75
27602	\$794.75
27603	\$595.56
27604	\$794.75
27605	\$432.91
27606	\$794.75
27607	\$794.75
27610	\$794.75
27612	\$794.75
27614	\$595.56
27615	\$595.56
27616	\$595.56
27618	\$355.52
27619	\$595.56
27620	\$794.75
27625	\$794.75
27626	\$794.75
27630	\$794.75
27632	\$595.56
27634	\$595.56
27635	\$794.75
27637	\$1,752.64
27638	\$1,752.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27640	\$794.75
27641	\$794.75
27647	\$794.75
27650	\$1,752.64
27652	\$2,475.47
27654	\$1,752.64
27656	\$794.75
27658	\$794.75
27659	\$1,752.64
27664	\$1,752.64
27665	\$1,752.64
27675	\$794.75
27676	\$1,752.64
27680	\$794.75
27681	\$794.75
27685	\$794.75
27686	\$794.75
27687	\$794.75
27690	\$1,752.64
27691	\$1,752.64
27695	\$1,752.64
27696	\$1,752.64
27698	\$1,752.64
27700	\$2,278.33
27704	\$794.75
27705	\$2,279.71
27707	\$794.75
27709	\$4,629.09
27720	\$2,536.89
27722	\$2,835.25
27726	\$2,369.44
27730	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27732	\$794.75
27734	\$794.75
27740	\$794.75
27742	\$794.75
27745	\$2,445.27
27750	\$62.34
27752	\$432.91
27756	\$1,752.64
27758	\$4,962.36
27759	\$4,839.02
27760	\$62.34
27762	\$432.91
27766	\$1,752.64
27767	\$62.34
27768	\$432.91
27769	\$1,752.64
27780	\$62.34
27781	\$432.91
27784	\$1,752.64
27786	\$62.34
27788	\$62.34
27792	\$2,344.22
27808	\$62.34
27810	\$432.91
27814	\$2,357.94
27816	\$62.34
27818	\$432.91
27822	\$2,359.49
27823	\$2,334.78
27824	\$62.34
27825	\$432.91
27826	\$2,337.52

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
27827	\$5,001.53
27828	\$4,967.86
27829	\$2,380.08
27830	\$62.34
27831	\$794.75
27832	\$2,427.25
27840	\$62.34
27842	\$432.91
27846	\$1,752.64
27848	\$2,305.78
27860	\$794.75
27870	\$5,203.55
27871	\$5,416.92
27884	\$794.75
27889	\$1,752.64
27892	\$794.75
27893	\$1,752.64
27894	\$794.75
28002	\$432.91
28003	\$794.75
28005	\$794.75
28008	\$794.75
28011	\$432.91
28020	\$794.75
28022	\$794.75
28024	\$432.91
28035	\$481.50
28039	\$595.56
28041	\$595.56
28043	\$355.52
28045	\$595.56
28046	\$595.56

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
28047	\$595.56
28050	\$794.75
28052	\$794.75
28054	\$794.75
28055	\$481.50
28060	\$794.75
28062	\$794.75
28070	\$1,752.64
28072	\$794.75
28080	\$432.91
28086	\$794.75
28088	\$794.75
28090	\$432.91
28092	\$432.91
28100	\$794.75
28102	\$1,752.64
28103	\$2,487.14
28104	\$794.75
28106	\$1,752.64
28107	\$2,437.21
28108	\$432.91
28110	\$794.75
28111	\$794.75
28112	\$794.75
28113	\$794.75
28114	\$794.75
28116	\$794.75
28118	\$794.75
28119	\$794.75
28120	\$794.75
28122	\$794.75
28126	\$794.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
28130	\$1,752.64
28140	\$794.75
28150	\$794.75
28153	\$794.75
28160	\$794.75
28171	\$794.75
28173	\$794.75
28175	\$432.91
28192	\$355.52
28193	\$355.52
28200	\$794.75
28202	\$1,752.64
28208	\$794.75
28210	\$1,752.64
28222	\$794.75
28225	\$794.75
28226	\$794.75
28234	\$432.91
28238	\$1,752.64
28240	\$794.75
28250	\$794.75
28260	\$794.75
28261	\$432.91
28262	\$1,752.64
28264	\$432.91
28270	\$794.75
28280	\$794.75
28285	\$794.75
28286	\$794.75
28288	\$794.75
28289	\$794.75
28291	\$2,653.21

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
28292	\$794.75
28295	\$794.75
28296	\$794.75
28297	\$2,567.94
28298	\$2,270.27
28299	\$1,752.64
28300	\$2,475.64
28302	\$1,752.64
28304	\$1,752.64
28305	\$2,523.85
28306	\$1,752.64
28307	\$1,752.64
28308	\$794.75
28309	\$2,381.62
28310	\$1,752.64
28312	\$794.75
28313	\$794.75
28315	\$794.75
28320	\$5,158.89
28322	\$2,441.84
28340	\$794.75
28341	\$794.75
28344	\$794.75
28345	\$432.91
28360	\$1,752.64
28400	\$62.34
28405	\$62.34
28406	\$1,752.64
28415	\$2,474.95
28420	\$4,850.70
28430	\$62.34
28435	\$432.91

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
28436	\$1,752.64
28445	\$2,460.20
28446	\$1,752.64
28450	\$62.34
28456	\$1,752.64
28465	\$2,320.54
28470	\$62.34
28475	\$62.34
28476	\$794.75
28485	\$2,361.37
28495	\$62.34
28496	\$794.75
28505	\$794.75
28515	\$62.34
28525	\$794.75
28531	\$1,752.64
28540	\$62.34
28545	\$794.75
28546	\$432.91
28555	\$2,326.72
28570	\$62.34
28575	\$794.75
28576	\$1,752.64
28585	\$2,514.76
28600	\$62.34
28605	\$62.34
28606	\$794.75
28615	\$2,402.03
28635	\$432.91
28636	\$794.75
28645	\$794.75
28665	\$72.92

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
28666	\$794.75
28675	\$794.75
28705	\$7,079.63
28715	\$5,371.91
28725	\$5,080.90
28730	\$5,395.27
28735	\$5,485.98
28737	\$5,341.67
28740	\$2,635.37
28750	\$2,540.32
28755	\$1,752.64
28760	\$1,752.64
28805	\$794.75
28810	\$794.75
28820	\$794.75
28825	\$794.75
29000	\$72.92
29010	\$72.92
29015	\$72.92
29035	\$72.92
29040	\$72.92
29044	\$42.68
29046	\$72.92
29055	\$72.92
29305	\$72.92
29325	\$72.92
29584	\$42.68
29800	\$794.75
29804	\$794.75
29805	\$794.75
29806	\$1,752.64
29807	\$1,752.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
29819	\$794.75
29820	\$1,752.64
29821	\$794.75
29822	\$794.75
29823	\$794.75
29824	\$794.75
29825	\$794.75
29827	\$1,752.64
29828	\$1,752.64
29830	\$794.75
29834	\$794.75
29835	\$794.75
29836	\$1,752.64
29837	\$794.75
29838	\$794.75
29840	\$794.75
29843	\$794.75
29844	\$794.75
29845	\$794.75
29846	\$794.75
29847	\$1,752.64
29848	\$432.91
29850	\$432.91
29851	\$432.91
29855	\$2,658.53
29856	\$4,853.44
29860	\$1,752.64
29861	\$1,752.64
29862	\$1,752.64
29863	\$794.75
29866	\$1,752.64
29867	\$5,711.71

