NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
10021	$115.68
10022	$125.60
10040	$121.01
10060	$129.54
10061	$223.90
10080	$189.25
10081	$300.67
10120	$157.26
10121	$307.07
10140	$181.25
10160	$147.14
10180	$270.81
11000	$63.97
11001	$27.19
11004	$749.54
11005	$978.24
11006	$920.13
11008	$349.18
11010	$545.36
11011	$609.33
11012	$831.64
11040	$55.98
11041	$65.04
11042	$87.96
11043	$323.59
11044	$441.94
11055	$57.04
11056	$69.84
11057	$84.76
11100	$120.48
11101	$40.52
11200	$95.96
11201	$22.92
11300	$78.90
11301	$109.29
11302	$130.61
11303	$153.53
11305	$81.56
11306	$113.55
11307	$134.34
11308	$151.40
11310	$98.62

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
11311	$126.34
11312	$145.54
11313	$182.85
11400	$133.81
11401	$165.26
11402	$184.45
11403	$213.24
11404	$243.09
11406	$346.52
11420	$135.94
11421	$176.99
11422	$197.78
11423	$231.37
11424	$267.08
11426	$385.96
11440	$148.20
11441	$189.25
11442	$213.24
11443	$257.49
11444	$326.79
11446	$447.80
11450	$403.56
11451	$528.30
11462	$397.16
11463	$542.70
11470	$444.07
11471	$559.22
11600	$207.38
11601	$256.95
11602	$282.54
11603	$322.53
11604	$356.11
11606	$504.85
11620	$211.64
11621	$259.09
11622	$293.74
11623	$344.92
11624	$388.63
11626	$473.39
11640	$220.70
11641	$272.41
11642	$315.06

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
11643	$372.64
11644	$460.60
11646	$609.33
11719	$24.52
11720	$36.78
11721	$53.31
11730	$116.75
11732	$54.91
11740	$52.24
11750	$253.76
11752	$361.44
11760	$232.96
11762	$317.19
11765	$146.60
11770	$302.27
11771	$623.73
11772	$757.00
11900	$66.64
11901	$85.30
11920	$211.64
11921	$242.03
11922	$70.90
11950	$90.09
11951	$120.48
11952	$170.06
11954	$192.98
11960	$1,093.39
11970	$720.75
11971	$523.50
11975	$159.40
11976	$179.65
11977	$292.14
11981	$164.73
11982	$189.78
11983	$298.00
12001	$174.32
12002	$186.05
12004	$219.64
12005	$274.55
12006	$341.18
12007	$385.43
12011	$184.99

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
12013	$204.71
12014	$242.03
12015	$304.40
12016	$364.11
12017	$332.65
12018	$408.89
12020	$312.40
12021	$187.12
12031	$276.15
12032	$354.51
12034	$351.85
12035	$427.01
12036	$469.66
12037	$529.90
12041	$290.01
12042	$338.52
12044	$390.23
12045	$431.81
12046	$510.71
12047	$548.56
12051	$311.33
12052	$353.45
12053	$388.63
12054	$411.55
12055	$496.85
12056	$586.41
12057	$656.78
13100	$370.50
13101	$468.59
13102	$127.94
13120	$385.96
13121	$519.24
13122	$143.40
13131	$427.01
13132	$687.70
13133	$204.18
13150	$424.88
13151	$485.65
13152	$671.17
13153	$223.37
13160	$986.24
14000	$721.28

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
14001	$941.45
14020	$812.98
14021	$1,034.75
14040	$908.94
14041	$1,132.30
14060	$927.59
14061	$1,212.27
14300	$1,316.76
14350	$916.40
15002	$392.89
15003	$85.30
15004	$477.66
15005	$145.00
15040	$293.74
15050	$631.19
15100	$1,018.75
15101	$221.24
15120	$1,111.51
15121	$314.00
15170	$515.51
15171	$116.75
15175	$657.31
15200	$947.32
15201	$172.19
15220	$898.27
15221	$160.46
15240	$1,083.79
15241	$216.44
15260	$1,181.35
15261	$253.22
15300	$412.09
15335	$400.36
15340	$377.43
15341	$55.98
15365	$421.15
15400	$466.46
15401	$110.88
15570	$1,040.08
15572	$1,011.82
15574	$1,068.33
15576	$950.52
15600	$372.10

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
15610	$376.90
15620	$503.78
15630	$533.63
15650	$597.07
15731	$1,354.61
15732	$1,797.61
15734	$1,837.60
15736	$1,623.29
15738	$1,738.44
15740	$1,208.54
15750	$1,109.91
15756	$2,938.98
15757	$2,920.32
15760	$1,000.63
15770	$791.65
15775	$387.03
15776	$536.30
15780	$978.77
15781	$624.79
15782	$654.65
15786	$278.28
15787	$55.98
15788	$483.52
15819	$897.21
15820	$632.79
15821	$674.37
15822	$493.12
15823	$787.92
15830	$1,416.98
15832	$1,080.59
15833	$1,018.22
15834	$1,015.02
15835	$1,075.26
15836	$894.54
15837	$916.93
15838	$701.56
15839	$1,015.02
15840	$1,238.39
15841	$2,075.89
15842	$3,270.57
15845	$1,166.96
15850	$107.15

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
15851	$109.82
15852	$60.77
15860	$141.80
15920	$708.49
15922	$898.27
15931	$810.85
15933	$993.70
15934	$1,111.51
15935	$1,319.42
15936	$1,076.86
15937	$1,257.05
15940	$832.70
15941	$1,075.80
15944	$1,061.40
15945	$1,178.15
15946	$1,977.80
15950	$687.17
15951	$980.37
15952	$1,031.55
15953	$1,147.76
15956	$1,384.46
15958	$1,410.58
16000	$82.63
16020	$95.42
16025	$175.92
16030	$209.51
16035	$270.28
16036	$107.69
17000	$91.69
17003	$9.06
17004	$208.44
17106	$407.82
17107	$538.43
17108	$693.03
17110	$125.81
17111	$150.33
17250	$85.30
17260	$111.95
17261	$165.79
17262	$203.11
17263	$224.44
17266	$274.01

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
17270	$172.72
17271	$190.85
17272	$219.10
17273	$245.23
17274	$291.61
17280	$161.53
17281	$207.91
17282	$241.49
17283	$293.21
17284	$341.72
17311	$814.58
17312	$485.12
17313	$742.61
17314	$449.40
17315	$98.09
17340	$60.24
17360	$157.26
19000	$133.28
19001	$34.65
19020	$501.65
19030	$206.84
19100	$164.19
19101	$376.37
19102	$270.81
19103	$671.71
19110	$522.44
19112	$486.72
19120	$550.16
19125	$609.87
19126	$202.04
19260	$1,458.56
19271	$1,968.21
19272	$2,184.64
19290	$199.38
19291	$86.36
19295	$106.09
19296	$4,452.45
19297	$118.35
19300	$580.01
19301	$748.47
19302	$1,063.00
19303	$1,160.03

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
19304	$659.44
19305	$1,327.95
19306	$1,389.79
19307	$1,397.26
19316	$939.86
19318	$1,377.53
19324	$574.68
19325	$775.13
19328	$584.81
19330	$753.27
19340	$493.12
19342	$1,107.78
19350	$996.90
19355	$836.97
19357	$1,861.05
19361	$2,009.25
19364	$3,440.09
19366	$1,701.66
19367	$2,218.76
19370	$816.18
19371	$940.92
19380	$921.73
19396	$257.49
20000	$242.03
20005	$361.44
20100	$741.01
20101	$457.40
20102	$536.83
20103	$656.78
20150	$1,185.61
20200	$221.24
20205	$304.40
20206	$302.80
20220	$212.17
20225	$782.59
20240	$280.94
20245	$765.00
20250	$457.40
20251	$506.45
20500	$140.21
20501	$154.07
20520	$223.90

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
20525	$538.43
20526	$91.69
20550	$70.90
20551	$70.37
20552	$63.97
20553	$71.97
20600	$66.64
20605	$71.44
20610	$91.16
20612	$70.90
20615	$258.55
20650	$235.10
20660	$313.46
20661	$551.76
20662	$584.28
20663	$535.23
20665	$145.54
20670	$447.80
20680	$698.36
20690	$675.97
20692	$1,263.45
20693	$556.02
20694	$498.45
20802	$3,107.44
20808	$5,099.63
20816	$2,792.91
20822	$2,362.17
20827	$2,460.26
20838	$3,163.95
20900	$485.65
20902	$439.81
20910	$522.97
20912	$590.67
20920	$496.85
20922	$729.28
20924	$612.00
20926	$528.84
20930	$166.86
20931	$140.21
20936	$187.83
20937	$215.37
20938	$232.96

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
20950	$282.01
20955	$3,190.60
20956	$3,306.29
20962	$3,235.92
20969	$3,545.65
20970	$3,538.72
20972	$3,263.11
20973	$3,428.90
20974	$77.30
20975	$219.64
20982	$4,295.72
21010	$897.74
21015	$517.64
21025	$1,053.41
21026	$691.96
21029	$889.21
21030	$579.48
21031	$442.47
21032	$448.34
21034	$1,608.36
21040	$584.28
21044	$1,081.13
21045	$1,512.40
21046	$1,317.82
21048	$1,338.61
21050	$1,052.34
21060	$963.31
21070	$778.86
21079	$1,984.20
21081	$2,055.63
21082	$1,909.03
21083	$1,809.87
21084	$2,075.36
21085	$835.90
21086	$2,122.27
21100	$820.44
21110	$867.35
21116	$173.26
21121	$909.47
21122	$865.22
21125	$3,449.16
21127	$4,096.87

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
21141	$1,656.87
21142	$1,642.48
21145	$1,912.23
21146	$2,036.98
21147	$2,115.34
21150	$2,091.88
21154	$2,558.35
21172	$2,213.96
21175	$2,666.03
21179	$1,829.07
21181	$868.42
21188	$2,012.99
21193	$1,534.79
21194	$1,759.23
21196	$1,792.28
21198	$1,406.85
21206	$1,387.66
21208	$1,990.60
21209	$957.45
21210	$2,368.03
21215	$3,983.32
21230	$941.45
21235	$855.63
21240	$1,356.21
21242	$1,244.26
21243	$2,043.37
21244	$1,269.31
21245	$1,359.41
21247	$1,995.39
21248	$1,278.37
21249	$1,778.42
21256	$1,446.83
21260	$1,625.96
21261	$2,785.98
21263	$2,513.57
21267	$1,890.37
21268	$2,342.44
21270	$1,090.19
21275	$990.50
21280	$639.19
21282	$419.55
21295	$207.91

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
21296	$507.51
21310	$122.08
21315	$300.67
21320	$290.01
21325	$551.23
21330	$679.70
21335	$889.21
21336	$761.27
21337	$454.20
21338	$864.69
21339	$969.18
21340	$986.24
21343	$1,388.19
21344	$1,839.20
21345	$953.72
21346	$1,146.70
21347	$1,331.15
21355	$514.97
21356	$575.21
21360	$642.39
21365	$1,357.81
21385	$867.35
21386	$812.98
21387	$905.20
21390	$944.12
21395	$1,192.54
21400	$204.71
21401	$544.83
21406	$656.78
21407	$778.86
21421	$842.30
21422	$810.31
21423	$965.44
21431	$876.42
21432	$810.85
21433	$2,102.55
21435	$1,655.81
21440	$606.67
21445	$869.49
21450	$633.32
21451	$840.17
21452	$676.50

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
21453	$973.44
21454	$667.97
21461	$2,170.25
21462	$2,350.97
21465	$1,113.11
21470	$1,455.36
21480	$104.49
21485	$749.54
21490	$1,121.11
21495	$805.51
21497	$755.94
21501	$507.51
21502	$636.52
21510	$559.76
21550	$298.00
21555	$503.78
21556	$501.65
21557	$715.42
21600	$667.44
21610	$1,300.76
21615	$829.50
21616	$1,053.94
21620	$636.52
21627	$666.38
21630	$1,566.78
21632	$1,553.99
21700	$524.04
21705	$798.05
21720	$497.92
21725	$643.98
21740	$1,355.67
21750	$897.21
21800	$114.62
21805	$306.53
21810	$608.80
21820	$152.47
21825	$689.30
21920	$297.47
21925	$494.18
21930	$551.76
21935	$1,436.70
22010	$1,097.12

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
22015	$1,090.72
22100	$981.44
22101	$981.44
22102	$978.24
22110	$1,220.80
22112	$1,187.21
22114	$1,214.93
22212	$1,772.56
22214	$1,782.69
22220	$1,922.36
22222	$1,773.62
22224	$1,913.83
22305	$218.04
22310	$341.72
22315	$1,007.03
22318	$1,917.03
22325	$1,685.66
22326	$1,754.43
22327	$1,745.37
22328	$353.45
22505	$150.33
22520	$2,644.18
22521	$2,573.27
22522	$321.46
22523	$757.54
22524	$726.08
22525	$341.72
22554	$1,533.73
22556	$2,013.52
22558	$1,864.78
22585	$425.95
22590	$1,850.92
22595	$1,758.70
22600	$1,506.01
22610	$1,488.42
22612	$1,937.82
22614	$497.92
22630	$1,854.65
22632	$404.09
22800	$1,643.01
22802	$2,619.65
22804	$3,030.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
22808	$2,233.16
22810	$2,500.24
22812	$2,737.47
22819	$3,161.82
22830	$976.11
22840	$970.24
22842	$972.91
22843	$1,036.88
22844	$1,273.04
22845	$925.99
22846	$961.71
22848	$464.33
22849	$1,589.17
22850	$862.56
22851	$517.64
22852	$825.24
22855	$1,340.21
22900	$501.65
23000	$612.53
23020	$834.83
23030	$488.32
23031	$443.01
23035	$827.90
23040	$869.49
23044	$688.23
23065	$252.69
23066	$583.21
23075	$300.67
23076	$681.83
23077	$1,460.69
23100	$583.74
23101	$536.83
23105	$767.66
23106	$570.42
23120	$688.23
23125	$850.29
23130	$723.95
23140	$620.53
23145	$834.83
23146	$723.95
23150	$791.12
23155	$956.91

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
23156	$812.44
23170	$639.19
23172	$656.25
23174	$907.87
23180	$825.24
23182	$795.92
23184	$899.34
23190	$670.64
23195	$911.07
23200	$1,080.59
23210	$1,129.64
23220	$1,308.23
23221	$1,528.93
23222	$2,087.09
23330	$258.55
23331	$705.29
23332	$1,077.40
23350	$185.52
23395	$1,573.18
23397	$1,410.05
23400	$1,192.54
23405	$763.93
23406	$956.91
23410	$1,011.29
23412	$1,056.60
23415	$840.17
23420	$1,187.75
23430	$898.81
23440	$928.13
23450	$1,166.96
23455	$1,245.32
23460	$1,347.68
23462	$1,324.22
23465	$1,379.66
23466	$1,359.41
23470	$1,502.81
23472	$1,865.32
23480	$1,001.16
23485	$1,185.08
23500	$240.96
23505	$397.69
23515	$851.89

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
23520	$249.49
23525	$390.76
23530	$650.92
23532	$746.34
23540	$247.89
23545	$358.78
23550	$688.77
23552	$793.79
23570	$256.95
23575	$441.41
23585	$1,166.96
23600	$358.24
23605	$532.57
23615	$1,060.87
23616	$1,573.18
23620	$295.34
23625	$431.81
23630	$911.60
23650	$340.12
23655	$450.47
23660	$697.83
23665	$481.39
23670	$1,028.35
23675	$630.12
23680	$1,109.91
23700	$234.56
23800	$1,256.52
23802	$1,531.06
23900	$1,640.88
23920	$1,325.29
23921	$479.26
23930	$406.22
23931	$314.00
23935	$593.87
24000	$565.09
24006	$859.89
24065	$291.61
24066	$675.97
24075	$546.43
24076	$570.95
24100	$480.86
24101	$593.34

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
24102	$739.94
24105	$395.03
24110	$697.83
24115	$885.48
24116	$1,052.87
24120	$625.33
24125	$726.62
24126	$770.86
24130	$602.40
24134	$910.53
24136	$721.28
24138	$792.72
24140	$866.29
24145	$724.48
24147	$750.60
24149	$1,403.12
24150	$1,187.75
24151	$1,369.00
24152	$895.07
24153	$972.37
24155	$1,035.28
24160	$727.15
24164	$593.87
24200	$227.63
24201	$631.72
24220	$205.24
24300	$456.87
24301	$913.20
24305	$695.16
24310	$568.28
24320	$941.99
24330	$866.82
24331	$960.11
24340	$736.74
24341	$868.42
24342	$953.18
24343	$842.83
24344	$1,322.09
24345	$838.03
24357	$525.64
24358	$622.13
24359	$787.92

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
24360	$1,098.19
24362	$1,303.96
24363	$1,844.53
24365	$772.46
24366	$828.44
24400	$1,000.10
24410	$1,282.11
24420	$1,202.67
24430	$1,283.17
24435	$1,297.57
24470	$763.93
24495	$791.65
24498	$1,064.60
24500	$390.23
24505	$569.88
24515	$1,065.67
24516	$1,055.54
24530	$420.08
24535	$715.95
24538	$895.61
24545	$1,115.25
24546	$1,287.97
24560	$350.25
24565	$588.54
24566	$839.10
24575	$886.55
24576	$367.84
24577	$612.53
24579	$1,011.29
24582	$936.12
24586	$1,343.95
24587	$1,339.68
24600	$419.02
24605	$540.56
24615	$867.89
24620	$656.78
24635	$894.01
24640	$137.01
24650	$283.61
24655	$494.18
24665	$776.73
24666	$885.48