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
29868	\$1,752.64
29870	\$794.75
29871	\$794.75
29873	\$794.75
29874	\$794.75
29875	\$794.75
29876	\$794.75
29877	\$794.75
29879	\$794.75
29880	\$794.75
29881	\$794.75
29882	\$794.75
29883	\$794.75
29884	\$794.75
29885	\$2,270.78
29886	\$794.75
29887	\$1,752.64
29888	\$2,414.90
29889	\$4,823.21
29891	\$794.75
29892	\$1,752.64
29893	\$794.75
29894	\$794.75
29895	\$794.75
29897	\$794.75
29898	\$794.75
29899	\$2,344.73
29900	\$794.75
29901	\$794.75
29902	\$432.91
29904	\$794.75
29905	\$1,752.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
29906	\$794.75
29907	\$3,509.72
29914	\$1,752.64
29915	\$1,752.64
29916	\$1,752.64
30000	\$63.98
30115	\$647.61
30117	\$647.61
30118	\$647.61
30120	\$647.61
30124	\$307.52
30125	\$1,428.15
30130	\$647.61
30140	\$647.61
30150	\$1,428.15
30160	\$1,428.15
30220	\$307.52
30310	\$647.61
30320	\$307.52
30400	\$1,428.15
30410	\$1,428.15
30420	\$1,428.15
30435	\$1,428.15
30460	\$1,428.15
30465	\$1,428.15
30468	\$2,081.17
30520	\$647.61
30540	\$1,428.15
30545	\$1,428.15
30560	\$136.78
30580	\$1,428.15
30600	\$1,428.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
30620	\$1,428.15
30630	\$647.61
30801	\$307.52
30802	\$307.52
30903	\$33.85
30905	\$33.85
30906	\$63.98
30915	\$816.78
30920	\$816.78
30930	\$647.61
31000	\$63.98
31002	\$434.05
31020	\$647.61
31030	\$1,428.15
31032	\$1,428.15
31040	\$1,428.15
31050	\$1,428.15
31051	\$1,428.15
31070	\$1,428.15
31075	\$1,428.15
31080	\$1,428.15
31081	\$1,428.15
31084	\$1,428.15
31085	\$2,025.39
31086	\$1,428.15
31087	\$1,428.15
31090	\$1,428.15
31200	\$1,428.15
31201	\$307.52
31205	\$647.61
31231	\$49.71
31233	\$113.84

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
31235	\$384.05
31237	\$384.05
31238	\$384.05
31239	\$775.25
31240	\$384.05
31241	\$384.05
31253	\$1,191.21
31254	\$1,191.21
31255	\$1,191.21
31256	\$775.25
31257	\$1,191.21
31259	\$1,191.21
31267	\$1,191.21
31276	\$1,191.21
31287	\$1,191.21
31288	\$1,191.21
31292	\$1,191.21
31293	\$1,191.21
31294	\$1,191.21
31298	\$1,191.21
31300	\$647.61
31400	\$1,428.15
31420	\$1,428.15
31500	\$63.98
31502	\$63.98
31510	\$775.25
31511	\$49.71
31512	\$775.25
31513	\$113.84
31515	\$113.84
31520	\$113.84
31525	\$384.05

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
31526	\$384.05
31527	\$775.25
31528	\$775.25
31529	\$775.25
31530	\$384.05
31531	\$775.25
31535	\$775.25
31536	\$775.25
31540	\$775.25
31541	\$775.25
31545	\$775.25
31546	\$1,191.21
31551	\$1,428.15
31552	\$1,428.15
31553	\$1,428.15
31554	\$1,428.15
31560	\$1,191.21
31561	\$1,191.21
31570	\$775.25
31571	\$775.25
31572	\$775.25
31574	\$384.05
31575	\$49.71
31576	\$384.05
31577	\$113.84
31578	\$775.25
31580	\$1,428.15
31584	\$1,428.15
31587	\$1,428.15
31590	\$1,428.15
31591	\$1,428.15
31592	\$1,428.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
31600	\$647.61
31601	\$1,428.15
31603	\$307.52
31605	\$63.98
31610	\$1,428.15
31611	\$647.61
31612	\$647.61
31613	\$647.61
31614	\$1,428.15
31615	\$136.78
31622	\$384.05
31623	\$384.05
31624	\$384.05
31625	\$384.05
31626	\$1,191.21
31628	\$775.25
31629	\$775.25
31630	\$775.25
31631	\$1,191.21
31634	\$1,191.21
31635	\$384.05
31636	\$1,802.13
31638	\$1,191.21
31640	\$775.25
31641	\$775.25
31643	\$384.05
31645	\$384.05
31646	\$113.84
31647	\$1,680.27
31648	\$775.25
31649	\$384.05
31652	\$775.25

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
31653	\$775.25
31660	\$1,858.57
31661	\$1,848.31
31717	\$113.84
31730	\$384.05
31750	\$1,428.15
31755	\$1,428.15
31785	\$1,428.15
31820	\$647.61
31825	\$647.61
31830	\$647.61
32400	\$355.52
32408	\$355.52
32550	\$841.23
32551	\$326.12
32552	\$163.76
32553	\$381.63
32554	\$163.76
32555	\$163.76
32556	\$412.76
32557	\$326.12
32560	\$163.76
32561	\$163.76
32562	\$163.76
32601	\$1,379.73
32604	\$1,379.73
32606	\$1,379.73
32607	\$1,379.73
32608	\$1,379.73
32609	\$1,379.73
32960	\$163.76
32994	\$2,017.51

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
32998	\$1,379.73
33016	\$326.12
33206	\$4,562.44
33207	\$4,626.83
33208	\$4,720.17
33210	\$2,423.45
33211	\$3,738.94
33212	\$4,022.45
33213	\$4,710.61
33214	\$4,643.98
33215	\$816.78
33216	\$3,316.90
33217	\$4,276.06
33218	\$1,040.22
33220	\$1,391.73
33221	\$7,217.88
33222	\$518.65
33223	\$518.65
33224	\$4,574.81
33226	\$816.78
33227	\$3,845.71
33228	\$4,602.37
33229	\$7,188.27
33230	\$12,431.98
33231	\$15,993.48
33233	\$3,437.89
33234	\$1,393.36
33235	\$1,366.79
33240	\$12,183.30
33241	\$1,040.22
33244	\$1,040.22
33249	\$15,984.55

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
33262	\$11,833.26
33263	\$11,950.16
33264	\$15,922.13
33270	\$16,051.44
33271	\$4,444.50
33272	\$1,040.22
33273	\$1,040.22
33274	\$7,037.59
33275	\$1,446.92
33285	\$4,212.95
33286	\$188.06
34101	\$1,417.56
34111	\$1,417.56
34201	\$1,417.56
34203	\$1,417.56
34421	\$816.78
34471	\$163.76
34490	\$816.78
34501	\$1,417.56
34510	\$1,417.56
34520	\$1,417.56
34530	\$816.78
35011	\$1,417.56
35045	\$1,417.56
35180	\$326.12
35184	\$816.78
35188	\$1,417.56
35190	\$1,417.56
35201	\$1,417.56
35206	\$816.78
35207	\$816.78
35226	\$188.06

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
35231	\$816.78
35236	\$1,417.56
35256	\$1,417.56
35261	\$816.78
35266	\$1,417.56
35286	\$1,417.56
35321	\$1,417.56
35860	\$816.78
35875	\$1,417.56
35876	\$1,417.56
35879	\$1,417.56
35881	\$1,417.56
35883	\$1,417.56
35884	\$1,417.56
35903	\$816.78
36002	\$163.76
36260	\$1,417.56
36261	\$1,568.20
36262	\$1,040.22
36440	\$120.05
36450	\$120.05
36455	\$120.05
36460	\$120.05
36465	\$518.65
36466	\$518.65
36475	\$816.78
36478	\$816.78
36511	\$412.16
36512	\$412.16
36513	\$120.05
36514	\$412.16
36522	\$1,220.82