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
24670	$319.33
24675	$522.44
24685	$778.86
24800	$968.11
24802	$1,223.46
24900	$873.22
24920	$866.82
24925	$669.04
24930	$920.66
24931	$1,039.55
24935	$1,263.98
25000	$407.82
25001	$389.16
25020	$678.10
25023	$1,320.49
25024	$931.86
25025	$1,451.10
25028	$604.00
25031	$446.20
25035	$772.46
25040	$688.77
25065	$288.94
25066	$446.74
25075	$391.83
25076	$528.84
25085	$552.29
25100	$408.89
25101	$482.46
25105	$587.48
25107	$733.01
25110	$427.01
25111	$370.50
25112	$455.80
25115	$966.51
25116	$776.19
25118	$455.80
25119	$605.07
25120	$661.04
25125	$773.00
25126	$778.86
25130	$535.77
25135	$671.71

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
25136	$591.74
25145	$679.70
25150	$695.70
25151	$767.13
25170	$1,072.60
25210	$588.54
25215	$760.20
25230	$520.84
25240	$527.24
25246	$208.98
25248	$525.64
25250	$627.46
25251	$863.09
25259	$458.47
25260	$812.98
25263	$812.44
25265	$968.11
25270	$650.92
25272	$734.61
25274	$873.22
25275	$809.25
25280	$745.27
25290	$625.86
25295	$692.50
25300	$824.17
25301	$784.19
25310	$806.58
25312	$938.26
25315	$1,006.49
25316	$1,169.09
25320	$1,161.09
25332	$1,026.75
25335	$1,168.02
25350	$889.21
25355	$1,001.16
25360	$862.02
25365	$1,179.22
25370	$1,286.37
25375	$1,240.52
25390	$1,008.63
25391	$1,286.37
25392	$1,307.69

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
25393	$1,467.62
25400	$1,057.67
25405	$1,350.34
25415	$1,266.11
25420	$1,511.87
25425	$1,301.30
25426	$1,374.86
25430	$861.49
25431	$950.52
25440	$946.25
25441	$1,148.30
25442	$979.30
25443	$939.86
25444	$1,000.63
25445	$874.82
25446	$1,450.03
25447	$988.37
25449	$1,268.24
25450	$730.88
25455	$842.30
25500	$292.67
25505	$573.08
25515	$802.32
25520	$635.46
25525	$967.58
25526	$1,193.61
25530	$281.48
25535	$556.02
25545	$748.47
25560	$296.40
25565	$601.34
25574	$793.79
25575	$1,081.13
25600	$321.99
25605	$710.09
25606	$790.05
25607	$858.29
25608	$977.71
25609	$1,250.12
25622	$329.99
25624	$524.04
25628	$862.56

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
25630	$339.05
25635	$496.32
25645	$678.10
25650	$353.98
25651	$559.22
25652	$739.41
25660	$469.13
25670	$732.48
25671	$615.73
25675	$492.58
25676	$758.07
25680	$544.83
25685	$884.95
25690	$545.36
25695	$762.33
25800	$901.47
25805	$1,040.61
25810	$1,051.81
25820	$733.01
25825	$906.27
25830	$1,125.37
25900	$903.60
25905	$893.48
25907	$778.86
25909	$876.95
25915	$1,540.66
25920	$826.31
25922	$698.36
25924	$807.11
25927	$931.86
25929	$678.64
25931	$847.63
26010	$284.68
26011	$432.88
26020	$502.71
26025	$492.05
26030	$583.21
26034	$630.66
26035	$991.57
26037	$682.37
26040	$358.78
26045	$550.16

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
26055	$631.19
26060	$307.07
26070	$353.45
26075	$373.70
26080	$448.34
26100	$377.43
26105	$385.43
26110	$369.97
26115	$696.76
26116	$565.62
26117	$778.86
26121	$713.29
26123	$979.30
26125	$355.04
26130	$537.36
26135	$657.85
26140	$597.07
26145	$607.20
26160	$634.92
26170	$476.59
26180	$520.31
26200	$535.23
26205	$721.28
26210	$517.64
26215	$662.64
26230	$599.74
26235	$589.61
26236	$521.37
26250	$698.36
26255	$1,072.06
26260	$654.11
26261	$815.11
26262	$543.76
26320	$404.62
26340	$357.18
26350	$826.84
26352	$946.25
26356	$1,239.99
26357	$1,017.69
26358	$1,076.86
26370	$898.81
26372	$1,045.94

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
26373	$993.70
26390	$983.04
26392	$1,146.17
26410	$656.25
26412	$801.78
26415	$857.22
26418	$656.78
26420	$834.30
26426	$676.50
26428	$878.02
26432	$574.15
26433	$617.33
26434	$745.27
26437	$725.55
26440	$723.42
26442	$1,109.91
26445	$669.04
26449	$895.61
26450	$467.53
26455	$464.33
26460	$451.00
26471	$714.89
26474	$685.03
26476	$666.38
26477	$671.71
26478	$730.35
26479	$722.35
26480	$877.48
26483	$995.30
26485	$952.12
26489	$1,040.08
26490	$927.06
26492	$1,034.75
26494	$937.72
26496	$1,019.82
26497	$1,020.35
26498	$1,371.13
26499	$973.97
26500	$730.35
26502	$826.84
26508	$734.08
26516	$825.24

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
26517	$973.97
26518	$985.17
26520	$756.47
26525	$759.67
26530	$637.59
26531	$743.67
26535	$480.32
26536	$783.66
26540	$772.46
26541	$949.98
26542	$800.18
26545	$814.58
26546	$1,149.90
26548	$899.87
26550	$1,815.74
26555	$1,643.55
26560	$664.24
26561	$1,082.73
26562	$1,578.51
26565	$793.25
26567	$800.72
26568	$1,053.94
26580	$1,694.19
26587	$1,168.56
26590	$1,541.73
26591	$503.25
26593	$692.50
26596	$873.22
26600	$308.13
26605	$354.51
26607	$517.11
26608	$557.09
26615	$653.05
26641	$414.22
26645	$470.19
26650	$555.49
26665	$726.08
26670	$374.77
26675	$501.11
26676	$583.74
26685	$666.91
26686	$742.08

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
26700	$359.31
26705	$459.53
26706	$508.58
26715	$653.05
26720	$213.24
26725	$382.77
26727	$548.03
26735	$681.30
26740	$247.89
26742	$421.15
26746	$841.76
26750	$200.45
26755	$352.38
26756	$481.39
26765	$553.36
26770	$304.40
26775	$427.55
26785	$605.60
26820	$926.53
26841	$854.03
26842	$931.86
26843	$862.56
26844	$964.38
26850	$816.18
26852	$939.86
26860	$648.78
26861	$133.81
26862	$851.89
26863	$299.07
26910	$840.70
26951	$722.88
26952	$758.07
26990	$739.41
26991	$814.04
26992	$1,171.22
27000	$535.77
27001	$650.92
27003	$701.56
27005	$885.48
27006	$894.54
27025	$1,089.66
27030	$1,160.03

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27033	$1,201.07
27035	$1,361.00
27036	$1,227.73
27040	$396.09
27041	$843.90
27047	$738.88
27048	$575.21
27049	$1,230.93
27050	$421.15
27052	$669.57
27054	$822.04
27060	$519.24
27062	$538.43
27065	$601.87
27066	$981.97
27067	$1,253.85
27070	$1,028.35
27071	$1,102.98
27075	$2,878.21
27076	$1,978.33
27077	$3,330.81
27078	$1,244.79
27079	$1,201.07
27080	$597.61
27086	$282.01
27087	$767.66
27090	$1,015.02
27091	$1,980.47
27093	$228.17
27095	$275.08
27096	$211.11
27097	$808.71
27098	$764.47
27100	$997.43
27105	$1,047.54
27110	$1,170.69
27111	$1,046.48
27120	$1,591.30
27122	$1,359.94
27125	$1,387.13
27130	$1,790.68
27132	$2,095.08

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27134	$2,432.54
27137	$1,851.46
27138	$1,927.69
27140	$1,100.85
27146	$1,560.38
27147	$1,817.87
27151	$1,901.57
27156	$2,124.94
27158	$1,709.65
27161	$1,505.47
27165	$1,685.66
27170	$1,459.63
27175	$808.71
27176	$1,115.78
27177	$1,364.74
27178	$1,106.18
27179	$1,192.01
27181	$1,340.75
27185	$834.30
27187	$1,220.80
27193	$556.02
27194	$871.62
27200	$199.91
27202	$765.00
27216	$1,322.09
27217	$1,249.59
27218	$1,713.38
27220	$626.39
27222	$1,198.94
27226	$1,279.44
27227	$2,074.29
27228	$2,377.63
27230	$554.96
27232	$955.85
27235	$1,116.84
27236	$1,466.56
27238	$537.90
27240	$1,170.15
27244	$1,509.74
27245	$1,553.45
27246	$454.73
27248	$921.73

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27250	$293.74
27252	$925.99
27253	$1,160.56
27254	$1,573.18
27256	$357.71
27257	$417.42
27258	$1,363.14
27259	$1,916.49
27265	$469.66
27266	$698.36
27267	$497.92
27268	$618.93
27269	$1,504.94
27275	$215.91
27280	$1,257.58
27282	$989.43
27284	$1,936.75
27286	$2,044.97
27290	$1,952.75
27295	$1,574.24
27301	$769.26
27303	$771.40
27305	$561.35
27306	$451.54
27307	$558.16
27310	$881.21
27323	$308.13
27324	$457.93
27325	$635.99
27326	$584.81
27327	$525.10
27328	$506.45
27329	$1,277.84
27330	$478.19
27331	$565.09
27332	$768.73
27333	$695.70
27334	$820.44
27335	$929.19
27340	$430.21
27345	$572.02
27347	$615.73

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27350	$783.12
27355	$725.55
27356	$892.41
27357	$987.83
27358	$365.17
27360	$1,028.88
27365	$1,510.81
27370	$194.05
27372	$685.03
27380	$707.42
27381	$969.71
27385	$758.60
27386	$1,005.43
27390	$524.57
27391	$686.10
27392	$848.70
27393	$607.73
27394	$787.92
27395	$1,069.93
27396	$739.94
27397	$1,096.59
27400	$827.90
27403	$775.13
27405	$816.71
27407	$936.12
27409	$1,178.68
27416	$1,184.55
27418	$1,015.02
27420	$907.87
27422	$904.14
27424	$906.27
27425	$523.50
27427	$870.02
27428	$1,345.01
27429	$1,506.54
27430	$898.27
27435	$963.84
27437	$798.05
27438	$1,026.75
27440	$939.32
27441	$970.24
27442	$1,063.00

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27443	$994.23
27445	$1,557.19
27446	$1,378.60
27447	$1,915.96
27448	$1,002.23
27450	$1,250.65
27454	$1,583.84
27455	$1,154.69
27457	$1,191.48
27465	$1,512.94
27466	$1,458.03
27468	$1,653.68
27470	$1,452.16
27472	$1,571.58
27475	$795.39
27477	$890.81
27479	$1,143.50
27485	$812.44
27486	$1,747.50
27487	$2,208.10
27488	$1,476.69
27495	$1,396.72
27498	$722.88
27499	$799.65
27500	$606.13
27501	$597.61
27502	$962.78
27503	$977.17
27506	$1,641.95
27507	$1,214.93
27508	$610.40
27509	$770.86
27510	$849.23
27511	$1,260.25
27513	$1,586.51
27514	$1,262.91
27516	$569.88
27517	$814.58
27519	$1,143.50
27520	$355.58
27524	$916.93
27530	$448.34

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27532	$725.02
27535	$1,124.84
27536	$1,461.76
27538	$537.90
27540	$1,009.16
27550	$574.68
27552	$745.27
27556	$1,124.31
27557	$1,348.74
27558	$1,520.93
27560	$419.02
27562	$550.16
27566	$1,094.99
27570	$175.39
27580	$1,780.02
27590	$1,032.08
27591	$1,134.44
27592	$872.15
27594	$625.33
27596	$911.07
27598	$923.33
27600	$518.71
27601	$536.83
27602	$639.19
27603	$608.80
27604	$534.17
27605	$421.15
27606	$363.57
27607	$749.54
27610	$799.65
27612	$699.96
27613	$289.47
27614	$656.25
27615	$1,084.33
27618	$573.62
27619	$916.40
27620	$560.29
27625	$729.28
27626	$786.32
27630	$622.13
27635	$721.28
27637	$915.87

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27638	$955.85
27640	$1,060.87
27641	$851.36
27645	$1,286.90
27646	$1,139.77
27647	$1,018.75
27648	$187.12
27650	$823.11
27652	$912.67
27654	$891.34
27656	$624.26
27658	$467.00
27659	$616.26
27664	$444.07
27665	$509.64
27675	$629.59
27676	$762.33
27680	$529.90
27681	$631.19
27685	$744.21
27686	$689.83
27687	$567.75
27690	$784.72
27691	$918.53
27692	$141.80
27695	$603.47
27696	$725.55
27698	$814.58
27700	$776.19
27702	$1,229.33
27704	$693.56
27705	$941.45
27707	$472.86
27709	$1,396.72
27712	$1,346.61
27715	$1,314.62
27720	$1,076.86
27722	$1,075.26
27724	$1,591.30
27725	$1,476.69
27726	$1,140.83
27727	$1,202.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27730	$709.02
27732	$487.25
27734	$734.08
27740	$812.44
27742	$858.82
27745	$922.80
27750	$384.37
27752	$626.39
27756	$684.50
27758	$1,086.46
27759	$1,233.06
27760	$370.50
27762	$559.76
27766	$733.55
27767	$295.34
27768	$481.39
27769	$848.16
27780	$331.06
27781	$483.52
27784	$842.30
27786	$350.78
27788	$487.25
27792	$850.29
27808	$366.24
27810	$547.49
27814	$944.12
27816	$348.65
27818	$566.15
27822	$1,031.55
27823	$1,178.15
27824	$351.85
27825	$646.65
27826	$995.83
27827	$1,323.69
27828	$1,590.24
27829	$796.98
27830	$409.95
27831	$449.94
27832	$863.62
27840	$419.55
27842	$583.21
27846	$903.07

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
27848	$1,022.49
27860	$217.50
27870	$1,295.97
27871	$846.03
27880	$1,162.69
27881	$1,107.25
27882	$783.66
27884	$725.55
27886	$827.90
27888	$873.22
27889	$858.82
27892	$670.64
27893	$677.57
27894	$1,044.88
28001	$318.26
28002	$598.14
28003	$830.04
28005	$774.59
28008	$503.25
28010	$282.54
28011	$400.36
28020	$594.41
28022	$549.63
28024	$521.90
28035	$598.67
28043	$400.36
28045	$559.76
28046	$1,032.08
28050	$524.57
28052	$484.05
28054	$453.14
28055	$504.85
28060	$592.27
28062	$699.43
28070	$585.88
28072	$574.68
28080	$566.15
28086	$615.20
28088	$520.84
28090	$530.43
28092	$476.59
28100	$682.90

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
28102	$697.83
28103	$566.15
28104	$588.54
28106	$600.27
28107	$652.51
28108	$494.72
28110	$517.11
28111	$590.67
28112	$557.62
28113	$671.17
28114	$1,225.06
28116	$880.68
28118	$674.90
28119	$602.40
28120	$665.31
28122	$780.99
28124	$551.23
28126	$442.47
28130	$798.58
28140	$734.61
28150	$494.18
28153	$460.07
28160	$471.79
28171	$787.39
28173	$880.15
28175	$642.92
28190	$280.41
28192	$543.76
28193	$626.93
28200	$543.23
28202	$728.21
28208	$522.97
28210	$678.10
28220	$518.17
28222	$601.87
28225	$448.34
28226	$539.50
28230	$496.85
28232	$438.21
28234	$453.14
28238	$799.65
28240	$511.24

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
28250	$652.51
28260	$802.32
28261	$1,174.42
28262	$1,629.69
28264	$1,040.61
28270	$553.36
28272	$451.54
28280	$606.13
28285	$535.77
28286	$524.57
28288	$671.71
28289	$854.03
28290	$660.51
28292	$909.47
28293	$1,210.14
28294	$879.08
28296	$858.82
28297	$970.78
28298	$838.57
28299	$1,086.46
28300	$831.10
28302	$825.24
28304	$933.99
28305	$877.48
28306	$692.50
28307	$812.44
28308	$627.99
28309	$1,129.64
28310	$620.00
28312	$564.02
28313	$593.87
28315	$548.03
28320	$787.39
28322	$902.54
28341	$836.97
28344	$547.49
28345	$665.31
28400	$278.28
28405	$461.13
28406	$632.79
28415	$1,404.72
28420	$1,483.08

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
28430	$260.69
28435	$371.04
28436	$504.85
28445	$1,327.95
28450	$240.96
28455	$337.99
28456	$321.99
28465	$757.54
28470	$240.96
28475	$309.20
28476	$399.29
28485	$653.05
28490	$154.60
28495	$196.71
28496	$465.93
28505	$772.46
28510	$134.87
28515	$178.06
28525	$644.52
28530	$130.08
28531	$414.75
28540	$232.43
28545	$285.21
28546	$527.24
28555	$1,007.03
28570	$199.91
28575	$382.77
28576	$425.95
28585	$1,079.53
28600	$240.43
28605	$312.40
28606	$470.73
28615	$950.52
28630	$174.32
28635	$206.84
28636	$337.45
28645	$733.55
28660	$126.88
28665	$185.52
28675	$658.91
28705	$1,646.75
28715	$1,216.00

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
28725	$1,001.16
28730	$1,047.01
28735	$1,003.83
28737	$891.34
28740	$993.17
28750	$963.31
28755	$578.41
28760	$919.60
28800	$719.69
28805	$959.58
28810	$553.36
28820	$610.93
28825	$667.97
29000	$307.60
29010	$279.88
29015	$276.68
29020	$262.82
29025	$296.94
29035	$272.41
29040	$266.55
29044	$296.40
29046	$324.12
29049	$99.69
29055	$235.63
29058	$130.08
29065	$107.69
29075	$99.69
29085	$106.62
29086	$81.03
29105	$99.16
29125	$76.77
29126	$89.03
29130	$47.45
29131	$58.64
29200	$63.44
29220	$65.04
29240	$70.37
29260	$60.24
29280	$58.64
29305	$266.02
29325	$296.40
29345	$155.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
29355	$161.53
29358	$174.32
29365	$139.14
29405	$102.36
29425	$111.42
29435	$135.94
29440	$61.31
29445	$172.72
29450	$184.45
29505	$86.90
29515	$82.10
29520	$59.17
29530	$61.31
29540	$51.18
29550	$49.05
29580	$61.84
29590	$67.70
29700	$74.10
29705	$78.90
29710	$138.07
29715	$105.02
29720	$91.16
29730	$76.77
29740	$110.35
29750	$120.48
29800	$626.39
29804	$778.86
29805	$564.55
29806	$1,302.36
29807	$1,268.24
29819	$709.56
29820	$654.65
29822	$694.10
29823	$759.67
29824	$810.85
29825	$708.49
29826	$814.58
29827	$1,335.42
29828	$1,118.44
29830	$545.36
29834	$594.41
29838	$715.95

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
29840	$534.70
29843	$575.21
29844	$597.61
29845	$686.63
29846	$629.59
29847	$654.11
29848	$594.94
29850	$697.83
29851	$1,144.03
29855	$955.85
29862	$979.30
29866	$1,275.71
29870	$489.92
29871	$616.80
29873	$612.53
29874	$648.78
29875	$596.54
29876	$787.39
29877	$744.21
29879	$797.52
29880	$832.70
29881	$775.66
29882	$841.23
29883	$1,026.75
29884	$742.08
29885	$901.47
29886	$759.13
29887	$896.67
29888	$1,219.20
29889	$1,489.48
29891	$846.56
29892	$868.95
29893	$696.23
29894	$635.99
29895	$615.20
29897	$642.92
29898	$721.28
29899	$1,298.10
29904	$752.74
29905	$808.71
29906	$851.89
29907	$1,045.41

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
30000	$261.75
30020	$253.22
30100	$159.40
30110	$258.02
30115	$508.58
30117	$925.46
30118	$933.99
30124	$325.19
30125	$739.94
30130	$440.87
30140	$500.58
30150	$950.52
30160	$959.05
30200	$127.94
30210	$168.46
30220	$327.32
30300	$253.22
30310	$241.49
30320	$534.17
30400	$1,229.86
30410	$1,466.03
30420	$1,658.47
30430	$1,066.20
30435	$1,421.24
30450	$1,907.96
30465	$1,185.61
30520	$721.82
30540	$806.05
30545	$1,160.56
30560	$299.60
30580	$744.74
30600	$685.57
30620	$727.68
30630	$747.41
30801	$252.16
30802	$331.06
30901	$124.75
30903	$223.90
30905	$278.81
30906	$322.53
30915	$699.96
30920	$1,011.82

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
30930	$144.47
31000	$203.11
31002	$237.23
31020	$548.56
31030	$810.85
31032	$684.50
31040	$908.40
31050	$588.01
31051	$770.33
31070	$513.91
31075	$945.72
31080	$1,222.40
31081	$1,474.02
31084	$1,430.84
31085	$1,507.61
31086	$1,356.21
31087	$1,343.41
31090	$1,193.61
31200	$631.19
31201	$878.02
31205	$1,036.88
31225	$2,264.61
31230	$2,546.09
31231	$218.04
31233	$311.33
31237	$387.56
31238	$401.42
31239	$819.91
31240	$208.44
31254	$357.71
31255	$528.84
31256	$258.55
31267	$417.42
31276	$666.91
31287	$304.40
31288	$352.91
31290	$1,470.29
31292	$1,270.91
31293	$1,386.06
31300	$1,531.60
31320	$761.80
31360	$2,486.91

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
31365	$3,121.83
31367	$2,670.83
31368	$2,982.69
31370	$2,501.84
31375	$2,366.43
31380	$2,330.18
31382	$2,558.88
31390	$3,472.61
31395	$3,673.06
31400	$1,210.67
31420	$1,027.82
31500	$148.20
31502	$46.38
31505	$97.56
31510	$251.62
31511	$253.76
31512	$250.02
31513	$170.59
31515	$247.89
31520	$198.85
31525	$301.73
31526	$204.71
31527	$251.09
31528	$187.12
31529	$211.11
31530	$258.55
31531	$278.28
31535	$247.36
31536	$276.15
31540	$317.73
31541	$347.58
31560	$412.09
31561	$452.07
31570	$421.15
31571	$327.86
31575	$138.61
31576	$268.68
31577	$292.14
31578	$339.05
31579	$263.88
31580	$1,458.56
31582	$2,316.85

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
31584	$1,867.45
31587	$1,236.26
31588	$1,382.86
31590	$1,050.74
31595	$926.53
31600	$516.57
31601	$340.12
31603	$292.14
31605	$242.03
31610	$868.95
31611	$643.98
31612	$98.09
31613	$530.43
31614	$887.08
31615	$223.90
31620	$337.45
31622	$388.10
31623	$424.35
31624	$396.09
31625	$428.61
31628	$513.38
31629	$773.00
31630	$273.48
31631	$309.20
31632	$95.96
31635	$441.41
31638	$341.18
31640	$350.25
31641	$348.11
31645	$384.90
31646	$348.65
31656	$390.76
31715	$75.70
31717	$367.84
31720	$70.90
31725	$127.94
31730	$1,023.02
31750	$1,621.69
31755	$2,039.11
31760	$1,790.15
31770	$1,738.44
31775	$1,798.68

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
31780	$1,520.93
31781	$1,848.79
31785	$1,394.06
31786	$1,928.22
31800	$848.16
31805	$1,057.67
31820	$513.91
31825	$723.42
31830	$516.57
32035	$902.01
32036	$978.24
32095	$802.85
32100	$1,241.59
32110	$1,879.18
32120	$1,115.25
32124	$1,185.08
32140	$1,269.84
32141	$1,943.15
32150	$1,279.44
32151	$1,306.63
32160	$986.24
32200	$1,435.11
32201	$1,119.51
32215	$1,025.68
32220	$2,052.44
32225	$1,279.97
32310	$1,178.15
32320	$2,061.50
32400	$193.52
32402	$721.82
32405	$138.61
32420	$153.00
32421	$199.38
32422	$253.22
32440	$2,060.96
32445	$4,437.52
32480	$1,945.28
32482	$2,074.29
32484	$1,883.44
32488	$3,069.59
32491	$1,933.02
32500	$1,879.18

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
32501	$330.52
32540	$2,187.84
32550	$956.91
32551	$235.10
32560	$362.51
32601	$408.35
32602	$443.01
32604	$645.58
32606	$616.80
32650	$868.42
32651	$1,389.79
32652	$2,115.87
32653	$1,345.54
32655	$1,223.46
32657	$1,025.15
32658	$937.19
32659	$953.72
32661	$1,048.61
32663	$1,825.87
32664	$1,113.65
32800	$1,204.27
32810	$1,163.22
32815	$3,510.46
32820	$1,737.91
32851	$3,337.74
32854	$4,348.50
32900	$1,776.82
32905	$1,748.57
32906	$2,173.98
32940	$1,601.97
32960	$178.06
32998	$3,379.32
33010	$167.39
33011	$163.66
33015	$701.56
33020	$1,135.50
33025	$1,046.48
33030	$1,678.20
33031	$1,877.58
33050	$1,294.90
33120	$2,048.17
33130	$1,805.61

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
33141	$196.18
33202	$1,020.35
33206	$624.26
33207	$669.04
33208	$722.35
33210	$250.56
33211	$252.16
33212	$466.46
33213	$533.10
33214	$659.98
33215	$421.15
33216	$518.17
33217	$513.91
33218	$535.77
33222	$468.59
33223	$571.48
33224	$705.82
33225	$638.12
33226	$680.77
33233	$327.32
33234	$670.11
33235	$864.69
33240	$642.92
33241	$310.80
33243	$1,805.61
33244	$1,178.15
33249	$1,252.25
33251	$2,139.86
33257	$759.13
33259	$1,113.65
33282	$441.94
33284	$316.13
33300	$3,104.24
33305	$5,207.32
33310	$1,536.39
33315	$1,956.48
33320	$1,396.19
33322	$1,828.00
33330	$1,850.92
33335	$2,491.18
33400	$3,016.28
33403	$1,980.47

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
33404	$2,354.17
33405	$3,059.46
33406	$3,799.40
33410	$3,353.20
33411	$4,396.48
33412	$3,290.83
33413	$4,312.78
33415	$2,672.43
33416	$2,673.50
33417	$2,217.16
33420	$1,829.07
33422	$2,230.49
33425	$3,524.32
33426	$3,169.28
33427	$3,296.69
33430	$3,679.46
33460	$3,139.43
33463	$3,975.86
33464	$3,182.61
33465	$3,570.70
33468	$2,486.91
33470	$1,589.70
33471	$1,744.84
33472	$1,759.23
33474	$2,752.93
33475	$3,073.32
33476	$1,949.01
33478	$2,076.42
33496	$2,224.09
33502	$1,669.67
33503	$1,795.48
33504	$1,910.63
33508	$21.86
33510	$2,602.06
33511	$2,844.62
33512	$3,212.99
33513	$3,284.43
33514	$3,484.34
33516	$3,619.75
33517	$250.02
33518	$543.23
33519	$723.42

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
33521	$873.75
33522	$990.50
33523	$1,128.57
33530	$691.43
33533	$2,529.03
33534	$2,950.71
33535	$3,281.76
33536	$3,518.99
33542	$3,410.24
33545	$4,024.91
33572	$315.06
33606	$2,348.84
33608	$2,405.88
33611	$2,597.80
33612	$2,673.50
33615	$2,669.76
33617	$2,858.48
33619	$3,513.13
33641	$2,140.93
33645	$2,095.08
33647	$2,233.16
33660	$2,336.58
33665	$2,539.69
33670	$2,638.85
33681	$2,422.94
33684	$2,494.37
33688	$2,493.84
33690	$1,534.26
33692	$2,337.64
33694	$2,632.98
33697	$2,846.75
33702	$2,030.04
33710	$2,440.53
33720	$2,053.50
33730	$2,604.73
33735	$1,662.74
33736	$1,842.39
33737	$1,713.38
33750	$1,743.24
33755	$1,704.32
33762	$1,702.72
33764	$1,680.86

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
33766	$1,838.66
33767	$1,868.52
33774	$2,391.49
33778	$3,159.15
33781	$3,107.44
33786	$3,052.53
33788	$2,052.97
33800	$1,289.04
33802	$1,388.19
33803	$1,505.47
33814	$2,012.45
33820	$1,287.44
33822	$1,365.27
33824	$1,546.52
33840	$1,576.38
33845	$1,800.81
33851	$1,659.54
33852	$1,818.94
33853	$2,486.91
33860	$4,205.63
33861	$3,242.31
33863	$4,190.17
33870	$3,385.19
33875	$2,629.78
33877	$4,741.39
33881	$2,102.01
33910	$2,202.77
33915	$1,783.75
33916	$2,196.91
33917	$1,981.00
33920	$2,409.08
33924	$385.96
33944	$284.68
33945	$6,226.61
33960	$1,345.01
33961	$756.47
33967	$369.44
33968	$47.45
33970	$494.18
33971	$944.65
33975	$1,488.95
33976	$1,653.68

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
33977	$1,587.04
33978	$1,748.57
33979	$3,262.57
33980	$4,791.50
34001	$1,293.83
34051	$1,287.44
34101	$818.31
34111	$817.78
34151	$1,900.50
34201	$1,355.14
34203	$1,310.36
34401	$1,959.14
34421	$993.70
34451	$2,051.90
34471	$1,459.09
34490	$822.04
34802	$1,713.38
34803	$1,760.30
34805	$1,612.63
34812	$469.66
34820	$676.50
34825	$955.32
34826	$285.21
34900	$1,239.46
35001	$1,541.19
35002	$1,629.15
35011	$1,354.07
35013	$1,681.93
35021	$1,647.28
35022	$1,867.45
35045	$1,316.76
35081	$2,372.83
35082	$2,976.30
35091	$2,502.37
35092	$3,561.64
35102	$2,574.34
35103	$3,075.99
35111	$1,890.91
35112	$2,321.65
35121	$2,245.95
35122	$2,693.75
35131	$1,910.63

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
35132	$2,316.85
35141	$1,516.14
35142	$1,815.74
35151	$1,711.25
35152	$1,989.53
35182	$2,331.78
35189	$2,156.92
35190	$1,004.89
35201	$1,260.78
35206	$1,030.48
35207	$922.26
35211	$1,832.26
35216	$2,585.00
35221	$1,896.24
35226	$1,138.17
35231	$1,580.64
35236	$1,320.49
35241	$1,911.16
35246	$2,081.22
35251	$2,255.55
35256	$1,388.73
35261	$1,402.05
35266	$1,163.22
35271	$1,830.13
35276	$1,919.69
35281	$2,151.06
35286	$1,271.98
35301	$1,429.24
35302	$1,523.07
35303	$1,677.13
35304	$1,744.30
35305	$1,675.00
35306	$629.06
35311	$2,057.23
35321	$1,214.93
35331	$2,007.65
35341	$1,888.77
35351	$1,759.23
35355	$1,428.17
35361	$2,164.39
35371	$1,122.18
35372	$1,348.21

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
35390	$221.24
35450	$709.56
35454	$430.21
35456	$521.37
35458	$670.11
35459	$614.13
35460	$427.01
35470	$3,483.28
35471	$3,833.52
35472	$2,657.50
35473	$2,533.29
35474	$3,375.06
35475	$2,755.06
35476	$2,072.69
35483	$582.68
35485	$676.50
35493	$623.19
35494	$792.72
35495	$722.35
35501	$2,127.60
35506	$1,820.54
35509	$2,046.57
35511	$1,617.43
35516	$1,673.40
35518	$1,645.68
35521	$1,734.17
35523	$1,745.37
35526	$2,275.27
35531	$2,772.12
35536	$2,388.82
35537	$2,963.50
35538	$3,326.01
35539	$3,087.18
35540	$3,457.69
35548	$1,643.01
35549	$1,783.75
35551	$2,032.71
35556	$1,898.37
35558	$1,674.47
35560	$2,435.73
35563	$1,867.98
35565	$1,809.34

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
35566	$2,279.00
35571	$1,834.93
35572	$479.26
35583	$1,961.81
35585	$2,293.40
35587	$1,891.97
35600	$352.38
35601	$1,968.74
35606	$1,608.36
35612	$1,253.32
35616	$1,545.99
35621	$1,515.07
35626	$2,131.87
35631	$2,548.75
35636	$2,264.08
35637	$2,341.38
35638	$2,391.49
35646	$2,360.03
35647	$2,136.13
35651	$1,890.91
35654	$1,885.57
35656	$1,484.15
35661	$1,485.22
35663	$1,724.58
35665	$1,614.23
35666	$1,738.44
35671	$1,531.06
35681	$110.88
35686	$232.43
35695	$1,454.83
35700	$212.71
35701	$720.22
35721	$610.40
35741	$670.11
35761	$492.05
35800	$636.52
35820	$2,551.42
35840	$833.77
35860	$537.90
35870	$1,754.97
35875	$803.91
35876	$1,291.70

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
35879	$1,264.51
35903	$758.60
35907	$2,630.85
36000	$31.45
36002	$217.50
36005	$414.22
36010	$720.75
36011	$1,136.04
36012	$1,072.60
36013	$985.17
36014	$1,031.55
36015	$1,132.84
36100	$663.71
36120	$545.36
36140	$600.80
36145	$596.01
36160	$663.18
36200	$805.51
36215	$1,415.38
36216	$1,548.12
36217	$2,503.97
36218	$238.83
36245	$1,557.19
36246	$1,534.79
36247	$2,394.69
36248	$206.31
36260	$765.00
36261	$463.80
36262	$351.85
36400	$33.59
36405	$30.39
36406	$21.32
36410	$23.99
36415	$4.80
36416	$10.66
36420	$66.64
36425	$52.24
36430	$43.71
36440	$69.84
36450	$159.40
36455	$174.32
36460	$453.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
36468	$163.13
36470	$170.06
36471	$211.11
36475	$2,165.99
36476	$479.26
36478	$1,793.88
36479	$502.71
36481	$556.02
36500	$250.56
36510	$138.07
36511	$122.08
36512	$124.21
36514	$630.12
36515	$2,314.72
36522	$1,637.15
36555	$347.05
36556	$296.94
36557	$1,038.48
36558	$1,003.83
36560	$1,422.31
36561	$1,405.78
36563	$1,419.65
36568	$385.43
36569	$335.32
36571	$1,490.01
36575	$195.65
36576	$451.54
36578	$624.79
36580	$285.74
36581	$929.19
36582	$1,300.23
36584	$280.94
36589	$215.37
36590	$347.05
36591	$27.19
36592	$29.85
36593	$39.45
36595	$755.94
36596	$168.99
36597	$162.60
36598	$143.40
36600	$38.92