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
36555	\$816.78
36556	\$816.78
36557	\$1,417.56
36558	\$816.78
36560	\$816.78
36561	\$816.78
36563	\$1,417.56
36565	\$816.78
36566	\$1,417.56
36568	\$326.12
36569	\$326.12
36570	\$816.78
36571	\$816.78
36572	\$163.76
36573	\$326.12
36575	\$163.76
36576	\$326.12
36578	\$816.78
36580	\$443.20
36581	\$816.78
36582	\$816.78
36583	\$1,417.56
36584	\$326.12
36585	\$816.78
36589	\$163.76
36590	\$326.12
36595	\$1,062.17
36596	\$326.12
36597	\$326.12
36640	\$816.78
36800	\$1,417.56
36810	\$816.78

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
36815	\$1,417.56
36818	\$1,417.56
36819	\$1,417.56
36820	\$1,417.56
36821	\$816.78
36825	\$1,417.56
36830	\$1,417.56
36831	\$1,417.56
36832	\$1,417.56
36833	\$1,417.56
36835	\$1,217.68
36838	\$1,417.56
36860	\$326.12
36861	\$1,417.56
36901	\$326.12
36902	\$1,290.21
36903	\$3,857.53
36904	\$1,290.21
36905	\$2,550.98
36906	\$6,379.19
37183	\$1,748.31
37184	\$3,974.40
37187	\$3,914.97
37188	\$816.78
37191	\$2,020.65
37192	\$1,151.80
37193	\$816.78
37195	\$93.96
37197	\$816.78
37200	\$1,417.56
37211	\$1,417.56
37212	\$816.78

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
37213	\$816.78
37214	\$816.78
37220	\$1,290.21
37221	\$3,730.92
37224	\$1,839.62
37225	\$4,041.57
37226	\$3,907.22
37227	\$6,753.24
37228	\$3,475.45
37229	\$6,305.21
37230	\$6,216.34
37231	\$6,327.11
37236	\$3,662.24
37238	\$3,743.15
37241	\$2,550.98
37242	\$3,802.58
37243	\$2,550.98
37244	\$3,661.24
37246	\$1,290.21
37248	\$1,290.21
37500	\$1,417.56
37565	\$816.78
37600	\$816.78
37605	\$816.78
37606	\$816.78
37607	\$816.78
37609	\$355.52
37615	\$816.78
37619	\$1,417.56
37650	\$816.78
37700	\$816.78
37718	\$816.78

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
37722	\$816.78
37735	\$816.78
37760	\$816.78
37761	\$816.78
37780	\$816.78
37785	\$816.78
37790	\$834.75
38120	\$2,270.03
38206	\$412.16
38207	\$120.05
38208	\$120.05
38209	\$120.05
38210	\$120.05
38211	\$120.05
38212	\$120.05
38213	\$120.05
38214	\$120.05
38215	\$120.05
38222	\$595.56
38230	\$412.16
38232	\$1,220.82
38240	\$8,923.12
38241	\$412.16
38242	\$412.16
38243	\$412.16
38300	\$595.56
38305	\$595.56
38308	\$703.80
38500	\$703.80
38505	\$355.52
38510	\$703.80
38520	\$703.80

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
38525	\$703.80
38530	\$703.80
38531	\$703.80
38542	\$1,379.73
38550	\$703.80
38555	\$1,346.69
38570	\$1,379.73
38571	\$2,270.03
38572	\$2,270.03
38573	\$2,270.03
38700	\$1,346.69
38720	\$1,668.39
38740	\$1,379.73
38745	\$1,379.73
38760	\$1,346.69
39401	\$1,379.73
39402	\$1,379.73
40510	\$647.61
40520	\$647.61
40525	\$647.61
40527	\$1,428.15
40530	\$647.61
40650	\$136.78
40652	\$136.78
40654	\$307.52
40700	\$1,428.15
40701	\$1,428.15
40702	\$1,428.15
40720	\$647.61
40761	\$1,428.15
40801	\$136.78
40814	\$647.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
40816	\$647.61
40818	\$136.78
40819	\$307.52
40830	\$63.98
40831	\$136.78
40840	\$1,428.15
40842	\$1,428.15
40843	\$1,428.15
40844	\$1,428.15
40845	\$1,428.15
41005	\$63.98
41006	\$307.52
41007	\$307.52
41008	\$647.61
41009	\$136.78
41010	\$307.52
41015	\$136.78
41016	\$1,428.15
41017	\$647.61
41018	\$307.52
41019	\$1,428.15
41112	\$647.61
41113	\$647.61
41114	\$647.61
41116	\$647.61
41120	\$1,428.15
41251	\$63.98
41252	\$63.98
41510	\$647.61
41512	\$1,428.15
41520	\$647.61
41820	\$647.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
41821	\$307.52
41827	\$1,428.15
41850	\$307.52
41870	\$307.52
42000	\$63.98
42107	\$1,428.15
42120	\$1,428.15
42140	\$647.61
42145	\$1,428.15
42180	\$136.78
42182	\$1,428.15
42200	\$1,428.15
42205	\$647.61
42210	\$2,279.56
42215	\$1,428.15
42220	\$1,428.15
42225	\$1,428.15
42226	\$1,428.15
42227	\$1,428.15
42235	\$1,428.15
42260	\$1,428.15
42281	\$1,428.15
42300	\$307.52
42305	\$647.61
42310	\$136.78
42320	\$136.78
42340	\$647.61
42405	\$307.52
42408	\$647.61
42409	\$647.61
42410	\$1,428.15
42415	\$1,428.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
42420	\$1,428.15
42425	\$1,428.15
42440	\$1,428.15
42450	\$1,428.15
42500	\$1,428.15
42505	\$1,428.15
42507	\$1,428.15
42509	\$1,428.15
42510	\$647.61
42600	\$647.61
42665	\$647.61
42700	\$63.98
42720	\$647.61
42725	\$1,428.15
42804	\$647.61
42806	\$647.61
42808	\$647.61
42810	\$647.61
42815	\$1,428.15
42820	\$1,428.15
42821	\$647.61
42825	\$1,428.15
42826	\$647.61
42830	\$647.61
42831	\$647.61
42835	\$647.61
42836	\$647.61
42842	\$1,428.15
42844	\$1,428.15
42860	\$647.61
42870	\$1,428.15
42890	\$1,428.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
42892	\$1,428.15
42900	\$546.85
42950	\$1,428.15
42955	\$307.52
42960	\$136.78
42962	\$647.61
42970	\$63.98
42972	\$647.61
43020	\$307.52
43030	\$1,428.15
43130	\$1,428.15
43180	\$1,428.15
43191	\$412.76
43192	\$412.76
43193	\$412.76
43194	\$412.76
43195	\$822.28
43196	\$822.28
43200	\$244.79
43201	\$412.76
43202	\$412.76
43204	\$412.76
43205	\$412.76
43206	\$412.76
43210	\$2,270.03
43211	\$412.76
43212	\$1,942.22
43213	\$412.76
43214	\$412.76
43215	\$412.76
43216	\$412.76
43217	\$412.76

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
43220	\$412.76
43226	\$412.76
43227	\$412.76
43229	\$1,076.64
43231	\$412.76
43232	\$412.76
43233	\$412.76
43235	\$244.79
43236	\$244.79
43237	\$412.76
43238	\$412.76
43239	\$244.79
43240	\$1,375.77
43241	\$412.76
43242	\$412.76
43243	\$412.76
43244	\$412.76
43245	\$412.76
43246	\$412.76
43247	\$244.79
43248	\$244.79
43249	\$412.76
43250	\$412.76
43251	\$412.76
43252	\$822.28
43253	\$412.76
43254	\$412.76
43255	\$412.76
43257	\$822.28
43259	\$412.76
43260	\$822.28
43261	\$822.28