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
36620	$70.37
36625	$142.87
36640	$159.40
36660	$91.69
36680	$80.50
36800	$207.38
36810	$282.01
36815	$197.78
36818	$895.61
36819	$1,060.87
36820	$1,064.07
36821	$888.14
36822	$489.39
36823	$1,695.26
36825	$766.06
36830	$879.08
36831	$605.60
36832	$774.59
36833	$875.88
36834	$823.11
36835	$602.94
36838	$1,566.25
36860	$243.09
36861	$199.91
36870	$2,244.35
37140	$1,807.21
37145	$1,933.02
37160	$1,684.06
37180	$1,886.64
37181	$2,041.24
37182	$1,231.46
37183	$584.81
37184	$2,965.10
37185	$983.04
37186	$1,992.19
37187	$2,839.29
37200	$327.32
37201	$384.37
37202	$459.53
37203	$1,645.68
37204	$1,296.50
37205	$5,184.40

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
37206	$3,117.57
37207	$586.41
37209	$160.46
37215	$1,510.27
37250	$151.40
37251	$112.48
37500	$910.53
37565	$910.53
37600	$931.33
37605	$1,062.47
37606	$689.30
37607	$492.58
37609	$360.38
37615	$614.13
37616	$1,428.17
37617	$1,706.99
37618	$487.79
37620	$891.34
37650	$667.44
37660	$1,600.90
37700	$324.66
37718	$548.03
37722	$626.93
37735	$831.10
37760	$818.84
37765	$593.34
37766	$725.02
37780	$335.32
37785	$440.87
38100	$1,389.26
38101	$1,394.59
38102	$331.59
38115	$1,546.52
38120	$1,275.71
38200	$187.65
38205	$108.22
38206	$108.22
38207	$67.70
38220	$191.38
38221	$213.77
38230	$407.29
38240	$167.39

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
38241	$167.93
38300	$317.73
38305	$559.76
38308	$540.56
38380	$697.29
38381	$1,039.01
38500	$379.03
38505	$157.26
38510	$617.86
38520	$564.55
38525	$511.78
38530	$657.85
38542	$632.79
38550	$581.08
38555	$1,216.00
38562	$873.22
38564	$868.42
38570	$708.49
38700	$988.90
38720	$1,647.28
38724	$1,788.02
38740	$820.97
38745	$1,045.94
38746	$345.45
38747	$337.99
38760	$1,031.55
38765	$1,611.56
38770	$1,078.99
38780	$1,357.81
38790	$105.55
38792	$50.64
38794	$399.83
39000	$622.13
39010	$1,034.21
39200	$1,148.83
39220	$1,481.48
39400	$643.98
39501	$1,054.47
39502	$1,267.71
39503	$7,469.26
39520	$1,262.38
39530	$1,211.20

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
39531	$1,267.18
39540	$1,079.53
39541	$1,164.82
39545	$1,142.43
40490	$154.60
40500	$580.55
40510	$565.62
40520	$580.01
40525	$681.83
40527	$807.65
40530	$641.85
40650	$480.32
40652	$564.55
40654	$667.97
40700	$1,155.23
40701	$1,427.64
40702	$1,114.18
40720	$1,217.60
40761	$1,318.36
40800	$228.17
40801	$355.04
40804	$232.96
40805	$372.10
40806	$118.35
40808	$204.71
40810	$229.23
40812	$325.19
40814	$439.81
40816	$464.33
40818	$405.16
40819	$348.11
40820	$295.87
40830	$276.68
40831	$367.84
40840	$959.58
40842	$945.72
40843	$1,240.52
40844	$1,642.48
40845	$1,797.61
41000	$184.45
41005	$254.82
41006	$417.42

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
41007	$417.42
41008	$430.21
41009	$456.87
41010	$228.70
41015	$492.58
41016	$505.38
41017	$509.11
41018	$585.88
41100	$194.58
41105	$195.65
41108	$166.86
41110	$239.90
41112	$380.63
41113	$418.48
41114	$782.06
41115	$278.81
41116	$371.04
41120	$1,257.58
41130	$1,568.38
41135	$2,643.64
41140	$2,701.22
41145	$3,397.45
41150	$2,685.76
41153	$2,923.52
41155	$3,656.53
41250	$262.82
41251	$274.01
41252	$358.78
41500	$526.17
41510	$483.52
41520	$397.69
41800	$255.89
41805	$264.42
41806	$391.83
41822	$329.46
41823	$490.99
41825	$233.50
41826	$331.06
41827	$493.65
41828	$355.04
41830	$444.61
41872	$416.35

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
41874	$422.75
42000	$181.79
42100	$173.26
42104	$240.43
42106	$304.40
42107	$535.23
42120	$1,183.48
42140	$285.21
42145	$866.29
42160	$276.68
42180	$286.27
42182	$393.96
42200	$1,096.05
42205	$1,168.56
42210	$1,311.96
42215	$855.09
42220	$667.97
42225	$1,133.37
42226	$1,129.11
42227	$1,096.59
42235	$895.61
42260	$1,003.83
42280	$184.45
42281	$238.30
42300	$243.63
42305	$536.83
42310	$189.78
42320	$293.21
42330	$272.95
42335	$433.94
42340	$548.03
42400	$127.41
42405	$361.97
42408	$536.30
42409	$385.43
42410	$779.39
42415	$1,415.91
42420	$1,624.89
42425	$1,066.73
42426	$1,739.51
42440	$586.94
42450	$536.83

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
42500	$511.24
42505	$667.97
42507	$629.06
42508	$895.61
42509	$1,036.35
42510	$779.93
42550	$181.25
42600	$574.68
42650	$98.09
42660	$126.88
42665	$359.84
42700	$219.64
42720	$563.49
42725	$1,018.75
42800	$184.45
42802	$277.21
42804	$231.37
42806	$262.29
42808	$271.35
42809	$202.58
42810	$452.07
42815	$683.97
42820	$364.11
42821	$379.57
42825	$324.12
42826	$313.46
42830	$254.29
42831	$274.01
42835	$228.70
42836	$300.14
42842	$1,188.81
42844	$1,675.00
42845	$2,766.79
42860	$229.23
42870	$689.30
42890	$1,713.38
42892	$2,255.55
42894	$2,892.07
42900	$434.48
42950	$957.45
42953	$1,172.29
42955	$902.01

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
42960	$210.57
42961	$521.90
42962	$648.25
42970	$487.25
42971	$572.02
42972	$643.45
43020	$662.64
43030	$656.78
43045	$1,670.74
43100	$784.72
43101	$1,302.90
43107	$3,241.25
43112	$3,464.62
43117	$3,172.48
43122	$3,206.06
43123	$5,595.95
43124	$4,765.91
43130	$996.36
43135	$1,883.44
43200	$256.95
43201	$352.91
43202	$336.39
43204	$293.74
43205	$294.80
43215	$200.98
43216	$245.76
43217	$453.14
43219	$222.84
43220	$165.26
43226	$184.45
43227	$275.61
43228	$293.21
43234	$334.79
43235	$363.57
43236	$452.60
43239	$421.68
43240	$524.57
43241	$204.18
43242	$559.76
43243	$352.38
43244	$390.76
43245	$245.76

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
43246	$329.99
43247	$263.35
43248	$248.96
43249	$228.70
43250	$246.29
43251	$286.27
43255	$373.17
43256	$335.32
43258	$351.31
43259	$400.89
43260	$459.00
43261	$482.46
43262	$566.69
43263	$560.29
43264	$680.24
43265	$763.93
43267	$564.55
43268	$573.08
43269	$627.99
43271	$566.15
43272	$565.09
43280	$1,323.15
43300	$775.66
43305	$1,404.19
43310	$1,952.75
43312	$2,158.52
43314	$3,943.34
43320	$1,720.85
43324	$1,670.74
43325	$1,645.15
43330	$1,613.16
43331	$1,741.10
43340	$1,677.13
43341	$1,837.06
43350	$1,436.17
43351	$1,672.87
43352	$1,366.34
43400	$2,019.38
43401	$1,914.36
43405	$1,849.32
43410	$1,263.98
43415	$2,154.26

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
43420	$1,270.38
43425	$1,891.44
43450	$193.52
43453	$356.11
43456	$717.55
43458	$470.73
43460	$288.94
43500	$946.79
43501	$1,631.29
43502	$1,847.19
43510	$1,168.56
43520	$854.03
43600	$140.74
43605	$1,005.96
43610	$1,188.28
43620	$2,416.54
43621	$2,761.46
43622	$2,799.84
43631	$1,768.29
43632	$2,431.47
43633	$2,309.92
43635	$141.80
43640	$1,421.78
43641	$1,434.57
43644	$2,109.48
43652	$920.13
43653	$668.51
43752	$55.98
43760	$395.03
43761	$160.46
43770	$1,343.95
43800	$1,127.51
43810	$1,223.46
43820	$1,593.97
43825	$1,574.24
43830	$833.24
43831	$692.50
43832	$1,287.44
43840	$1,616.89
43842	$1,560.92
43843	$1,534.26
43846	$1,978.87

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
43847	$2,163.85
43848	$2,347.77
43850	$1,967.14
43855	$2,054.57
43860	$1,996.99
43865	$2,076.42
43870	$852.96
43880	$1,950.08
44005	$1,332.22
44010	$1,046.48
44015	$181.79
44020	$1,177.08
44021	$1,190.41
44025	$1,198.41
44050	$1,133.37
44055	$1,821.60
44100	$151.40
44110	$1,026.75
44111	$1,196.28
44120	$1,485.22
44121	$306.00
44125	$1,439.37
44126	$2,978.96
44130	$1,561.45
44139	$153.53
44140	$1,635.55
44141	$2,165.45
44143	$2,018.32
44144	$2,128.14
44145	$2,042.84
44146	$2,557.81
44147	$2,323.78
44150	$2,236.35
44155	$2,510.90
44158	$2,680.43
44160	$1,509.21
44180	$1,122.18
44186	$788.99
44187	$1,331.15
44188	$1,472.42
44202	$1,692.59
44204	$1,892.51

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
44205	$1,651.54
44206	$2,146.79
44207	$2,259.28
44210	$2,190.51
44212	$2,523.70
44300	$1,017.15
44310	$1,274.64
44312	$722.88
44314	$1,233.59
44316	$1,694.19
44320	$1,452.70
44322	$1,139.23
44340	$725.02
44345	$1,269.84
44346	$1,428.71
44360	$206.84
44361	$228.17
44363	$270.28
44364	$291.07
44365	$259.09
44366	$343.32
44369	$350.78
44370	$377.43
44372	$334.25
44373	$270.28
44376	$400.36
44377	$424.35
44378	$544.83
44380	$89.56
44382	$107.69
44385	$298.00
44386	$411.55
44388	$414.75
44389	$480.86
44390	$557.09
44391	$624.79
44392	$524.04
44393	$612.00
44394	$613.07
44500	$34.65
44602	$1,697.39
44603	$1,944.22

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
44604	$1,293.83
44605	$1,594.50
44615	$1,313.56
44620	$1,049.67
44625	$1,243.72
44626	$1,977.80
44640	$1,725.11
44650	$1,793.35
44660	$1,742.70
44661	$1,953.81
44680	$1,297.57
44700	$1,258.12
44800	$918.00
44820	$1,017.15
44850	$897.74
44900	$921.20
44950	$778.86
44955	$106.62
44960	$1,051.27
44970	$714.35
45000	$498.98
45005	$288.94
45020	$655.18
45100	$343.32
45108	$419.02
45110	$2,254.48
45111	$1,322.62
45112	$2,334.98
45113	$2,388.82
45114	$2,183.04
45116	$1,963.41
45119	$2,395.22
45120	$1,909.03
45121	$2,089.75
45123	$1,356.74
45130	$1,327.42
45135	$1,621.16
45136	$2,249.15
45150	$477.66
45160	$1,203.74
45170	$939.32
45190	$813.51

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
45300	$126.34
45303	$945.72
45305	$204.71
45307	$230.83
45308	$210.04
45309	$234.56
45315	$255.35
45317	$248.96
45320	$248.42
45321	$131.68
45330	$162.06
45331	$205.78
45332	$337.45
45333	$339.05
45334	$215.37
45337	$183.92
45338	$381.17
45339	$400.36
45340	$511.24
45341	$205.78
45355	$262.82
45378	$483.52
45379	$614.13
45380	$581.08
45381	$564.55
45382	$765.00
45383	$695.16
45384	$573.08
45385	$656.78
45386	$796.45
45395	$2,434.67
45397	$2,645.78
45400	$1,408.98
45402	$1,887.17
45500	$614.66
45505	$672.77
45520	$143.94
45540	$1,301.83
45541	$1,113.11
45550	$1,788.55
45560	$880.68
45562	$1,350.88

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
45800	$1,520.40
45805	$1,721.38
45820	$1,514.00
45825	$1,815.74
45900	$237.76
45905	$200.45
45910	$237.76
45915	$363.57
45990	$134.34
46020	$296.40
46030	$147.14
46040	$574.15
46045	$486.72
46050	$201.51
46060	$534.17
46070	$269.22
46080	$269.22
46083	$200.98
46200	$446.74
46210	$407.29
46211	$554.96
46220	$214.84
46221	$282.54
46230	$296.94
46250	$493.12
46255	$551.76
46257	$478.72
46258	$524.04
46260	$545.36
46261	$611.47
46262	$637.05
46270	$535.77
46275	$568.82
46280	$530.43
46285	$554.42
46288	$629.06
46320	$195.11
46500	$235.10
46505	$315.06
46600	$93.83
46604	$567.22
46606	$238.83

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

CODE	MEDICAID FEE
46608	$246.29
46610	$243.63
46612	$291.07
46614	$148.20
46615	$172.72
46700	$760.73
46705	$621.59
46706	$199.91
46710	$1,301.30
46712	$2,659.64
46715	$616.26
46716	$1,504.41
46730	$2,308.32
46735	$2,695.89
46740	$2,486.91
46742	$2,936.85
46750	$922.80
46751	$760.20
46753	$693.56
46754	$323.59
46760	$1,306.63
46762	$1,114.71
46900	$258.55
46910	$268.15
46916	$266.55
46917	$500.05
46922	$278.81
46924	$571.48
46937	$293.74
46938	$510.18
46940	$246.83
46942	$228.17
46945	$312.93
46946	$340.12
46947	$445.67
47000	$395.56
47001	$131.14
47010	$1,448.97
47011	$264.95
47100	$1,000.10
47120	$2,832.36
47122	$4,224.28

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
47125	$3,781.81
47130	$4,067.55
47140	$4,277.06
47300	$1,349.81
47350	$1,656.87
47360	$2,261.94
47361	$3,724.77
47370	$1,515.07
47382	$1,128.57
47400	$2,593.00
47420	$1,621.69
47425	$1,638.75
47460	$1,545.99
47480	$1,026.22
47490	$689.30
47500	$140.74
47505	$54.38
47510	$655.18
47511	$828.44
47525	$627.99
47530	$1,740.57
47550	$209.51
47552	$450.47
47553	$453.14
47554	$657.85
47555	$543.23
47556	$614.66
47562	$889.74
47563	$910.53
47564	$1,053.94
47600	$1,283.17
47605	$1,184.02
47610	$1,521.47
47612	$1,537.99
47620	$1,669.67
47630	$749.54
47700	$1,259.18
47701	$2,168.65
47715	$1,585.97
47720	$1,368.47
47721	$1,616.89
47740	$1,562.52

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
47760	$2,688.42
47765	$3,571.77
47780	$2,944.84
47785	$3,851.65
47800	$1,906.90
47801	$1,351.41
47802	$1,830.13
48000	$2,293.40
48020	$1,409.52
48100	$1,069.93
48102	$672.77
48105	$3,478.48
48120	$1,338.61
48140	$1,896.24
48145	$1,969.80
48148	$1,490.55
48150	$3,793.54
48153	$3,788.74
48155	$2,176.11
48500	$1,361.00
48510	$1,293.30
48511	$1,137.10
48520	$1,323.15
48540	$1,581.71
48545	$1,604.10
48554	$2,977.90
48556	$1,490.01
49000	$937.72
49002	$1,245.32
49010	$1,170.15
49020	$1,933.02
49021	$1,083.26
49040	$1,210.67
49041	$1,109.91
49060	$1,357.27
49061	$1,089.12
49062	$918.00
49080	$211.11
49081	$196.71
49180	$214.31
49203	$1,474.55
49215	$2,708.68

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
49220	$1,173.35
49250	$698.36
49255	$949.98
49320	$399.29
49321	$420.62
49322	$458.47
49323	$778.33
49324	$477.66
49325	$512.31
49326	$238.30
49400	$223.37
49420	$175.92
49421	$472.33
49422	$475.53
49423	$680.24
49424	$187.65
49425	$928.66
49426	$791.12
49429	$561.89
49435	$152.47
49440	$1,331.68
49441	$1,450.03
49442	$1,297.57
49446	$1,209.07
49450	$896.14
49451	$857.22
49452	$1,083.26
49460	$978.77
49465	$207.91
49491	$936.66
49492	$1,144.03
49495	$474.99
49496	$720.75
49500	$470.19
49501	$715.42
49505	$618.40
49507	$762.87
49520	$757.00
49521	$925.46
49525	$683.97
49540	$810.31
49550	$687.70

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
49553	$753.27
49555	$715.95
49560	$890.81
49561	$1,126.44
49565	$923.86
49566	$1,138.17
49568	$337.45
49570	$485.12
49572	$605.07
49580	$376.37
49582	$562.42
49585	$522.44
49587	$620.53
49590	$681.83
49600	$881.75
49605	$6,143.44
49606	$1,382.33
49610	$822.57
49611	$739.41
49650	$506.45
49651	$656.78
49900	$975.57
49905	$451.54
50010	$962.25
50020	$1,377.00
50040	$1,297.03
50045	$1,307.69
50060	$1,614.23
50065	$1,697.39
50070	$1,686.20
50075	$2,074.29
50080	$1,230.93
50081	$1,810.94
50100	$1,312.49
50120	$1,334.35
50125	$1,378.06
50130	$1,461.23
50135	$1,584.37
50200	$200.45
50205	$925.99
50220	$1,438.30
50225	$1,668.60

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
50230	$1,810.94
50234	$1,837.60
50236	$2,077.49
50240	$1,866.38
50280	$1,328.49
50290	$1,225.60
50320	$1,796.55
50327	$274.55
50328	$240.96
50329	$237.23
50340	$1,106.72
50360	$3,060.53
50365	$3,447.02
50370	$1,429.77
50380	$2,408.01
50382	$1,608.36
50384	$1,384.99
50385	$1,566.78
50386	$1,018.75
50387	$740.48
50389	$429.15
50390	$140.74
50392	$256.42
50393	$313.46
50394	$135.41
50395	$258.02
50396	$166.33
50398	$662.11
50400	$1,630.75
50405	$1,977.80
50500	$1,576.91
50520	$1,458.56
50525	$1,829.07
50526	$1,920.23
50540	$1,599.30
50542	$1,650.48
50543	$2,106.81
50544	$1,777.89
50545	$1,907.96
50546	$1,688.33
50547	$2,019.92
50548	$1,924.49

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
50551	$512.84
50553	$536.30
50555	$584.81
50557	$596.54
50561	$677.04
50570	$711.69
50572	$773.00
50574	$818.31
50575	$1,035.28
50576	$816.71
50580	$875.35
50590	$1,246.39
50592	$4,500.96
50600	$1,321.02
50605	$1,270.91
50610	$1,343.41
50620	$1,277.31
50630	$1,246.39
50650	$1,456.96
50660	$1,612.63
50684	$230.30
50686	$126.88
50688	$109.82
50690	$134.34
50700	$1,301.83
50715	$1,538.53
50722	$1,338.08
50725	$1,534.79
50727	$697.83
50740	$1,507.07
50750	$1,639.82
50760	$1,528.93
50770	$1,591.30
50780	$1,532.66
50782	$1,503.88
50783	$1,558.78
50785	$1,703.79
50800	$1,289.57
50810	$1,695.79
50815	$1,722.98
50820	$1,834.93
50825	$2,333.38

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
50830	$2,535.42
50840	$1,734.71
50845	$1,756.56
50860	$1,330.62
50900	$1,170.69
50920	$1,238.92
50930	$1,507.07
50940	$1,244.26
50951	$535.77
50953	$566.15
50955	$624.79
50957	$609.33
50961	$549.63
50970	$536.30
50972	$516.57
50974	$683.97
50976	$673.84
50980	$514.97
51020	$647.72
51030	$641.85
51040	$402.49
51045	$646.12
51050	$658.91
51060	$811.91
51065	$807.11
51080	$563.49
51100	$82.63
51101	$164.73
51102	$317.19
51500	$867.89
51520	$818.84
51525	$1,208.00
51530	$1,074.73
51535	$1,089.66
51550	$1,328.49
51555	$1,768.83
51565	$1,809.34
51570	$2,071.09
51575	$2,588.20
51580	$2,694.82
51585	$3,004.02
51590	$2,738.00

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
51595	$3,112.24
51597	$3,225.26
51600	$247.89
51605	$53.84
51610	$147.67
51700	$116.75
51701	$79.97
51702	$102.36
51703	$188.18
51705	$150.33
51710	$212.17
51715	$399.83
51720	$158.33
51725	$287.87
51726	$415.82
51736	$71.97
51741	$115.15
51772	$321.46
51784	$265.48
51785	$287.34
51792	$296.94
51795	$390.76
51797	$192.98
51798	$25.06
51800	$1,468.16
51820	$1,494.28
51840	$890.28
51841	$1,057.67
51845	$811.38
51860	$991.03
51865	$1,231.46
51880	$641.32
51900	$1,140.83
51920	$1,053.41
51925	$1,369.00
51940	$2,271.01
51960	$1,954.88
51980	$997.43
51992	$1,120.04
52000	$283.08
52001	$530.43
52005	$385.43

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
52007	$710.62
52010	$535.23
52204	$583.21
52214	$768.73
52224	$1,081.66
52234	$353.98
52235	$415.28
52240	$727.15
52250	$347.05
52260	$299.60
52265	$561.35
52270	$545.36
52275	$746.87
52276	$381.70
52277	$466.46
52281	$412.09
52282	$481.92
52283	$388.63
52285	$390.23
52290	$351.31
52300	$403.56
52301	$422.75
52305	$400.89
52310	$343.32
52315	$609.33
52317	$1,268.24
52318	$684.50
52320	$355.04
52325	$462.20
52327	$717.55
52330	$1,028.88
52332	$634.39
52334	$368.37
52341	$417.95
52342	$454.73
52344	$548.03
52345	$584.81
52346	$660.51
52351	$451.00
52352	$529.37
52353	$609.33
52354	$562.95

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
52355	$671.71
52450	$651.45
52500	$680.24
52601	$1,168.02
52630	$621.59
52640	$419.55
52647	$2,846.75
52648	$2,911.79
52700	$606.67
53000	$205.78
53010	$403.56
53020	$138.61
53025	$90.63
53040	$546.96
53060	$238.30
53080	$603.47
53085	$863.09
53200	$216.97
53210	$1,081.66
53215	$1,315.16
53220	$629.06
53230	$839.63
53235	$892.94
53240	$597.07
53250	$553.36
53260	$274.01
53265	$303.33
53270	$278.81
53275	$372.10
53400	$1,123.24
53405	$1,237.86
53410	$1,383.39
53415	$1,598.23
53420	$1,138.70
53425	$1,333.28
53430	$1,332.75
53440	$1,233.06
53442	$1,084.33
53445	$1,236.79
53447	$1,144.03
53449	$858.29
53450	$569.35

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
53460	$640.25
53502	$677.04
53505	$680.77
53510	$887.08
53515	$1,120.58
53520	$777.26
53600	$118.88
53601	$114.62
53605	$93.29
53620	$169.53
53621	$158.86
53660	$98.09
53661	$98.09
53665	$54.38
53850	$3,248.71
53852	$3,134.09
54000	$210.57
54001	$260.69
54015	$434.48
54050	$159.40
54055	$152.47
54056	$165.79
54057	$181.25
54060	$246.83
54065	$272.95
54100	$248.42
54105	$377.43
54110	$874.82
54111	$1,132.84
54112	$1,330.62
54115	$623.73
54120	$884.95
54125	$1,143.50
54130	$1,693.66
54135	$2,154.26
54150	$227.63
54160	$314.53
54161	$275.61
54162	$367.84
54163	$301.20
54164	$264.42
54200	$147.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
54205	$749.01
54220	$288.41
54230	$134.34
54235	$124.21
54240	$138.61
54250	$177.52
54300	$910.53
54304	$1,067.80
54308	$1,016.62
54312	$1,171.75
54316	$1,424.44
54318	$1,017.15
54322	$1,113.11
54324	$1,384.99
54326	$1,304.50
54328	$1,322.09
54332	$1,443.63
54336	$1,635.55
54340	$790.59
54344	$1,361.00
54348	$1,450.03
54352	$2,042.31
54360	$1,025.15
54380	$1,136.04
54385	$1,371.67
54390	$1,680.33
54400	$749.54
54405	$1,143.50
54420	$996.90
54430	$902.01
54435	$581.61
54450	$101.82
54500	$106.62
54505	$297.47
54512	$751.14
54520	$451.54
54530	$706.89
54535	$1,033.68
54550	$683.97
54560	$936.66
54600	$632.26
54620	$424.88

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
54640	$647.18
54650	$993.70
54660	$493.12
54670	$563.49
54680	$1,101.38
54690	$890.81
54692	$1,085.39
54700	$293.74
54800	$186.05
54830	$512.31
54840	$449.94
54860	$582.15
54861	$789.52
54900	$1,066.73
54901	$1,507.07
55000	$164.73
55040	$467.00
55041	$705.29
55060	$522.97
55100	$290.54
55110	$532.57
55120	$488.32
55150	$675.44
55175	$501.11
55180	$955.85
55200	$655.18
55250	$573.62
55300	$256.95
55400	$705.82
55450	$517.64
55500	$518.71
55520	$533.63
55530	$490.45
55535	$594.94
55540	$648.25
55600	$591.21
55605	$702.63
55650	$1,001.69
55680	$471.26
55700	$313.46
55705	$377.97
55720	$642.39

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
55725	$820.97
55801	$1,534.79
55810	$1,859.99
55812	$2,284.87
55815	$2,508.77
55821	$1,234.13
55831	$1,338.61
55840	$1,896.77
55842	$2,033.78
55845	$2,329.11
55860	$1,238.39
55862	$1,563.05
55865	$1,897.84
55873	$1,612.09
55875	$1,072.06
55876	$191.92
56405	$136.47
56420	$155.67
56440	$232.96
56441	$188.72
56442	$61.84
56501	$162.06
56515	$278.81
56605	$105.02
56606	$48.51
56620	$623.73
56625	$756.47
56630	$1,111.51
56632	$1,636.08
56637	$1,814.14
56640	$1,807.21
56700	$235.63
56740	$378.50
56800	$310.80
56810	$334.25
56820	$139.67
56821	$187.12
57000	$243.09
57010	$546.96
57020	$120.48
57022	$212.71
57023	$398.23

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
57061	$140.74
57065	$241.49
57100	$111.42
57105	$169.53
57106	$602.40
57107	$1,799.21
57110	$1,155.76
57120	$652.51
57130	$227.63
57135	$244.16
57150	$62.91
57155	$543.76
57160	$96.49
57170	$87.43
57180	$176.46
57200	$374.77
57210	$466.46
57220	$404.62
57230	$509.11
57240	$857.76
57250	$840.17
57260	$1,047.01
57265	$1,165.89
57267	$350.25
57268	$612.00
57270	$1,024.62
57280	$1,247.45
57282	$646.65
57283	$884.41
57284	$1,080.06
57285	$868.42
57287	$903.07
57288	$951.05
57289	$999.56
57291	$691.43
57292	$1,063.53
57295	$628.52
57300	$678.10
57305	$1,137.64
57307	$1,271.44
57308	$810.31
57310	$632.26

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
57320	$719.69
57330	$1,026.22
57400	$174.32
57410	$137.01
57415	$203.64
57420	$146.60
57421	$197.78
57423	$1,193.61
57452	$138.07
57454	$196.71
57455	$181.79
57456	$171.66
57460	$367.84
57461	$414.22
57500	$162.60
57505	$125.81
57510	$167.93
57511	$182.32
57513	$180.19
57520	$385.96
57522	$331.59
57530	$435.54
57531	$2,184.64
57540	$997.43
57545	$1,053.41
57550	$515.51
57555	$765.53
57556	$730.88
57700	$384.90
57720	$387.03
57800	$75.70
58100	$139.14
58110	$62.91
58120	$315.06
58140	$1,170.69
58145	$691.43
58146	$1,492.68
58150	$1,270.91
58152	$1,603.03
58180	$1,221.87
58200	$1,681.40
58210	$2,241.15

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
58240	$3,537.65
58260	$1,058.74
58262	$1,183.48
58263	$1,275.71
58267	$1,356.21
58270	$1,134.97
58275	$1,262.91
58280	$1,351.94
58285	$1,698.99
58290	$1,486.28
58291	$1,615.29
58292	$1,702.72
58300	$98.62
58301	$121.01
58340	$156.20
58350	$119.41
58353	$1,357.81
58400	$570.42
58410	$1,028.35
58520	$1,003.83
58540	$1,165.36
58541	$1,098.19
58542	$1,222.93
58543	$1,243.72
58544	$1,345.01
58545	$1,147.76
58548	$2,275.80
58550	$1,131.77
58552	$1,252.25
58555	$303.87
58558	$412.62
58559	$447.80
58560	$505.91
58561	$717.02
58562	$437.14
58563	$2,212.90
58570	$1,179.75
58571	$1,299.70
58572	$1,469.22
58573	$1,669.14
58578	$1,197.34
58600	$462.73

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
58605	$420.08
58611	$101.82
58615	$317.19
58660	$862.02
58661	$830.04
58662	$906.27
58670	$465.93
58671	$465.40
58672	$954.25
58673	$1,037.95
58700	$975.04
58720	$916.40
58740	$1,117.91
58750	$1,164.29
58752	$1,172.29
58760	$1,050.74
58770	$1,082.19
58800	$404.09
58805	$514.44
58820	$395.03
58822	$902.01
58823	$1,095.52
58825	$890.81
58900	$525.10
58920	$896.67
58925	$935.06
58940	$638.12
58943	$1,432.97
58950	$1,365.27
58951	$1,765.63
58952	$1,990.60
58953	$2,470.39
58954	$2,682.56
58956	$1,710.18
58960	$1,179.22
59000	$157.80
59001	$234.03
59012	$258.55
59015	$194.58
59020	$85.30
59025	$57.57
59030	$143.94

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
59050	$64.51
59051	$53.31
59070	$501.11
59074	$476.59
59076	$618.93
59100	$1,032.08
59120	$986.24
59121	$990.50
59130	$1,156.29
59135	$1,169.62
59136	$1,094.45
59140	$488.32
59150	$957.45
59151	$936.12
59160	$263.88
59200	$91.16
59320	$193.52
59350	$353.45
59400	$2,203.84
59409	$978.24
59410	$1,134.97
59412	$131.14
59414	$110.35
59425	$548.03
59426	$980.90
59430	$175.39
59510	$2,495.44
59514	$1,158.43
59515	$1,366.34
59525	$617.33
59612	$1,095.52
59614	$1,226.66
59620	$1,271.44
59622	$1,480.42
59812	$388.63
59820	$457.40
59821	$466.46
59830	$541.10
59840	$268.68
59841	$469.66
59850	$485.12
59851	$497.38

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
59852	$697.29
59855	$517.11
59856	$611.47
59870	$578.95
59871	$168.99
60000	$194.05
60100	$146.60
60200	$807.65
60210	$866.82
60212	$1,245.32
60220	$951.05
60225	$1,141.90
60240	$1,212.80
60252	$1,639.82
60254	$2,117.47
60260	$1,368.47
60270	$1,726.71
60271	$1,323.69
60280	$540.03
60281	$726.08
60300	$134.34
60500	$1,255.98
60505	$1,732.04
60512	$309.73
60520	$1,291.70
60521	$1,476.69
60522	$1,784.82
60540	$1,367.40
60545	$1,558.25
60600	$1,818.40
60605	$2,292.86
60650	$1,525.20
61000	$137.54
61001	$133.81
61020	$156.20
61026	$157.80
61050	$137.01
61055	$176.99
61070	$99.69
61105	$515.51
61107	$386.50
61108	$1,029.42

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
61120	$844.96
61140	$1,466.03
61150	$1,573.18
61151	$1,138.70
61154	$1,466.03
61156	$1,464.96
61210	$451.54
61215	$561.35
61250	$987.83
61253	$1,098.72
61304	$1,936.22
61305	$2,344.04
61312	$2,435.20
61313	$2,317.92
61314	$2,142.00
61315	$2,439.47
61320	$2,256.08
61321	$2,477.32
61322	$2,755.59
61323	$2,803.04
61330	$1,961.81
61332	$2,247.55
61333	$2,282.73
61334	$1,493.75
61340	$1,678.73
61343	$2,598.33
61345	$2,403.21
61440	$2,352.57
61450	$2,240.09
61458	$2,374.96
61460	$2,425.61
61470	$2,244.88
61480	$2,180.91
61490	$2,244.35
61500	$1,593.44
61501	$1,367.93
61510	$2,561.01
61512	$3,025.88
61514	$2,244.88
61516	$2,190.51
61517	$106.62
61518	$3,256.17

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

CODE	MEDICAID FEE
61519	$3,508.33
61520	$4,519.62
61521	$3,772.75
61522	$2,584.47
61524	$2,441.06
61526	$4,151.25
61530	$3,522.19
61531	$1,411.12
61533	$1,784.29
61534	$1,921.83
61535	$1,147.76
61536	$3,067.46
61538	$3,066.39
61539	$2,777.98
61541	$2,510.90
61542	$2,712.41
61543	$2,535.96
61544	$2,106.81
61545	$3,742.90
61546	$2,711.35
61548	$1,862.12
61550	$1,234.13
61552	$1,623.29
61556	$1,943.68
61557	$1,978.33
61558	$2,101.48
61559	$2,833.96
61563	$2,302.99
61566	$2,648.97
61570	$2,164.92
61571	$2,344.57
61575	$2,841.42
61581	$3,343.07
61582	$3,359.06
61583	$3,403.31
61584	$3,323.88
61586	$2,544.49
61590	$3,804.73
61591	$3,825.53
61595	$2,863.81
61597	$3,405.98
61598	$3,044.53

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
61600	$2,573.81
61605	$2,715.08
61606	$3,571.24
61608	$3,843.12
61615	$2,994.96
61616	$3,910.29
61618	$1,541.73
61619	$1,785.89
61624	$1,460.69
61626	$1,195.21
61630	$1,659.54
61635	$1,818.40
61640	$857.22
61641	$301.20
61642	$602.40
61680	$2,675.63
61682	$5,037.80
61686	$5,392.84
61690	$2,554.62
61692	$4,356.49
61697	$4,962.63
61698	$5,364.59
61700	$4,107.00
61702	$4,665.16
61703	$1,580.64
61705	$3,037.60
61708	$2,712.41
61710	$2,424.54
61711	$3,087.18
61720	$1,396.19
61735	$1,726.71
61750	$1,649.41
61751	$1,603.56
61760	$1,817.34
61770	$1,820.00
61790	$995.83
61791	$1,294.90
61795	$305.47
61850	$1,145.10
61860	$1,834.40
61868	$683.97
61870	$1,388.73