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
43262	\$822.28
43263	\$822.28
43264	\$822.28
43265	\$1,225.29
43266	\$1,980.60
43270	\$412.76
43274	\$1,225.29
43275	\$822.28
43276	\$1,225.29
43277	\$822.28
43278	\$822.28
43280	\$2,270.03
43281	\$2,270.03
43282	\$2,270.03
43284	\$3,437.58
43285	\$1,379.73
43420	\$647.61
43450	\$244.79
43453	\$412.76
43510	\$244.79
43647	\$5,490.67
43648	\$1,379.73
43651	\$1,379.73
43652	\$1,379.73
43653	\$1,379.73
43752	\$81.70
43755	\$42.19
43756	\$244.79
43757	\$244.79
43761	\$80.47
43762	\$80.47
43763	\$80.47

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
43770	\$3,322.02
43772	\$822.28
43773	\$1,379.73
43774	\$822.28
43830	\$412.76
43831	\$244.79
43870	\$822.28
43886	\$1,064.94
43887	\$518.65
43888	\$1,064.94
44100	\$244.79
44180	\$1,379.73
44186	\$1,379.73
44312	\$1,064.94
44340	\$1,064.94
44360	\$412.76
44361	\$412.76
44363	\$412.76
44364	\$412.76
44365	\$412.76
44366	\$412.76
44369	\$412.76
44370	\$2,124.42
44372	\$412.76
44373	\$412.76
44376	\$412.76
44377	\$412.76
44378	\$412.76
44379	\$1,225.29
44380	\$244.79
44381	\$412.76
44382	\$244.79

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
44384	\$822.28
44385	\$239.96
44386	\$239.96
44388	\$239.96
44389	\$313.53
44390	\$239.96
44391	\$313.53
44392	\$313.53
44394	\$313.53
44401	\$313.53
44402	\$2,116.38
44403	\$313.53
44404	\$313.53
44405	\$313.53
44406	\$313.53
44407	\$313.53
44408	\$239.96
44500	\$244.79
44950	\$841.23
44970	\$1,379.73
45000	\$313.53
45005	\$313.53
45020	\$686.41
45100	\$686.41
45108	\$686.41
45150	\$313.53
45160	\$686.41
45171	\$686.41
45172	\$686.41
45190	\$686.41
45303	\$313.53
45305	\$313.53

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
45307	\$686.41
45308	\$686.41
45309	\$313.53
45315	\$313.53
45317	\$313.53
45320	\$686.41
45321	\$686.41
45327	\$1,585.74
45331	\$239.96
45332	\$313.53
45333	\$239.96
45334	\$313.53
45335	\$239.96
45337	\$239.96
45338	\$313.53
45340	\$313.53
45341	\$239.96
45342	\$313.53
45346	\$313.53
45347	\$2,016.71
45349	\$686.41
45350	\$313.53
45378	\$239.96
45379	\$313.53
45380	\$313.53
45381	\$313.53
45382	\$313.53
45384	\$313.53
45385	\$313.53
45386	\$313.53
45388	\$313.53
45389	\$2,040.34

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
45390	\$686.41
45391	\$313.53
45392	\$313.53
45393	\$313.53
45398	\$313.53
45500	\$686.41
45505	\$686.41
45541	\$686.41
45560	\$686.41
45900	\$239.96
45905	\$313.53
45910	\$313.53
45915	\$313.53
45990	\$686.41
46020	\$686.41
46030	\$313.53
46040	\$313.53
46045	\$686.41
46050	\$239.96
46060	\$686.41
46070	\$686.41
46080	\$686.41
46083	\$80.47
46200	\$686.41
46220	\$313.53
46230	\$686.41
46250	\$686.41
46255	\$686.41
46257	\$686.41
46258	\$686.41
46260	\$686.41
46261	\$686.41

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
46262	\$686.41
46270	\$686.41
46275	\$686.41
46280	\$686.41
46285	\$686.41
46288	\$686.41
46505	\$313.53
46604	\$313.53
46607	\$313.53
46608	\$239.96
46610	\$686.41
46611	\$239.96
46612	\$686.41
46615	\$686.41
46700	\$686.41
46706	\$686.41
46707	\$902.23
46750	\$686.41
46753	\$686.41
46754	\$686.41
46760	\$686.41
46761	\$686.41
46916	\$54.29
46917	\$686.41
46922	\$686.41
46924	\$686.41
46945	\$686.41
46946	\$686.41
46947	\$686.41
46948	\$686.41
47000	\$355.52
47370	\$2,270.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
47371	\$2,270.03
47382	\$1,379.73
47383	\$2,058.97
47490	\$841.23
47533	\$841.23
47534	\$841.23
47535	\$841.23
47536	\$841.23
47537	\$244.79
47538	\$2,091.80
47539	\$1,379.73
47540	\$2,039.93
47541	\$841.23
47552	\$841.23
47553	\$841.23
47554	\$1,379.73
47555	\$841.23
47556	\$2,063.03
47562	\$1,379.73
47563	\$1,379.73
47564	\$1,379.73
48102	\$355.52
49082	\$244.79
49083	\$244.79
49084	\$244.79
49180	\$355.52
49185	\$188.06
49250	\$841.23
49320	\$1,379.73
49321	\$1,379.73
49322	\$1,379.73
49323	\$1,379.73

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
49324	\$1,379.73
49325	\$1,379.73
49402	\$841.23
49405	\$355.52
49406	\$355.52
49407	\$355.52
49418	\$841.23
49419	\$1,417.56
49421	\$841.23
49422	\$816.78
49423	\$412.76
49426	\$841.23
49429	\$816.78
49436	\$412.76
49440	\$412.76
49441	\$412.76
49442	\$313.53
49446	\$412.76
49450	\$244.79
49451	\$244.79
49452	\$244.79
49460	\$244.79
49465	\$69.58
49491	\$1,379.73
49492	\$841.23
49495	\$841.23
49496	\$841.23
49500	\$841.23
49501	\$841.23
49505	\$841.23
49507	\$841.23
49520	\$841.23

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
49521	\$841.23
49525	\$841.23
49540	\$1,379.73
49550	\$841.23
49553	\$841.23
49555	\$841.23
49557	\$841.23
49560	\$841.23
49561	\$841.23
49565	\$1,379.73
49566	\$1,379.73
49570	\$841.23
49572	\$841.23
49580	\$841.23
49582	\$841.23
49585	\$841.23
49587	\$841.23
49590	\$841.23
49600	\$841.23
49650	\$1,379.73
49651	\$1,379.73
49652	\$1,379.73
49653	\$1,379.73
49654	\$2,270.03
49655	\$2,270.03
49656	\$2,270.03
49657	\$2,270.03
50020	\$476.85
50080	\$2,428.17
50081	\$2,428.17
50200	\$355.52
50382	\$476.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
50384	\$476.85
50385	\$476.85
50387	\$476.85
50389	\$173.78
50390	\$188.06
50396	\$173.78
50432	\$476.85
50433	\$834.75
50434	\$476.85
50435	\$476.85
50436	\$834.75
50437	\$834.75
50541	\$1,379.73
50542	\$2,270.03
50543	\$2,270.03
50544	\$2,270.03
50551	\$1,234.61
50553	\$1,234.61
50555	\$2,428.17
50557	\$2,428.17
50561	\$1,234.61
50562	\$2,428.17
50570	\$834.75
50572	\$173.78
50574	\$834.75
50575	\$1,234.61
50576	\$1,234.61
50580	\$1,234.61
50590	\$834.75
50592	\$1,379.73
50593	\$3,396.69
50686	\$42.19