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
61875	$1,364.74
61880	$635.99
61885	$734.61
61886	$930.79
61888	$465.40
62000	$1,063.53
62005	$1,460.16
62010	$1,778.95
62100	$1,905.83
62117	$2,281.13
62120	$2,163.32
62121	$1,966.07
62140	$1,229.86
62141	$1,351.94
62142	$1,028.35
62143	$1,204.81
62145	$1,658.47
62146	$1,425.51
62147	$1,694.19
62148	$152.47
62160	$232.96
62161	$1,777.36
62164	$2,380.82
62165	$1,861.59
62180	$1,869.05
62190	$1,058.20
62192	$1,130.71
62194	$466.46
62200	$1,611.56
62201	$1,381.80
62220	$1,187.21
62223	$1,218.13
62225	$577.88
62230	$979.84
62252	$117.82
62256	$677.57
62258	$1,318.89
62263	$788.45
62268	$571.48
62269	$620.00
62270	$188.72
62272	$219.10

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
62273	$205.24
62280	$368.91
62281	$344.38
62282	$353.45
62284	$268.15
62287	$696.76
62290	$396.63
62291	$371.57
62292	$633.32
62294	$1,002.76
62310	$261.22
62311	$229.77
62318	$279.34
62319	$253.22
62350	$479.79
62351	$1,001.69
62355	$359.31
62360	$349.71
62362	$501.11
62365	$395.03
62367	$47.98
62368	$68.77
63001	$1,457.50
63003	$1,467.09
63005	$1,391.39
63011	$1,315.69
63012	$1,415.91
63015	$1,745.90
63016	$1,803.48
63017	$1,466.56
63020	$1,383.39
63030	$1,147.76
63035	$245.23
63040	$1,684.06
63042	$1,575.84
63044	$255.89
63045	$1,506.01
63046	$1,442.57
63047	$1,313.56
63048	$266.02
63050	$1,814.67
63051	$2,060.96

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
63055	$1,940.48
63056	$1,793.88
63057	$405.69
63064	$2,126.54
63066	$251.09
63075	$1,651.54
63076	$312.93
63077	$1,832.26
63081	$2,132.40
63082	$337.99
63085	$2,306.19
63086	$242.03
63087	$2,938.98
63088	$331.06
63090	$2,415.48
63091	$228.70
63102	$2,736.40
63170	$1,825.33
63172	$1,640.35
63173	$2,020.45
63180	$1,659.01
63182	$1,772.56
63185	$1,352.47
63190	$1,553.99
63191	$1,456.96
63194	$1,775.22
63195	$1,776.29
63196	$2,088.15
63197	$1,991.66
63198	$2,227.82
63199	$2,413.34
63200	$1,778.95
63250	$3,474.75
63251	$3,589.36
63265	$1,970.87
63266	$2,028.45
63267	$1,631.29
63270	$2,428.27
63271	$2,442.13
63272	$2,251.28
63276	$2,110.54
63277	$1,852.52

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
63278	$1,818.40
63281	$2,471.98
63282	$2,331.78
63283	$2,211.30
63286	$3,059.46
63287	$3,233.78
63295	$393.96
63301	$2,475.72
63308	$405.69
63600	$1,046.48
63610	$1,592.90
63615	$1,377.53
63650	$519.24
63655	$1,000.63
63660	$540.56
63685	$486.19
63688	$435.54
63700	$1,459.09
63702	$1,637.68
63704	$1,830.67
63706	$2,118.54
63707	$1,076.86
63709	$1,310.36
63710	$1,303.96
63740	$1,102.98
63741	$725.55
63744	$755.94
63746	$657.31
64400	$130.08
64402	$133.81
64405	$127.41
64408	$146.07
64410	$168.46
64412	$165.79
64413	$141.27
64415	$159.40
64417	$160.46
64418	$162.60
64420	$190.32
64421	$280.94
64425	$158.86
64430	$189.25

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
64435	$175.39
64445	$165.26
64447	$92.76
64448	$106.62
64449	$119.41
64450	$126.88
64455	$65.04
64470	$311.33
64472	$138.61
64475	$277.21
64476	$115.15
64479	$331.59
64480	$169.53
64483	$320.93
64484	$165.26
64505	$125.81
64508	$170.06
64510	$170.06
64520	$220.70
64530	$229.23
64550	$19.19
64553	$247.36
64555	$261.22
64560	$259.62
64561	$1,379.13
64565	$206.31
64573	$706.36
64575	$352.38
64577	$428.08
64580	$364.64
64581	$1,072.60
64585	$398.23
64590	$377.43
64595	$384.37
64600	$481.39
64605	$680.24
64610	$824.17
64612	$190.32
64613	$187.65
64614	$210.04
64620	$328.39
64622	$390.76

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
64623	$143.94
64626	$456.87
64627	$195.11
64630	$288.41
64640	$281.48
64680	$367.84
64702	$558.69
64704	$410.49
64708	$576.28
64712	$670.64
64713	$933.99
64714	$807.65
64716	$634.92
64718	$678.10
64719	$470.19
64721	$494.18
64722	$408.35
64726	$358.78
64727	$235.63
64732	$457.93
64734	$498.45
64736	$473.39
64738	$556.56
64740	$558.16
64742	$574.68
64744	$497.38
64746	$543.76
64752	$617.33
64755	$1,107.25
64760	$585.88
64761	$556.02
64763	$663.18
64766	$769.80
64771	$714.89
64772	$685.57
64774	$498.45
64776	$478.72
64778	$234.03
64782	$566.15
64783	$280.41
64784	$880.68
64786	$1,319.42

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
64787	$321.99
64788	$465.93
64790	$1,002.23
64792	$1,303.43
64795	$238.83
64802	$750.60
64804	$1,143.50
64809	$1,076.86
64818	$833.77
64820	$919.06
64831	$817.78
64832	$434.48
64834	$910.00
64835	$985.70
64836	$986.24
64837	$481.92
64840	$1,132.30
64856	$1,243.19
64857	$1,300.23
64858	$1,488.95
64859	$326.79
64861	$1,682.46
64862	$1,649.41
64864	$1,085.39
64865	$1,425.51
64866	$1,477.75
64868	$1,297.57
64870	$1,286.90
64872	$153.53
64874	$226.03
64876	$247.36
64885	$1,415.38
64890	$1,339.15
64891	$1,393.52
64892	$1,300.23
64893	$1,370.60
64895	$1,616.89
64896	$1,776.82
64897	$1,561.98
64898	$1,702.19
64901	$769.80
64902	$885.48

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
64905	$1,246.92
64907	$1,635.02
65091	$713.29
65093	$710.09
65101	$821.51
65103	$859.36
65105	$948.92
65110	$1,391.92
65112	$1,635.55
65114	$1,706.99
65130	$814.58
65135	$829.50
65140	$904.14
65150	$652.51
65155	$954.25
65175	$732.48
65205	$65.04
65210	$79.43
65220	$66.10
65222	$87.43
65235	$788.99
65260	$1,083.26
65265	$1,221.33
65270	$292.14
65272	$546.43
65273	$431.28
65275	$621.06
65280	$757.54
65285	$1,185.61
65286	$774.06
65290	$554.42
65400	$745.27
65410	$161.00
65420	$564.02
65426	$716.49
65430	$132.21
65435	$90.63
65436	$433.94
65600	$430.21
65710	$1,246.92
65730	$1,389.26
65750	$1,411.12

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
65755	$1,403.12
65770	$1,616.36
65772	$498.98
65780	$992.10
65800	$172.72
65805	$187.12
65810	$523.50
65815	$701.03
65820	$839.63
65850	$964.38
65855	$381.70
65860	$352.38
65865	$534.70
65870	$662.64
65875	$703.16
65880	$742.08
65900	$1,091.26
65920	$881.75
65930	$727.15
66020	$205.24
66030	$180.72
66130	$790.05
66150	$965.44
66155	$963.31
66160	$1,099.25
66165	$943.05
66170	$1,331.15
66172	$1,672.87
66180	$1,334.88
66185	$837.50
66220	$816.71
66225	$1,057.14
66250	$824.17
66500	$392.36
66505	$429.68
66600	$918.00
66605	$1,200.01
66625	$482.46
66630	$637.05
66635	$643.45
66680	$574.68
66682	$695.16

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
66700	$500.58
66710	$492.58
66711	$710.09
66720	$513.38
66740	$489.39
66761	$500.58
66762	$525.10
66770	$584.81
66820	$438.21
66821	$357.18
66825	$851.36
66830	$804.98
66840	$783.66
66850	$830.04
66852	$959.05
66920	$855.09
66930	$972.91
66940	$881.75
66982	$1,220.27
66983	$843.90
66984	$873.75
66985	$860.42
66986	$1,054.47
66990	$109.82
67005	$492.58
67010	$613.60
67015	$651.98
67025	$805.51
67028	$242.56
67030	$580.55
67031	$429.15
67036	$1,099.25
67039	$1,404.72
67040	$1,623.29
67041	$1,525.20
67042	$1,749.63
67043	$1,833.86
67101	$863.62
67105	$801.78
67107	$1,381.26
67108	$1,843.99
67110	$969.71

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
67112	$1,520.93
67113	$2,007.12
67115	$551.23
67120	$726.08
67121	$1,028.35
67141	$579.48
67145	$585.34
67208	$673.84
67210	$791.65
67218	$1,615.29
67220	$1,213.87
67221	$338.52
67227	$683.97
67228	$1,342.35
67229	$1,317.29
67250	$885.48
67255	$946.25
67311	$674.37
67312	$809.25
67314	$756.47
67316	$909.47
67318	$791.12
67320	$385.96
67331	$365.71
67332	$397.69
67334	$360.38
67335	$180.72
67340	$429.15
67343	$734.61
67345	$267.08
67400	$1,051.27
67405	$892.41
67412	$973.44
67413	$973.44
67414	$1,509.74
67415	$126.88
67420	$1,874.38
67430	$1,413.78
67440	$1,365.27
67450	$1,416.98
67500	$106.09
67505	$102.36

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
67515	$109.29
67550	$1,094.99
67560	$1,117.91
67570	$1,315.16
67700	$287.87
67710	$242.03
67715	$255.89
67800	$142.34
67801	$183.39
67805	$226.03
67808	$409.95
67810	$250.02
67820	$60.77
67825	$143.94
67830	$291.07
67835	$499.51
67840	$306.00
67850	$246.83
67875	$191.92
67880	$503.78
67882	$624.26
67900	$719.69
67901	$778.33
67902	$815.64
67903	$687.70
67904	$816.18
67906	$588.54
67908	$549.09
67909	$601.34
67911	$631.72
67914	$435.54
67915	$389.70
67916	$601.87
67917	$658.91
67921	$413.69
67922	$376.90
67923	$636.52
67924	$656.25
67930	$412.09
67935	$671.17
67938	$263.35
67950	$647.18

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
67961	$645.58
67966	$860.96
67971	$838.03
67973	$1,086.46
67974	$1,082.19
67975	$790.59
68020	$134.34
68040	$75.17
68100	$190.32
68110	$247.89
68115	$343.32
68130	$597.61
68135	$176.46
68200	$47.98
68320	$790.05
68325	$744.74
68326	$725.55
68328	$809.78
68330	$665.31
68335	$728.21
68340	$597.61
68360	$584.81
68362	$738.34
68400	$306.00
68420	$351.85
68440	$118.35
68500	$1,099.79
68505	$1,105.12
68510	$511.78
68520	$776.73
68525	$320.93
68530	$482.99
68540	$1,051.81
68550	$1,292.77
68700	$678.64
68705	$263.88
68720	$861.49
68745	$863.62
68750	$887.61
68760	$223.37
68761	$163.66
68770	$674.90

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
68801	$134.34
68810	$261.75
68811	$231.37
68815	$487.25
68816	$733.01
68840	$138.61
68850	$78.37
69000	$210.04
69005	$251.62
69020	$264.95
69100	$124.75
69105	$161.53
69110	$530.97
69120	$477.12
69140	$1,036.88
69145	$444.61
69150	$1,291.17
69155	$2,083.35
69200	$140.74
69205	$123.15
69210	$60.24
69220	$157.80
69222	$253.76
69300	$773.53
69310	$1,300.76
69320	$1,864.78
69400	$163.66
69401	$96.49
69405	$308.66
69420	$220.70
69421	$183.92
69424	$149.27
69433	$230.30
69436	$199.91
69440	$825.77
69450	$645.58
69501	$892.94
69502	$1,190.41
69505	$1,454.83
69511	$1,496.94
69530	$2,031.11
69535	$3,331.88

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
69540	$238.30
69550	$1,255.45
69552	$1,936.22
69554	$3,103.18
69601	$1,282.64
69602	$1,332.75
69603	$1,540.13
69604	$1,375.40
69605	$1,912.23
69610	$473.39
69620	$817.24
69631	$1,063.00
69632	$1,309.83
69633	$1,260.78
69635	$1,476.69
69636	$1,674.47
69637	$1,666.47
69641	$1,271.44
69642	$1,642.48
69643	$1,500.14
69644	$1,806.14
69645	$1,768.29
69646	$1,884.51
69650	$968.11
69660	$1,142.43
69661	$1,495.35
69662	$1,435.64
69666	$981.97
69667	$985.17
69670	$1,150.43
69676	$1,008.63
69700	$843.36
69717	$1,410.05
69720	$1,436.17
69725	$2,365.36
69740	$1,457.50
69745	$1,547.59
69801	$906.27
69802	$1,280.51
69805	$1,306.10
69806	$1,168.56
69820	$1,052.87

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
69840	$1,102.98
69905	$1,122.71
69910	$1,265.58
69915	$1,930.36
69930	$1,546.52
69950	$2,288.60
69955	$2,497.04
69960	$2,429.87
69970	$2,710.28
69990	$268.68
70010	$216.44
70015	$183.39
70030	$35.18
70100	$37.85
70110	$49.58
70120	$41.05
70130	$68.77
70134	$59.17
70140	$38.38
70150	$53.31
70160	$39.98
70170	$66.64
70190	$44.25
70200	$54.38
70210	$37.32
70220	$48.51
70240	$36.78
70250	$45.31
70260	$60.24
70300	$17.59
70310	$42.11
70320	$58.64
70328	$37.32
70330	$56.51
70332	$106.09
70336	$632.26
70350	$26.12
70355	$28.79
70360	$34.12
70370	$92.23
70371	$124.21
70373	$99.69

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
70380	$44.78
70390	$122.61
70450	$272.41
70460	$352.91
70470	$426.48
70480	$416.35
70481	$483.52
70482	$552.82
70486	$352.38
70487	$425.41
70488	$516.57
70490	$350.25
70491	$419.02
70492	$506.98
70496	$803.91
70498	$807.65
70540	$686.10
70542	$762.33
70543	$1,048.07
70544	$736.21
70546	$1,170.15
70547	$734.61
70548	$763.40
70549	$1,171.22
70551	$706.89
70552	$790.59
70553	$1,049.14
70554	$767.66
71010	$30.39
71015	$37.32
71020	$39.98
71021	$48.51
71022	$58.11
71023	$84.23
71030	$58.64
71034	$114.62
71035	$43.18
71040	$120.48
71060	$174.32
71090	$119.41
71100	$41.05
71101	$49.58

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
71110	$51.71
71111	$65.04
71120	$41.05
71130	$46.91
71250	$356.11
71260	$426.48
71270	$525.64
71275	$651.98
71550	$765.53
71551	$859.36
71555	$753.80
72010	$86.90
72020	$29.85
72040	$45.85
72050	$65.04
72052	$81.56
72069	$43.71
72070	$42.65
72072	$47.98
72074	$55.98
72080	$44.25
72090	$58.11
72100	$46.38
72110	$67.70
72114	$87.96
72120	$59.71
72125	$357.18
72126	$425.41
72128	$356.11
72129	$425.95
72130	$518.17
72131	$356.11
72132	$425.41
72133	$517.64
72141	$647.72
72142	$799.65
72146	$663.71
72147	$731.41
72148	$654.65
72149	$789.52
72156	$1,050.74
72157	$1,110.45

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
72158	$1,035.28
72159	$806.58
72170	$32.52
72190	$49.05
72191	$627.46
72192	$338.52
72193	$404.62
72194	$514.44
72195	$701.56
72196	$778.33
72197	$1,063.53
72198	$749.01
72200	$36.25
72202	$43.71
72220	$36.78
72240	$197.78
72255	$181.79
72265	$183.92
72270	$287.87
72275	$130.61
72285	$220.70
72295	$194.58
73000	$34.12
73010	$35.18
73020	$29.32
73030	$37.32
73040	$132.74
73050	$44.78
73060	$36.25
73070	$33.59
73080	$42.65
73085	$120.48
73090	$34.12
73092	$34.65
73100	$35.18
73110	$42.11
73115	$127.41
73120	$33.59
73130	$38.38
73140	$35.18
73200	$338.52
73201	$405.16

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
73202	$516.57
73206	$601.34
73218	$701.56
73220	$1,057.67
73221	$664.24
73222	$733.01
73223	$1,011.82
73225	$786.86
73500	$31.99
73510	$45.31
73520	$49.58
73525	$119.95
73530	$44.78
73540	$45.31
73542	$99.16
73550	$35.18
73560	$35.18
73562	$42.11
73564	$49.05
73565	$37.32
73580	$148.73
73590	$34.12
73592	$33.59
73600	$33.59
73610	$38.38
73615	$123.15
73620	$32.52
73630	$37.85
73650	$33.05
73660	$33.59
73700	$338.52
73701	$407.82
73702	$517.64
73706	$653.58
73718	$689.83
73719	$762.87
73720	$1,057.14
73721	$675.44
73722	$738.88
73723	$1,009.69
73725	$750.07
74000	$32.52

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
74010	$46.91
74020	$50.64
74022	$61.31
74150	$342.25
74160	$453.67
74170	$593.34
74175	$664.24
74181	$636.52
74182	$843.90
74183	$1,064.60
74185	$747.41
74210	$95.42
74220	$108.75
74230	$112.48
74235	$209.51
74240	$135.94
74241	$144.47
74245	$215.37
74246	$154.60
74247	$168.99
74249	$230.30
74250	$126.34
74260	$324.66
74270	$181.25
74280	$251.62
74283	$267.62
74290	$81.03
74291	$56.51
74300	$69.30
74305	$66.64
74320	$142.34
74327	$163.66
74328	$199.38
74329	$200.45
74330	$212.71
74340	$162.60
74355	$178.06
74360	$188.72
74363	$355.04
74400	$136.47
74410	$143.40
74415	$164.19

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
74420	$150.33
74425	$87.43
74430	$97.56
74440	$105.02
74445	$133.81
74450	$92.76
74455	$112.48
74470	$97.02
74475	$153.53
74480	$154.07
74710	$55.44
74740	$97.02
74775	$113.02
75600	$390.23
75605	$337.99
75625	$333.19
75630	$390.76
75635	$758.07
75650	$360.38
75658	$354.51
75660	$361.44
75662	$417.42
75665	$370.50
75671	$422.22
75676	$361.44
75680	$405.69
75685	$361.97
75705	$422.75
75710	$352.38
75716	$394.49
75722	$348.11
75724	$408.35
75726	$348.65
75731	$360.91
75733	$409.95
75736	$351.85
75743	$373.70
75746	$341.18
75756	$361.97
75774	$259.09
75790	$228.70
75801	$316.13

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
75803	$339.58
75805	$348.11
75807	$375.30
75809	$109.82
75810	$679.70
75820	$151.40
75822	$186.59
75825	$321.46
75827	$320.93
75831	$325.19
75833	$365.17
75840	$321.99
75842	$367.31
75860	$332.12
75870	$328.92
75872	$357.71
75880	$152.47
75885	$348.11
75887	$350.78
75889	$326.26
75891	$326.26
75893	$282.54
75894	$1,242.12
75896	$1,092.32
75898	$165.26
75901	$200.45
75902	$109.29
75940	$638.65
75945	$246.29
75946	$139.67
75960	$320.93
75961	$536.83
75962	$340.65
75964	$202.04
75966	$406.76
75970	$608.27
75978	$335.32
75980	$358.24
75982	$393.96
75984	$145.00
75989	$184.45
75992	$788.99

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
75993	$428.61
76000	$118.35
76001	$172.72
76010	$35.18
76080	$81.56
76098	$25.59
76100	$168.46
76101	$231.37
76102	$309.20
76120	$94.89
76125	$55.98
76140	$27.19
76150	$22.39
76376	$99.16
76377	$139.14
76380	$258.55
76390	$571.48
76506	$146.07
76510	$194.05
76511	$125.28
76512	$117.82
76513	$107.15
76514	$16.53
76516	$87.43
76519	$92.23
76529	$86.90
76536	$139.14
76604	$109.29
76645	$115.68
76700	$172.72
76705	$131.14
76770	$165.26
76775	$140.74
76776	$183.39
76800	$158.86
76801	$167.39
76802	$95.96
76805	$185.52
76810	$128.48
76811	$261.75
76812	$256.42
76813	$164.73

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
76814	$108.22
76815	$115.68
76816	$142.87
76817	$129.54
76818	$155.13
76819	$119.95
76820	$68.77
76821	$123.68
76825	$267.62
76826	$147.14
76827	$91.16
76828	$68.77
76830	$151.40
76831	$151.93
76856	$152.47
76857	$125.81
76870	$150.87
76872	$179.12
76873	$229.77
76880	$157.26
76885	$171.66
76886	$126.88
76930	$125.28
76932	$120.48
76936	$397.69
76937	$45.31
76940	$225.50
76942	$231.90
76946	$56.51
76950	$90.63
76965	$188.18
76970	$104.49
76975	$130.08
76977	$17.06
77001	$130.08
77002	$90.63
77003	$76.23
77011	$840.70
77012	$248.42
77014	$232.96
77021	$555.49
77031	$245.23

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
77032	$77.30
77051	$15.46
77052	$15.46
77053	$94.89
77054	$127.94
77055	$109.29
77056	$138.61
77057	$105.02
77058	$1,037.41
77059	$1,110.45
77071	$51.18
77072	$29.85
77073	$47.45
77074	$87.43
77075	$125.81
77076	$118.88
77077	$53.84
77078	$210.04
77079	$71.97
77080	$86.90
77081	$38.38
77082	$36.25
77261	$98.62
77262	$148.20
77263	$219.64
77280	$230.30
77285	$396.09
77290	$615.73
77295	$858.82
77300	$91.69
77301	$2,711.35
77305	$94.36
77310	$132.21
77315	$193.52
77321	$155.67
77326	$181.79
77327	$259.09
77328	$356.64
77331	$83.70
77332	$99.16
77333	$90.09
77334	$202.58

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
77336	$74.63
77370	$142.87
77372	$1,005.96
77403	$146.07
77404	$161.00
77408	$196.18
77409	$216.44
77412	$253.22
77413	$255.35
77414	$283.61
77416	$284.68
77417	$19.19
77418	$641.85
77421	$141.80
77427	$261.75
77431	$132.74
77432	$555.49
77470	$324.12
77750	$456.33
77761	$462.20
77762	$633.86
77763	$901.47
77776	$542.16
77777	$763.93
77778	$1,097.65
77789	$137.54
77790	$115.68
78000	$85.30
78001	$108.75
78003	$95.42
78006	$266.55
78007	$163.66
78010	$186.05
78011	$211.64
78015	$252.69
78016	$382.23
78018	$384.90
78020	$114.62
78070	$215.91
78075	$498.45
78102	$198.85
78103	$267.08

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
78104	$304.93
78110	$94.36
78111	$119.41
78120	$107.15
78121	$130.08
78122	$161.00
78130	$189.78
78135	$391.83
78140	$183.39
78185	$228.70
78191	$243.09
78195	$412.62
78201	$211.64
78202	$244.16
78205	$291.61
78206	$412.62
78215	$226.03
78216	$171.66
78220	$178.06
78223	$379.03
78230	$192.45
78231	$164.73
78232	$167.39
78261	$296.40
78262	$292.14
78264	$336.39
78270	$97.02
78271	$98.09
78272	$111.42
78278	$406.22
78290	$362.51
78291	$296.94
78300	$208.44
78305	$277.21
78306	$306.53
78315	$406.76
78320	$314.53
78351	$21.32
78428	$243.09
78445	$202.58
78457	$234.03
78458	$258.02

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
78459	$2,154.59
78460	$235.10
78461	$265.48
78464	$341.72
78465	$600.80
78472	$324.12
78473	$444.07
78478	$75.70
78480	$61.84
78481	$285.21
78491	$2,155.53
78492	$2,176.01
78580	$256.95
78584	$198.31
78585	$423.28
78586	$194.58
78587	$245.23
78588	$393.96
78591	$197.25
78593	$232.96
78594	$271.35
78600	$212.17
78601	$252.16
78605	$236.16
78606	$369.44
78607	$445.67
78608	$2,152.72
78609	$103.42
78610	$213.77
78630	$391.83
78635	$357.71
78645	$360.91
78650	$381.70
78660	$200.98
78700	$210.57
78701	$251.62
78707	$295.87
78708	$243.63
78709	$436.61
78710	$288.94
78725	$122.61
78730	$93.29

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
78740	$251.09
78761	$252.69
78800	$225.50
78801	$301.20
78802	$393.43
78804	$692.50
78805	$226.57
78806	$411.02
78811	$2,156.26
78812	$2,176.59
78813	$2,180.48
78814	$2,191.03
78815	$2,203.55
78816	$2,206.69
79101	$226.57
79200	$229.77
79440	$213.24
80047	$12.36
80048	$12.36
80051	$10.24
80053	$15.44
80061	$17.82
80069	$12.68
80074	$66.42
80076	$11.93
80100	$21.23
80101	$20.11
80102	$19.34
80150	$22.01
80152	$26.14
80154	$27.00
80156	$21.26
80157	$19.36
80158	$26.36
80160	$25.13
80162	$19.39
80164	$19.78
80166	$22.64
80168	$23.86
80170	$23.93
80172	$23.78
80173	$21.26

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
80174	$24.59
80176	$21.45
80178	$9.65
80182	$19.78
80184	$16.72
80185	$19.36
80186	$20.10
80188	$24.23
80190	$24.46
80192	$24.46
80194	$21.31
80195	$20.04
80196	$10.36
80197	$20.04
80198	$20.66
80200	$23.53
80201	$17.40
80202	$19.78
80299	$19.99
80400	$47.62
80412	$481.26
80418	$846.24
80428	$97.36
80434	$147.70
80439	$98.12
81000	$4.63
81001	$4.63
81002	$3.74
81003	$3.28
81005	$3.16
81007	$3.75
81015	$4.43
81020	$5.38
81025	$9.24
81050	$4.37
82000	$18.09
82003	$29.55
82009	$6.59
82010	$11.93
82013	$16.31
82017	$8.44
82024	$56.40

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
82030	$17.39
82040	$7.23
82042	$7.56
82043	$8.45
82044	$6.68
82055	$15.78
82075	$17.60
82085	$14.17
82088	$59.50
82101	$43.83
82103	$19.61
82104	$21.11
82105	$24.49
82106	$24.49
82107	$94.04
82108	$37.20
82120	$5.49
82127	$20.24
82128	$20.24
82131	$24.63
82135	$24.04
82136	$24.63
82139	$24.63
82140	$21.28
82143	$10.03
82145	$22.70
82150	$9.46
82154	$42.10
82157	$42.74
82160	$36.51
82163	$29.97
82164	$21.31
82172	$22.62
82175	$27.70
82180	$14.43
82190	$21.77
82205	$16.72
82232	$23.62
82239	$11.00
82240	$38.81
82247	$7.33
82248	$7.33

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
82252	$6.64
82261	$8.44
82270	$4.08
82271	$4.08
82272	$4.08
82274	$23.22
82286	$10.06
82300	$33.79
82306	$43.22
82307	$47.05
82308	$39.10
82310	$7.53
82330	$19.95
82331	$7.56
82340	$8.81
82355	$16.89
82360	$16.16
82365	$18.83
82370	$18.29
82373	$26.37
82374	$7.14
82375	$11.15
82376	$8.75
82378	$27.70
82379	$8.44
82380	$13.47
82382	$25.10
82383	$36.59
82384	$36.87
82387	$11.42
82390	$15.68
82397	$20.63
82415	$18.50
82435	$6.70
82436	$7.34
82438	$7.14
82441	$8.76
82465	$6.36
82480	$11.51
82482	$11.22
82485	$30.15
82486	$26.37

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
82487	$23.31
82488	$31.20
82489	$27.00
82491	$26.37
82492	$26.37
82495	$29.61
82507	$40.60
82520	$22.13
82523	$27.29
82525	$18.12
82528	$32.86
82530	$24.41
82533	$23.81
82540	$6.76
82541	$26.37
82542	$26.37
82543	$26.37
82544	$26.37
82550	$9.51
82552	$19.56
82553	$16.86
82554	$17.33
82565	$7.48
82570	$7.56
82575	$13.79
82585	$12.52
82595	$6.79
82600	$28.33
82607	$22.01
82608	$20.91
82610	$16.16
82615	$11.92
82626	$36.90
82627	$32.46
82633	$45.23
82634	$42.74
82638	$17.88
82646	$30.15
82649	$37.53
82651	$37.69
82652	$56.20
82654	$20.22

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
82656	$16.85
82657	$26.37
82658	$26.37
82664	$50.16
82666	$31.37
82668	$27.45
82670	$40.80
82671	$47.15
82672	$31.66
82677	$35.31
82679	$36.45
82690	$25.24
82693	$21.75
82696	$34.43
82705	$7.43
82710	$24.53
82715	$25.13
82725	$18.19
82726	$26.37
82728	$19.89
82731	$94.04
82735	$27.08
82742	$28.90
82746	$21.47
82747	$25.14
82757	$25.32
82759	$8.49
82760	$16.35
82775	$27.32
82776	$8.49
82784	$13.58
82785	$24.05
82787	$6.72
82800	$12.37
82803	$28.25
82805	$41.43
82810	$12.74
82820	$14.17
82926	$5.29
82928	$7.19
82938	$25.83
82941	$25.75

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
82943	$20.86
82945	$5.73
82946	$12.77
82947	$5.73
82948	$4.63
82950	$6.93
82951	$18.80
82952	$5.72
82953	$22.12
82955	$14.16
82960	$8.84
82963	$31.37
82965	$11.29
82975	$23.13
82977	$10.51
82978	$8.49
82979	$8.49
82980	$26.75
82985	$22.01
83001	$27.14
83002	$27.04
83003	$24.34
83008	$24.51
83009	$98.35
83010	$18.37
83012	$25.10
83013	$98.35
83014	$11.48
83015	$27.50
83018	$32.06
83020	$4.20
83021	$26.37
83026	$3.45
83030	$12.08
83033	$8.70
83036	$14.17
83037	$14.17
83045	$7.24
83050	$10.69
83051	$10.67
83055	$7.19
83060	$12.08

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
83065	$10.06
83068	$12.37
83069	$5.76
83070	$6.93
83071	$10.03
83080	$8.44
83088	$43.12
83090	$24.63
83150	$28.25
83491	$25.57
83497	$18.83
83498	$39.66
83499	$36.80
83500	$33.07
83505	$35.49
83516	$16.85
83518	$12.38
83519	$11.81
83520	$18.91
83525	$16.69
83527	$18.91
83528	$23.22
83540	$9.46
83550	$12.77
83570	$12.91
83582	$20.69
83586	$18.69
83593	$38.40
83605	$15.59
83615	$8.81
83625	$18.69
83630	$28.66
83631	$28.66
83632	$29.51
83633	$8.04
83634	$16.83
83655	$17.67
83661	$32.09
83662	$27.62
83663	$27.62
83664	$27.62
83670	$13.38

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
83690	$10.06
83695	$18.91
83698	$49.56
83700	$10.21
83701	$36.24
83704	$46.07
83718	$10.21
83719	$16.99
83721	$13.93
83727	$25.10
83735	$9.78
83775	$10.77
83785	$35.90
83789	$26.37
83805	$25.74
83825	$23.74
83835	$24.74
83840	$23.84
83857	$14.55
83858	$21.64
83864	$27.79
83866	$14.39
83872	$8.56
83873	$25.12
83874	$18.86
83876	$18.91
83880	$49.56
83883	$16.16
83885	$35.77
83887	$34.58
83890	$5.85
83891	$5.85
83892	$5.85
83893	$5.85
83894	$5.85
83896	$5.85
83897	$5.85
83898	$24.47
83900	$48.95
83901	$24.47
83902	$20.72
83903	$24.47

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
83904	$24.47
83905	$24.47
83908	$24.47
83909	$24.47
83912	$5.85
83913	$19.50
83914	$24.47
83915	$16.29
83916	$29.36
83918	$24.04
83919	$24.04
83921	$24.04
83925	$28.41
83930	$9.65
83935	$9.95
83937	$43.59
83945	$18.80
83970	$60.27
83986	$5.22
83992	$21.46
83993	$28.66
84022	$22.74
84030	$8.04
84035	$5.34
84060	$10.78
84061	$11.55
84066	$14.10
84075	$7.56
84078	$10.66
84080	$21.59
84081	$24.12
84085	$9.84
84087	$15.07
84100	$6.93
84105	$7.56
84106	$6.25
84110	$12.34
84119	$12.57
84120	$21.47
84126	$37.19
84127	$14.57
84132	$6.70

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
84133	$6.28
84134	$8.28
84135	$27.94
84138	$27.65
84140	$11.81
84143	$11.81
84144	$30.46
84146	$28.30
84150	$36.45
84153	$26.85
84154	$26.85
84155	$5.35
84156	$5.35
84157	$5.35
84160	$7.56
84165	$15.68
84166	$26.04
84181	$24.87
84182	$26.28
84202	$20.95
84203	$12.57
84206	$26.01
84207	$41.02
84210	$15.85
84220	$13.77
84228	$16.99
84233	$94.04
84234	$94.72
84235	$76.41
84238	$53.39
84244	$32.12
84252	$29.55
84255	$37.27
84260	$45.23
84270	$31.73
84275	$19.61
84285	$34.38
84295	$7.02
84300	$7.10
84302	$7.10
84305	$28.66
84307	$26.70

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
84311	$10.20
84315	$3.66
84375	$28.62
84376	$8.04
84377	$8.04
84392	$6.93
84402	$37.18
84403	$37.70
84425	$31.01
84430	$16.99
84432	$23.45
84436	$10.03
84437	$9.45
84439	$11.82
84442	$21.59
84443	$24.53
84445	$74.24
84446	$20.70
84449	$26.28
84450	$7.55
84460	$7.73
84466	$18.64
84478	$8.40
84479	$9.45
84480	$20.70
84481	$24.74
84482	$23.01
84484	$9.77
84485	$10.96
84488	$10.66
84490	$11.11
84510	$15.18
84512	$11.24
84520	$5.76
84525	$5.49
84540	$6.93
84545	$9.64
84550	$6.59
84560	$6.93
84577	$18.22
84578	$4.74
84580	$10.36