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
50688	\$476.85
50693	\$834.75
50694	\$834.75
50695	\$834.75
50727	\$834.75
50945	\$1,379.73
50947	\$1,379.73
50948	\$2,270.03
50951	\$834.75
50953	\$834.75
50955	\$1,234.61
50957	\$1,234.61
50961	\$1,234.61
50970	\$834.75
50972	\$834.75
50974	\$1,234.61
50976	\$1,234.61
50980	\$1,234.61
51020	\$834.75
51030	\$834.75
51040	\$476.85
51045	\$476.85
51050	\$1,234.61
51060	\$476.85
51065	\$834.75
51080	\$595.56
51102	\$476.85
51500	\$1,379.73
51520	\$834.75
51535	\$834.75
51703	\$42.19
51710	\$173.78

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
51715	\$1,142.25
51725	\$80.47
51726	\$80.47
51785	\$80.47
51845	\$1,115.04
51860	\$1,234.61
51880	\$834.75
51990	\$1,379.73
51992	\$1,897.84
52000	\$173.78
52001	\$834.75
52005	\$476.85
52007	\$834.75
52010	\$173.78
52204	\$476.85
52214	\$834.75
52224	\$834.75
52234	\$834.75
52235	\$834.75
52240	\$1,234.61
52250	\$834.75
52260	\$476.85
52270	\$476.85
52275	\$476.85
52276	\$476.85
52277	\$834.75
52281	\$476.85
52282	\$834.75
52283	\$476.85
52285	\$173.78
52287	\$476.85
52290	\$476.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
52300	\$834.75
52301	\$834.75
52305	\$1,234.61
52310	\$476.85
52315	\$476.85
52317	\$834.75
52318	\$834.75
52320	\$834.75
52325	\$1,234.61
52327	\$1,777.87
52330	\$834.75
52332	\$834.75
52334	\$834.75
52341	\$834.75
52342	\$834.75
52343	\$834.75
52344	\$834.75
52345	\$834.75
52346	\$1,234.61
52351	\$834.75
52352	\$834.75
52353	\$1,234.61
52354	\$1,234.61
52355	\$1,234.61
52356	\$1,234.61
52400	\$834.75
52402	\$834.75
52450	\$834.75
52500	\$834.75
52601	\$1,234.61
52630	\$1,234.61
52640	\$834.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
52647	\$1,234.61
52648	\$1,234.61
52649	\$1,234.61
52700	\$834.75
53000	\$476.85
53010	\$1,234.61
53020	\$476.85
53025	\$476.85
53040	\$834.75
53080	\$173.78
53085	\$476.85
53200	\$476.85
53210	\$834.75
53215	\$1,234.61
53220	\$834.75
53230	\$1,234.61
53235	\$1,234.61
53240	\$834.75
53250	\$834.75
53260	\$834.75
53265	\$476.85
53270	\$834.75
53275	\$834.75
53400	\$1,234.61
53405	\$1,234.61
53410	\$1,234.61
53420	\$1,234.61
53425	\$1,234.61
53430	\$1,234.61
53431	\$1,234.61
53440	\$5,550.94
53442	\$1,234.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
53444	\$8,902.28
53445	\$9,315.36
53446	\$1,234.61
53447	\$9,215.30
53449	\$1,234.61
53450	\$834.75
53460	\$834.75
53500	\$834.75
53502	\$834.75
53505	\$1,234.61
53510	\$1,234.61
53515	\$1,234.61
53520	\$1,234.61
53605	\$834.75
53665	\$476.85
53850	\$834.75
53854	\$476.85
53860	\$476.85
54000	\$834.75
54001	\$476.85
54015	\$355.52
54057	\$518.65
54060	\$518.65
54065	\$518.65
54100	\$355.52
54105	\$595.56
54110	\$834.75
54111	\$1,234.61
54112	\$2,428.17
54115	\$595.56
54120	\$834.75
54150	\$476.85

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
54160	\$173.78
54161	\$476.85
54162	\$476.85
54163	\$476.85
54164	\$476.85
54205	\$1,234.61
54220	\$80.47
54300	\$834.75
54304	\$834.75
54308	\$1,234.61
54312	\$834.75
54316	\$1,234.61
54318	\$834.75
54322	\$834.75
54324	\$834.75
54326	\$834.75
54328	\$834.75
54332	\$834.75
54336	\$834.75
54340	\$834.75
54344	\$1,234.61
54348	\$1,234.61
54352	\$1,234.61
54360	\$834.75
54380	\$476.85
54385	\$476.85
54400	\$5,712.79
54401	\$9,304.66
54405	\$9,309.48
54406	\$834.75
54408	\$1,234.61
54410	\$9,110.43

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
54411	\$9,029.09
54415	\$834.75
54416	\$9,103.47
54417	\$5,524.74
54420	\$834.75
54435	\$834.75
54437	\$834.75
54440	\$834.75
54450	\$80.47
54500	\$595.56
54505	\$834.75
54512	\$834.75
54520	\$834.75
54522	\$834.75
54530	\$841.23
54535	\$834.75
54550	\$841.23
54560	\$476.85
54600	\$834.75
54620	\$834.75
54640	\$841.23
54650	\$841.23
54660	\$1,831.04
54670	\$834.75
54680	\$834.75
54690	\$1,379.73
54692	\$1,379.73
54700	\$476.85
54800	\$355.52
54830	\$834.75
54840	\$476.85
54860	\$834.75

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
54861	\$834.75
54865	\$834.75
54900	\$476.85
54901	\$834.75
55040	\$841.23
55041	\$841.23
55060	\$834.75
55100	\$355.52
55110	\$834.75
55120	\$476.85
55150	\$834.75
55175	\$834.75
55180	\$1,234.61
55200	\$834.75
55250	\$476.85
55400	\$834.75
55500	\$834.75
55520	\$834.75
55530	\$834.75
55535	\$841.23
55540	\$841.23
55550	\$1,379.73
55600	\$476.85
55680	\$834.75
55700	\$476.85
55705	\$834.75
55706	\$834.75
55720	\$834.75
55725	\$834.75
55860	\$1,234.61
55866	\$2,270.03
55873	\$3,776.41

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
55874	\$1,760.70
55875	\$1,234.61
55880	\$1,234.61
55920	\$1,115.04
55970	\$1,115.04
55980	\$834.75
56420	\$51.50
56440	\$776.72
56441	\$776.72
56442	\$776.72
56515	\$518.65
56620	\$776.72
56625	\$776.72
56700	\$776.72
56740	\$776.72
56800	\$776.72
56805	\$776.72
56810	\$776.72
57000	\$776.72
57010	\$776.72
57020	\$1,115.04
57022	\$595.56
57023	\$595.56
57065	\$776.72
57105	\$776.72
57106	\$776.72
57107	\$776.72
57109	\$776.72
57120	\$1,115.04
57130	\$776.72
57135	\$776.72
57155	\$1,115.04

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
57156	\$85.11
57180	\$51.50
57200	\$776.72
57210	\$776.72
57220	\$1,115.04
57230	\$776.72
57240	\$1,115.04
57250	\$1,115.04
57260	\$1,115.04
57265	\$1,115.04
57268	\$1,115.04
57282	\$1,667.42
57283	\$1,667.42
57284	\$1,115.04
57285	\$1,667.42
57287	\$776.72
57288	\$1,512.04
57289	\$1,667.42
57291	\$1,115.04
57292	\$1,115.04
57295	\$776.72
57300	\$776.72
57310	\$1,667.42
57320	\$1,115.04
57330	\$1,667.42
57335	\$1,115.04
57400	\$776.72
57410	\$776.72
57415	\$776.72
57423	\$2,270.03
57425	\$2,270.03
57426	\$1,667.42

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
57513	\$776.72
57520	\$776.72
57522	\$776.72
57530	\$1,115.04
57550	\$1,115.04
57555	\$1,115.04
57556	\$1,115.04
57558	\$776.72
57700	\$776.72
57720	\$776.72
58120	\$776.72
58145	\$776.72
58260	\$1,115.04
58262	\$1,115.04
58263	\$1,115.04
58270	\$1,115.04
58290	\$1,667.42
58291	\$1,115.04
58292	\$1,667.42
58294	\$1,115.04
58345	\$776.72
58346	\$1,115.04
58350	\$1,115.04
58353	\$1,115.04
58541	\$1,379.73
58542	\$2,270.03
58543	\$2,270.03
58544	\$2,270.03
58545	\$1,379.73
58546	\$2,270.03
58550	\$1,379.73
58552	\$2,270.03

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
58553	\$2,270.03
58554	\$2,270.03
58555	\$776.72
58558	\$776.72
58559	\$1,115.04
58560	\$1,115.04
58561	\$1,115.04
58562	\$776.72
58563	\$1,115.04
58565	\$1,115.04
58570	\$2,270.03
58571	\$2,270.03
58572	\$2,270.03
58573	\$2,270.03
58600	\$776.72
58615	\$776.72
58660	\$1,379.73
58661	\$1,379.73
58662	\$1,379.73
58670	\$1,379.73
58671	\$1,379.73
58672	\$1,379.73
58673	\$1,379.73
58674	\$2,270.03
58770	\$776.72
58800	\$776.72
58805	\$776.72
58820	\$776.72
58900	\$776.72
58920	\$1,667.42
58925	\$1,115.04
58970	\$191.51

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
58974	\$191.51
58976	\$85.11
59001	\$85.11
59012	\$85.11
59030	\$85.11
59070	\$85.11
59072	\$118.97
59074	\$85.11
59076	\$85.11
59100	\$1,115.04
59150	\$1,379.73
59151	\$1,379.73
59160	\$776.72
59320	\$776.72
59409	\$776.72
59412	\$776.72
59414	\$776.72
59612	\$776.72
59812	\$776.72
59820	\$776.72
59821	\$776.72
59840	\$776.72
59841	\$776.72
59866	\$85.11
59870	\$776.72
59871	\$776.72
60000	\$307.52
60200	\$1,379.73
60210	\$1,379.73
60212	\$1,379.73
60220	\$1,379.73
60225	\$1,379.73

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
60240	\$1,379.73
60252	\$1,428.15
60260	\$1,428.15
60271	\$1,428.15
60280	\$1,379.73
60281	\$1,379.73
60500	\$1,428.15
60502	\$1,428.15
60520	\$1,428.15
61000	\$191.87
61001	\$191.87
61020	\$248.68
61026	\$191.87
61050	\$78.97
61055	\$78.97
61070	\$191.87
61215	\$1,457.84
61330	\$647.61
61623	\$3,519.40
61626	\$3,839.30
61720	\$1,457.84
61770	\$1,457.84
61790	\$481.50
61791	\$481.50
61880	\$1,095.76
61885	\$10,881.47
61886	\$14,365.54
61888	\$5,993.69
62000	\$647.61
62194	\$481.50
62225	\$1,457.84
62230	\$1,457.84

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
62263	\$248.68
62264	\$248.68
62267	\$188.06
62268	\$248.68
62269	\$355.52
62270	\$191.87
62272	\$191.87
62273	\$191.87
62280	\$248.68
62281	\$248.68
62282	\$248.68
62287	\$481.50
62292	\$481.50
62294	\$248.68
62320	\$191.87
62321	\$191.87
62322	\$191.87
62323	\$191.87
62324	\$248.68
62325	\$248.68
62326	\$248.68
62327	\$248.68
62328	\$191.87
62329	\$191.87
62350	\$2,114.03
62351	\$1,752.64
62355	\$481.50
62360	\$8,253.29
62361	\$8,046.96
62362	\$8,474.22
62365	\$1,457.84
62380	\$1,752.64

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
63001	\$1,752.64
63003	\$1,752.64
63005	\$1,752.64
63011	\$1,752.64
63012	\$1,752.64
63015	\$1,752.64
63016	\$1,752.64
63017	\$1,752.64
63020	\$1,752.64
63030	\$1,752.64
63040	\$1,752.64
63042	\$1,752.64
63045	\$1,752.64
63046	\$1,752.64
63047	\$1,752.64
63055	\$1,752.64
63056	\$1,752.64
63064	\$1,752.64
63075	\$1,752.64
63600	\$481.50
63610	\$711.57
63650	\$2,676.46
63655	\$10,028.02
63661	\$481.50
63662	\$1,095.76
63663	\$2,691.26
63664	\$5,420.44
63685	\$14,296.78
63688	\$1,095.76
63741	\$2,063.94
63744	\$2,008.56
63746	\$481.50

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
64415	\$248.68
64416	\$248.68
64417	\$248.68
64420	\$191.87
64421	\$248.68
64430	\$248.68
64446	\$248.68
64448	\$248.68
64449	\$248.68
64451	\$191.87
64461	\$191.87
64463	\$191.87
64479	\$248.68
64483	\$248.68
64490	\$248.68
64493	\$248.68
64510	\$248.68
64517	\$248.68
64520	\$248.68
64530	\$248.68
64553	\$5,806.03
64555	\$2,861.87
64561	\$2,736.56
64568	\$14,534.40
64569	\$6,601.35
64570	\$1,457.84
64575	\$5,979.50
64580	\$8,669.08
64581	\$2,897.11
64585	\$1,095.76
64590	\$10,787.99
64595	\$1,095.76

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
64600	\$248.68
64605	\$481.50
64610	\$481.50
64620	\$248.68
64624	\$481.50
64625	\$481.50
64630	\$248.68
64633	\$481.50
64635	\$481.50
64680	\$248.68
64681	\$248.68
64702	\$481.50
64704	\$481.50
64708	\$481.50
64712	\$481.50
64713	\$481.50
64714	\$481.50
64716	\$481.50
64718	\$481.50
64719	\$481.50
64721	\$481.50
64722	\$481.50
64726	\$481.50
64732	\$481.50
64734	\$481.50
64736	\$481.50
64738	\$481.50
64740	\$481.50
64742	\$481.50
64744	\$481.50
64746	\$481.50
64763	\$481.50

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
64766	\$481.50
64771	\$481.50
64772	\$481.50
64774	\$481.50
64776	\$481.50
64782	\$481.50
64784	\$481.50
64786	\$1,457.84
64788	\$481.50
64790	\$481.50
64792	\$1,457.84
64795	\$481.50
64802	\$481.50
64804	\$481.50
64820	\$481.50
64821	\$794.75
64822	\$794.75
64823	\$794.75
64831	\$481.50
64834	\$1,457.84
64835	\$1,457.84
64836	\$1,457.84
64840	\$1,457.84
64856	\$1,457.84
64857	\$1,457.84
64858	\$857.27
64861	\$481.50
64862	\$1,457.84
64864	\$1,457.84
64865	\$1,457.84
64885	\$1,457.84
64886	\$2,484.93

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
64890	\$1,457.84
64891	\$1,900.24
64892	\$1,457.84
64893	\$1,457.84
64895	\$1,457.84
64896	\$1,457.84
64897	\$1,457.84
64898	\$1,457.84
64905	\$1,457.84
64907	\$1,457.84
64910	\$2,271.44
64911	\$1,457.84
64912	\$2,263.30
65091	\$806.01
65093	\$806.01
65101	\$806.01
65103	\$806.01
65105	\$806.01
65110	\$806.01
65112	\$806.01
65114	\$806.01
65125	\$510.73
65130	\$806.01
65135	\$806.01
65140	\$806.01
65150	\$806.01
65155	\$806.01
65175	\$806.01
65235	\$621.86
65260	\$621.86
65265	\$621.86
65270	\$510.73

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
65272	\$510.73
65275	\$806.01
65280	\$1,120.29
65285	\$1,120.29
65290	\$806.01
65400	\$244.77
65410	\$510.73
65420	\$510.73
65426	\$510.73
65450	\$79.00
65710	\$1,120.29
65730	\$1,120.29
65750	\$1,120.29
65755	\$1,120.29
65756	\$1,120.29
65770	\$7,765.82
65772	\$244.77
65775	\$510.73
65780	\$806.01
65781	\$1,550.19
65782	\$806.01
65785	\$1,120.29
65800	\$621.86
65810	\$621.86
65815	\$621.86
65820	\$1,120.29
65850	\$621.86
65865	\$621.86
65870	\$621.86
65875	\$621.86
65880	\$1,120.29
65900	\$621.86

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
65920	\$621.86
65930	\$621.86
66020	\$621.86
66030	\$621.86
66130	\$510.73
66150	\$1,120.29
66155	\$1,120.29
66160	\$621.86
66170	\$621.86
66172	\$621.86
66174	\$1,120.29
66175	\$1,120.29
66179	\$1,120.29
66180	\$1,510.49
66183	\$1,630.80
66184	\$621.86
66185	\$621.86
66225	\$1,120.29
66250	\$510.73
66500	\$621.86
66505	\$621.86
66600	\$1,120.29
66605	\$621.86
66625	\$621.86
66630	\$621.86
66635	\$621.86
66680	\$621.86
66682	\$621.86
66700	\$621.86
66710	\$510.73
66711	\$621.86
66720	\$510.73

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
66740	\$510.73
66762	\$152.35
66770	\$152.35
66820	\$621.86
66821	\$152.35
66825	\$621.86
66830	\$621.86
66840	\$621.86
66850	\$621.86
66852	\$1,120.29
66920	\$621.86
66930	\$1,120.29
66940	\$621.86
66982	\$621.86
66983	\$621.86
66984	\$621.86
66985	\$621.86
66986	\$621.86
66987	\$1,460.26
66988	\$1,460.26
67005	\$621.86
67010	\$621.86
67015	\$621.86
67025	\$621.86
67027	\$955.34
67030	\$621.86
67031	\$152.35
67036	\$1,120.29
67039	\$1,120.29
67040	\$1,120.29
67041	\$1,120.29
67042	\$1,120.29

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
67043	\$1,120.29
67107	\$1,120.29
67108	\$1,120.29
67113	\$1,120.29
67115	\$1,120.29
67120	\$621.86
67121	\$621.86
67141	\$79.00
67145	\$152.35
67208	\$79.00
67210	\$152.35
67218	\$806.01
67220	\$152.35
67229	\$152.35
67250	\$510.73
67255	\$621.86
67311	\$510.73
67312	\$806.01
67314	\$510.73
67316	\$510.73
67318	\$510.73
67343	\$510.73
67346	\$806.01
67400	\$806.01
67405	\$510.73
67412	\$510.73
67413	\$510.73
67414	\$806.01
67415	\$510.73
67420	\$806.01
67430	\$806.01
67440	\$806.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
67445	\$806.01
67450	\$806.01
67550	\$806.01
67560	\$806.01
67570	\$806.01
67700	\$79.00
67715	\$510.73
67808	\$510.73
67810	\$79.00
67830	\$244.77
67835	\$510.73
67875	\$244.77
67880	\$510.73
67882	\$510.73
67900	\$510.73
67901	\$510.73
67902	\$806.01
67903	\$510.73
67904	\$510.73
67906	\$806.01
67908	\$510.73
67909	\$510.73
67911	\$510.73
67912	\$510.73
67914	\$510.73
67916	\$510.73
67917	\$510.73
67921	\$510.73
67923	\$510.73
67924	\$510.73
67935	\$510.73
67938	\$79.00

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
67950	\$510.73
67961	\$510.73
67966	\$510.73
67971	\$510.73
67973	\$510.73
67974	\$806.01
67975	\$510.73
68115	\$510.73
68130	\$510.73
68320	\$510.73
68325	\$806.01
68326	\$806.01
68328	\$510.73
68330	\$621.86
68335	\$806.01
68340	\$510.73
68360	\$806.01
68362	\$510.73
68371	\$510.73
68500	\$806.01
68505	\$806.01
68510	\$510.73
68520	\$806.01
68525	\$510.73
68530	\$79.00
68540	\$510.73
68550	\$806.01
68700	\$510.73
68705	\$79.00
68720	\$806.01
68745	\$806.01
68750	\$806.01

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
68760	\$79.00
68770	\$510.73
68810	\$79.00
68811	\$510.73
68815	\$510.73
68816	\$510.73
69110	\$595.56
69120	\$1,428.15
69140	\$1,428.15
69145	\$595.56
69150	\$1,428.15
69205	\$355.52
69300	\$647.61
69310	\$1,428.15
69320	\$1,428.15
69420	\$63.98
69421	\$647.61
69436	\$307.52
69440	\$647.61
69450	\$647.61
69501	\$1,428.15
69502	\$1,428.15
69505	\$1,428.15
69511	\$1,428.15
69530	\$1,428.15
69550	\$1,428.15
69552	\$1,428.15
69601	\$1,428.15
69602	\$1,428.15
69603	\$1,428.15
69604	\$1,428.15
69620	\$647.61

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
69631	\$1,428.15
69632	\$1,428.15
69633	\$1,428.15
69635	\$1,428.15
69636	\$1,428.15
69637	\$1,428.15
69641	\$1,428.15
69642	\$1,428.15
69643	\$1,428.15
69644	\$1,428.15
69645	\$1,428.15
69646	\$1,428.15
69650	\$647.61
69660	\$1,428.15
69661	\$1,428.15
69662	\$1,428.15
69666	\$647.61
69667	\$647.61
69670	\$1,428.15
69676	\$647.61
69700	\$307.52
69705	\$2,135.28
69706	\$2,135.28
69711	\$647.61
69714	\$5,764.62
69715	\$7,302.11
69717	\$2,790.99
69718	\$3,509.72
69720	\$1,428.15
69725	\$1,428.15
69740	\$1,428.15
69745	\$1,428.15

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
69805	\$1,428.15
69806	\$1,428.15
69905	\$1,428.15
69910	\$1,428.15
69915	\$647.61
69930	\$18,995.46
69955	\$1,428.15
69960	\$1,428.15
69970	\$1,428.15
92920	\$1,831.16
92928	\$3,580.58
93451	\$839.69
93452	\$839.69
93453	\$839.69
93454	\$839.69
93455	\$839.69
93456	\$839.69
93457	\$839.69
93458	\$839.69
93459	\$839.69
93460	\$839.69
93461	\$839.69
93985	\$69.58
93986	\$32.95
C5271	\$158.49
C5273	\$518.65
C5275	\$158.49
C5277	\$158.49
C9600	\$3,748.40
C9602	\$6,795.81
C9604	\$3,821.56
C9607	\$6,744.14

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
C9725	\$239.96
C9727	\$307.52
C9728	\$509.06
C9739	\$2,036.38
C9740	\$4,216.39
C9751	\$1,285.16
C9752	\$5,506.94
C9757	\$4,574.81
C9758	\$3,779.60
C9761	\$1,609.27
C9764	\$1,290.21
C9765	\$3,325.12
C9766	\$2,550.98
C9767	\$5,503.37
C9769	\$1,609.27
C9770	\$982.81
C9771	\$844.15
C9772	\$3,475.45
C9773	\$6,216.34
C9774	\$6,305.21
C9775	\$6,327.11
C9778	\$776.72
G0105	\$239.96
G0121	\$239.96
G0186	\$152.35
G0260	\$191.87
G0276	\$1,752.64
G2170	\$4,222.10
G2171	\$5,910.07
0331T	\$394.86
0332T	\$394.86
0394T	\$73.08

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
0395T	\$214.21
0422T	\$24.46
0508T	\$32.95
0558T	\$24.46
0598T	\$79.96
0609T	\$69.58
0611T	\$69.58
0633T	\$32.95
0634T	\$53.99
0635T	\$53.99
0636T	\$69.58
0637T	\$111.30
0638T	\$111.30
0648T	\$69.58
70336	\$69.58
70450	\$32.95
70460	\$53.99
70470	\$53.99
70480	\$32.95
70481	\$53.99
70482	\$53.99
70486	\$32.95
70487	\$53.99
70488	\$53.99
70490	\$32.95
70491	\$53.99
70492	\$53.99
70496	\$53.99
70498	\$53.99
70540	\$69.58
70542	\$111.30
70543	\$111.30

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
70544	\$69.58
70545	\$111.30
70546	\$111.30
70547	\$69.58
70548	\$111.30
70549	\$111.30
70551	\$69.58
70552	\$111.30
70553	\$111.30
70554	\$69.58
70555	\$69.58
70557	\$146.00
70558	\$53.99
70559	\$53.99
71250	\$32.95
71260	\$53.99
71270	\$53.99
71275	\$53.99
71550	\$69.58
71552	\$111.30
72083	\$32.95
72084	\$32.95
72125	\$32.95
72127	\$53.99
72128	\$32.95
72129	\$53.99
72130	\$53.99
72131	\$32.95
72133	\$53.99
72141	\$69.58
72142	\$111.30
72146	\$69.58

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
72147	\$111.30
72148	\$69.58
72149	\$111.30
72156	\$111.30
72157	\$111.30
72158	\$111.30
72191	\$53.99
72192	\$32.95
72193	\$53.99
72194	\$53.99
72195	\$69.58
72196	\$111.30
72197	\$111.30
73200	\$32.95
73202	\$53.99
73206	\$53.99
73218	\$69.58
73219	\$111.30
73220	\$111.30
73221	\$69.58
73223	\$111.30
73700	\$32.95
73701	\$53.99
73702	\$53.99
73706	\$53.99
73718	\$69.58
73719	\$111.30
73720	\$111.30
73721	\$69.58
73723	\$111.30
74150	\$32.95
74160	\$53.99

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
74170	\$53.99
74174	\$111.30
74175	\$53.99
74177	\$111.30
74178	\$111.30
74181	\$69.58
74182	\$111.30
74183	\$111.30
74230	\$53.99
74246	\$53.99
74251	\$53.99
74261	\$32.95
74262	\$53.99
74283	\$53.99
74400	\$53.99
74410	\$53.99
74415	\$53.99
74420	\$111.30
74712	\$69.58
74775	\$69.58
75557	\$69.58
75559	\$146.00
75561	\$111.30
75572	\$53.99
75573	\$53.99
75574	\$53.99
75803	\$326.12
75805	\$816.78
75810	\$816.78
75898	\$816.78
76101	\$32.95
76102	\$32.95

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
76145	\$38.36
76390	\$24.46
76391	\$69.58
76498	\$24.46
76700	\$32.95
76705	\$32.95
76770	\$32.95
76776	\$32.95
76801	\$32.95
76805	\$32.95
76818	\$32.95
76826	\$69.58
76830	\$32.95
76856	\$32.95
76872	\$32.95
76873	\$32.95
76936	\$79.96
76978	\$53.99
76981	\$32.95
76982	\$32.95
77046	\$69.58
77047	\$69.58
77078	\$24.46
77084	\$69.58
77280	\$38.36
77285	\$102.40
77290	\$102.40
77299	\$38.36
77301	\$381.63
77317	\$102.40
77318	\$102.40
77333	\$38.36

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
77336	\$38.36
77338	\$102.40
77370	\$38.36
77385	\$164.04
77386	\$164.04
77399	\$38.36
77402	\$36.45
77407	\$73.08
77412	\$73.08
77424	\$1,148.50
77425	\$1,148.50
77520	\$164.04
77522	\$392.43
77523	\$392.43
77525	\$392.43
77600	\$73.08
77605	\$214.21
77610	\$164.04
77615	\$164.04
77620	\$164.04
77750	\$73.08
77767	\$73.08
77768	\$73.08
77771	\$214.21
77772	\$214.21
77778	\$214.21
77789	\$36.45
77799	\$36.45
78012	\$114.02
78013	\$114.02
78014	\$114.02
78015	\$114.02

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
78016	\$114.02
78018	\$147.97
78070	\$114.02
78071	\$114.02
78072	\$147.97
78075	\$394.86
78099	\$114.02
78102	\$114.02
78103	\$114.02
78104	\$114.02
78110	\$394.86
78111	\$394.86
78120	\$114.02
78121	\$147.97
78122	\$147.97
78130	\$114.02
78140	\$114.02
78185	\$114.02
78191	\$114.02
78195	\$147.97
78199	\$114.02
78201	\$147.97
78202	\$147.97
78215	\$114.02
78216	\$114.02
78226	\$114.02
78227	\$147.97
78230	\$114.02
78231	\$114.02
78232	\$114.02
78258	\$114.02
78261	\$114.02

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
78262	\$114.02
78264	\$114.02
78265	\$114.02
78266	\$147.97
78278	\$114.02
78282	\$114.02
78290	\$114.02
78291	\$114.02
78299	\$114.02
78300	\$114.02
78305	\$114.02
78306	\$114.02
78315	\$114.02
78399	\$114.02
78414	\$147.97
78428	\$114.02
78429	\$447.59
78430	\$447.59
78431	\$680.45
78432	\$831.63
78433	\$831.63
78445	\$114.02
78451	\$394.86
78452	\$394.86
78453	\$394.86
78454	\$394.86
78456	\$394.86
78457	\$147.97
78458	\$114.02
78459	\$394.86
78466	\$114.02
78468	\$147.97

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
78469	\$147.97
78472	\$114.02
78473	\$114.02
78481	\$147.97
78483	\$147.97
78491	\$447.59
78492	\$447.59
78494	\$114.02
78499	\$114.02
78579	\$114.02
78580	\$114.02
78582	\$147.97
78597	\$114.02
78598	\$147.97
78599	\$114.02
78600	\$114.02
78601	\$114.02
78605	\$147.97
78606	\$147.97
78608	\$447.59
78610	\$147.97
78630	\$147.97
78635	\$147.97
78645	\$147.97
78650	\$394.86
78660	\$114.02
78699	\$114.02
78700	\$114.02
78701	\$114.02
78707	\$147.97
78708	\$147.97
78709	\$147.97

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
78725	\$114.02
78740	\$114.02
78761	\$114.02
78799	\$114.02
78800	\$114.02
78801	\$114.02
78802	\$394.86
78803	\$394.86
78804	\$394.86
78811	\$394.86
78812	\$447.59
78813	\$447.59
78814	\$447.59
78815	\$447.59
78816	\$447.59
78830	\$394.86
78831	\$394.86
78832	\$447.59
78999	\$114.02
79300	\$75.47
79445	\$75.47
79999	\$75.47
91035	\$147.48
C8900	\$111.30
C8901	\$69.58
C8902	\$111.30
C8903	\$53.99
C8905	\$111.30
C8906	\$111.30
C8908	\$111.30
C8909	\$111.30
C8910	\$69.58

**ND Medicaid
Ambulatory Surgical Center (ASC) Fee Schedule
as of 7/1/2021**

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

Code	Medicaid Fee
C8911	\$111.30
C8912	\$111.30
C8913	\$69.58
C8914	\$111.30
C8918	\$111.30
C8919	\$69.58
C8920	\$111.30
C8931	\$111.30
C8932	\$69.58
C8933	\$111.30
C8934	\$111.30
C8935	\$69.58
C8936	\$111.30
C9762	\$146.00
C9763	\$146.00
G0235	\$114.02