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
84583	$7.34
84585	$22.64
84586	$51.59
84588	$49.56
84590	$16.93
84597	$20.01
84600	$23.47
84620	$17.29
84630	$16.63
84681	$30.38
84702	$21.98
84703	$10.97
84704	$21.98
84830	$14.65
85002	$6.57
85004	$9.45
85007	$5.02
85008	$5.02
85009	$5.43
85013	$3.46
85014	$3.46
85018	$3.46
85025	$11.35
85027	$9.45
85041	$4.40
85044	$6.28
85045	$5.85
85046	$8.15
85048	$3.71
85049	$6.53
85130	$10.32
85170	$5.28
85175	$6.64
85210	$18.96
85220	$25.77
85230	$26.14
85240	$17.39
85244	$29.81
85245	$33.51
85246	$33.51
85247	$33.51
85250	$27.79

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
85260	$26.14
85270	$26.14
85280	$28.25
85290	$23.86
85291	$12.98
85292	$27.65
85293	$27.65
85300	$17.30
85301	$15.79
85302	$17.55
85303	$20.19
85305	$16.93
85306	$17.20
85307	$17.20
85335	$18.80
85337	$15.22
85345	$6.28
85347	$6.22
85348	$5.44
85360	$12.26
85362	$10.06
85366	$12.57
85370	$16.58
85378	$10.41
85379	$11.83
85384	$12.40
85385	$12.40
85390	$7.54
85400	$12.91
85410	$11.26
85415	$25.10
85420	$9.55
85421	$14.87
85441	$6.14
85445	$9.95
85460	$11.30
85475	$12.95
85520	$19.11
85525	$17.30
85530	$20.70
85536	$9.45
85540	$12.56

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
85547	$12.56
85549	$27.39
85555	$9.76
85557	$19.50
85576	$31.37
85597	$22.46
85610	$5.74
85611	$5.75
85612	$13.97
85613	$13.97
85635	$14.38
85651	$5.18
85652	$3.94
85660	$8.06
85670	$8.44
85675	$10.00
85705	$8.50
85730	$8.76
85732	$9.45
85810	$17.05
86000	$10.19
86001	$6.99
86003	$6.99
86005	$10.22
86021	$21.98
86022	$26.82
86023	$18.19
86038	$17.65
86039	$16.30
86060	$10.66
86063	$8.44
86140	$7.56
86141	$18.91
86146	$31.06
86147	$31.06
86148	$23.45
86155	$23.33
86156	$8.50
86157	$8.50
86160	$17.53
86161	$17.53
86162	$29.67

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
86171	$14.63
86185	$13.06
86200	$18.91
86215	$19.35
86225	$20.06
86226	$17.68
86235	$26.18
86243	$29.96
86255	$17.60
86256	$17.60
86277	$22.98
86280	$11.82
86294	$28.64
86300	$30.38
86301	$30.38
86304	$30.38
86308	$7.56
86309	$9.45
86310	$10.77
86316	$30.38
86317	$21.89
86318	$18.91
86320	$32.72
86325	$32.65
86327	$33.13
86329	$20.51
86331	$8.49
86332	$35.59
86334	$32.62
86335	$42.85
86336	$18.90
86337	$31.27
86340	$22.01
86341	$28.89
86343	$18.20
86344	$11.66
86353	$71.58
86355	$55.08
86356	$26.42
86357	$55.08
86359	$55.08
86360	$68.60

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
86361	$26.42
86367	$55.08
86376	$21.25
86378	$28.75
86382	$24.69
86384	$16.63
86403	$14.88
86430	$8.29
86431	$8.29
86480	$90.49
86586	$52.70
86590	$16.11
86592	$6.23
86593	$6.43
86602	$14.85
86603	$16.39
86606	$8.50
86609	$18.81
86611	$14.85
86612	$16.39
86615	$19.25
86617	$22.61
86618	$24.87
86619	$19.54
86622	$11.94
86625	$19.16
86628	$8.50
86631	$17.27
86632	$18.53
86635	$16.39
86638	$16.39
86641	$19.33
86644	$21.02
86645	$20.87
86648	$22.21
86651	$19.25
86652	$19.25
86653	$19.25
86654	$19.25
86658	$16.39
86663	$19.16
86664	$20.87

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
86665	$20.87
86666	$14.85
86668	$12.68
86671	$16.39
86674	$20.87
86677	$21.19
86682	$15.12
86684	$19.33
86687	$12.25
86688	$14.57
86689	$28.26
86692	$25.06
86694	$21.02
86695	$19.25
86696	$28.26
86698	$16.39
86701	$12.96
86702	$14.57
86703	$14.57
86704	$17.60
86705	$17.18
86706	$15.68
86707	$16.89
86708	$18.09
86709	$14.13
86710	$19.80
86713	$20.87
86717	$17.89
86720	$19.25
86723	$19.25
86727	$16.39
86729	$17.44
86732	$8.50
86735	$19.06
86738	$19.34
86741	$19.25
86744	$19.25
86747	$21.95
86750	$19.25
86753	$15.12
86756	$18.82
86757	$28.26

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
86759	$19.25
86762	$21.02
86765	$18.81
86768	$19.25
86771	$19.25
86774	$21.61
86777	$21.02
86778	$20.87
86781	$19.34
86784	$9.31
86787	$18.81
86788	$20.87
86789	$21.02
86790	$18.81
86793	$19.25
86800	$23.22
86803	$20.84
86804	$22.61
86805	$76.34
86806	$69.48
86807	$57.77
86808	$43.33
86812	$37.68
86813	$84.66
86816	$40.67
86817	$94.00
86821	$82.44
86822	$53.38
86880	$7.84
86885	$8.35
86886	$7.56
86900	$4.35
86901	$4.35
86903	$13.78
86904	$13.88
86905	$5.58
86906	$11.31
86940	$8.88
86941	$17.68
87001	$19.30
87003	$24.58
87015	$9.75

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
87040	$15.07
87045	$13.77
87046	$13.77
87070	$12.57
87071	$13.77
87073	$13.77
87075	$13.81
87076	$11.80
87077	$11.80
87081	$8.30
87084	$12.57
87086	$11.79
87088	$11.82
87101	$11.26
87102	$12.26
87103	$13.17
87106	$15.07
87107	$15.07
87109	$22.47
87110	$28.60
87116	$5.57
87118	$15.98
87140	$8.14
87143	$18.29
87147	$7.56
87149	$29.27
87158	$7.64
87164	$8.49
87166	$16.49
87168	$6.23
87169	$6.23
87172	$6.23
87176	$8.59
87177	$12.99
87181	$6.93
87184	$10.07
87185	$6.93
87186	$10.21
87187	$15.13
87188	$9.69
87190	$8.25
87197	$21.93

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
87205	$6.23
87206	$7.84
87207	$8.75
87209	$26.24
87210	$6.23
87220	$6.23
87230	$28.83
87250	$28.55
87252	$38.06
87253	$29.49
87254	$28.55
87255	$49.44
87260	$17.52
87265	$17.52
87269	$17.52
87270	$17.52
87272	$17.52
87273	$17.52
87274	$17.52
87275	$17.52
87276	$17.52
87279	$17.52
87280	$17.52
87285	$17.52
87290	$17.52
87299	$17.52
87300	$17.52
87305	$17.52
87320	$17.52
87324	$17.52
87327	$17.52
87328	$17.52
87329	$17.52
87337	$17.52
87338	$17.51
87339	$17.52
87340	$14.27
87341	$14.27
87350	$16.83
87380	$23.98
87385	$17.52
87390	$25.76

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
87400	$17.52
87420	$17.52
87425	$17.52
87427	$17.52
87430	$17.52
87449	$17.52
87450	$13.99
87471	$51.25
87476	$51.25
87480	$29.27
87486	$51.25
87490	$29.27
87491	$51.25
87496	$51.25
87497	$62.54
87498	$51.25
87500	$51.25
87510	$29.27
87515	$29.27
87516	$51.25
87517	$62.54
87520	$29.27
87521	$51.25
87522	$62.54
87525	$29.27
87526	$51.25
87529	$51.25
87530	$62.54
87536	$124.24
87556	$51.25
87590	$29.27
87591	$51.25
87620	$29.27
87621	$51.25
87640	$51.25
87641	$51.25
87651	$51.25
87653	$51.25
87660	$29.27
87797	$29.27
87798	$51.25
87799	$62.54

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
87800	$58.56
87801	$102.49
87802	$17.52
87803	$17.52
87804	$17.52
87807	$17.52
87808	$17.52
87809	$17.52
87810	$17.52
87880	$17.52
87899	$17.52
87901	$375.88
87902	$375.88
87903	$713.43
87904	$38.06
88130	$21.97
88140	$11.67
88142	$29.58
88143	$29.58
88150	$15.42
88152	$15.42
88153	$15.42
88154	$15.42
88155	$8.75
88164	$15.42
88165	$15.42
88166	$15.42
88167	$15.42
88174	$31.19
88175	$38.68
88230	$170.10
88233	$205.48
88235	$215.00
88237	$184.41
88239	$215.39
88240	$14.75
88245	$217.35
88248	$252.84
88261	$258.05
88262	$181.98
88263	$219.42
88264	$181.98

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
88267	$262.47
88269	$242.84
88271	$31.27
88273	$46.91
88274	$50.82
88275	$58.64
88280	$36.64
88283	$100.15
88285	$27.74
88289	$50.28
88371	$32.44
88372	$28.85
88400	$7.02
88720	$7.33
89050	$6.90
89051	$8.04
89055	$6.23
89060	$10.44
89125	$5.45
89160	$5.38
89190	$6.93
89300	$13.02
89310	$12.57
89320	$17.60
89321	$17.60
89322	$22.63
89325	$15.58
89330	$14.45
89331	$28.60
90371	$120.46
90375	$140.33
90376	$123.27
90378	$387.25
90385	$15.07
90465	$13.90
90466	$11.02
90467	$13.90
90468	$8.93
90471	$13.90
90472	$11.02
90473	$13.90
90474	$8.93

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
90632	$48.23
90656	$18.20
90658	$13.22
90660	$22.32
90675	$148.73
90680	$63.25
90692	$5.25
90703	$22.47
90707	$44.73
90713	$26.18
90714	$19.98
90715	$35.05
90718	$13.85
90720	$70.37
90732	$32.70
90733	$93.87
90734	$89.44
90740	$119.42
90746	$59.71
90747	$119.42
90801	$212.71
90802	$226.57
90804	$93.29
90805	$103.95
90806	$132.21
90807	$147.14
90808	$194.05
90809	$209.51
90810	$99.16
90811	$115.15
90812	$143.40
90813	$158.33
90814	$208.44
90815	$220.70
90816	$87.96
90817	$97.56
90818	$131.14
90819	$140.74
90821	$192.98
90822	$203.11
90823	$94.36
90824	$105.02

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
90826	$138.61
90827	$147.67
90828	$200.98
90829	$210.04
90846	$123.15
90847	$152.47
90849	$45.31
90853	$43.18
90857	$48.51
90862	$76.23
90870	$184.99
90875	$97.56
90876	$145.54
90880	$149.27
90887	$117.82
90901	$44.78
90911	$113.02
90935	$92.23
90937	$151.93
90945	$95.42
90947	$155.13
90960	$390.23
90961	$315.60
90962	$228.70
90963	$756.47
90964	$632.79
90965	$601.87
90966	$312.40
90967	$27.19
90968	$21.32
90969	$20.79
90970	$10.66
90989	$487.88
90997	$124.75
91000	$114.08
91010	$238.30
91011	$317.73
91012	$322.53
91030	$173.79
91034	$247.36
91035	$578.41
91052	$154.60

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
91055	$167.39
91065	$80.50
91105	$98.62
91110	$1,119.51
91122	$292.67
92002	$56.11
92004	$56.11
92012	$56.11
92014	$56.11
92015	$15.46
92018	$178.59
92019	$89.56
92020	$32.52
92025	$41.05
92060	$71.97
92065	$55.44
92070	$80.50
92081	$62.37
92082	$82.10
92083	$94.36
92100	$107.69
92120	$89.03
92130	$97.56
92135	$54.91
92136	$97.02
92140	$68.77
92225	$31.45
92226	$28.25
92230	$73.03
92235	$150.33
92240	$276.68
92250	$84.76
92260	$21.86
92265	$93.83
92270	$107.15
92275	$158.86
92283	$52.78
92284	$70.90
92285	$49.05
92286	$140.21
92287	$134.87
92340	$45.31

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
92341	$52.24
92342	$56.51
92352	$49.58
92353	$58.64
92354	$112.48
92355	$66.10
92358	$20.79
92370	$38.92
92371	$16.53
92502	$125.28
92504	$35.18
92506	$75.50
92507	$41.67
92508	$15.59
92511	$186.59
92512	$75.70
92516	$77.30
92520	$78.37
92526	$101.82
92541	$73.57
92542	$75.70
92543	$34.65
92544	$60.77
92545	$57.04
92546	$101.82
92547	$5.86
92548	$115.15
92551	$12.79
92552	$25.59
92553	$34.12
92555	$18.66
92556	$29.32
92557	$58.11
92561	$33.05
92562	$27.19
92563	$23.99
92564	$22.92
92565	$14.93
92567	$22.39
92568	$23.99
92569	$18.66
92571	$19.19

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
92572	$20.79
92575	$42.11
92576	$25.06
92577	$19.72
92579	$58.64
92582	$49.05
92583	$38.92
92584	$78.37
92585	$124.21
92586	$73.57
92587	$46.38
92588	$77.83
92590	$90.24
92591	$90.24
92592	$19.81
92593	$19.81
92594	$19.81
92595	$19.81
92596	$41.05
92601	$206.84
92602	$127.94
92603	$187.65
92604	$110.35
92611	$103.95
92620	$100.76
92621	$23.46
92950	$361.44
92953	$16.53
92960	$335.32
92970	$252.16
92971	$142.34
92973	$253.76
92974	$232.43
92975	$557.62
92977	$156.20
92978	$347.58
92980	$1,155.76
92981	$321.99
92982	$856.69
92984	$229.77
92986	$1,887.17
92990	$1,503.88

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
92992	$1,915.96
92995	$944.12
92996	$249.49
92997	$883.35
92998	$450.47
93000	$26.66
93005	$14.39
93010	$12.26
93012	$222.84
93014	$38.38
93015	$127.94
93016	$33.59
93017	$71.44
93018	$22.39
93024	$158.86
93025	$268.68
93040	$17.59
93041	$6.40
93042	$11.20
93224	$147.67
93225	$42.65
93226	$65.57
93227	$39.45
93230	$150.33
93231	$42.11
93232	$70.37
93233	$37.85
93235	$157.26
93237	$33.59
93268	$328.92
93270	$25.06
93271	$265.48
93272	$37.85
93278	$50.11
93279	$73.57
93280	$87.43
93281	$102.36
93282	$94.36
93283	$115.15
93284	$135.41
93285	$62.91
93286	$35.72

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
93287	$47.45
93288	$56.51
93289	$87.96
93290	$42.11
93291	$53.84
93292	$49.05
93303	$276.68
93304	$171.13
93306	$335.85
93307	$222.30
93308	$140.21
93312	$415.82
93313	$58.11
93314	$351.85
93315	$373.17
93316	$63.44
93320	$97.56
93321	$42.65
93325	$62.91
93350	$271.88
93352	$48.51
93501	$996.90
93503	$159.40
93505	$956.38
93508	$1,334.88
93510	$1,636.08
93511	$2,116.94
93514	$2,255.55
93524	$2,787.05
93526	$2,100.95
93527	$2,812.10
93528	$2,940.05
93529	$2,626.58
93531	$2,945.91
93539	$102.89
93540	$301.20
93541	$21.86
93542	$182.85
93543	$101.29
93544	$73.57
93545	$211.64
93555	$145.00

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
93556	$199.38
93561	$60.24
93562	$27.19
93571	$346.52
93580	$1,390.32
93600	$250.02
93602	$208.98
93603	$236.70
93609	$497.92
93610	$286.81
93612	$299.60
93613	$539.50
93615	$81.56
93618	$502.71
93620	$1,248.52
93624	$462.73
93631	$866.29
93640	$600.27
93641	$778.33
93642	$616.80
93650	$820.44
93651	$1,249.59
93652	$1,359.94
93660	$227.63
93701	$43.18
93720	$57.04
93721	$45.85
93722	$11.73
93724	$448.87
93740	$12.79
93770	$11.73
93797	$23.99
93798	$34.65
93875	$125.28
93880	$305.47
93882	$201.51
93886	$368.37
93890	$324.12
93922	$148.73
93923	$229.77
93924	$282.54
93925	$380.10

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
93926	$242.56
93930	$298.54
93931	$199.91
93965	$153.00
93970	$311.33
93971	$206.31
93975	$473.39
93976	$274.01
93978	$292.67
93980	$230.83
93990	$236.70
94002	$123.68
94003	$89.03
94004	$65.04
94005	$121.01
94010	$41.58
94016	$34.65
94060	$73.03
94070	$76.77
94150	$28.25
94200	$28.25
94240	$49.05
94250	$30.39
94260	$38.92
94350	$44.25
94360	$54.38
94370	$42.65
94375	$47.98
94400	$66.64
94450	$65.04
94620	$91.69
94621	$208.44
94640	$15.99
94660	$75.17
94662	$50.11
94664	$17.59
94667	$24.52
94668	$23.46
94680	$71.97
94681	$76.77
94690	$61.84
94720	$64.51

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
94725	$82.10
94750	$88.49
94760	$3.20
94761	$5.86
94762	$34.65
94770	$44.78
94772	$188.18
94777	$30.39
95004	$6.93
95010	$22.39
95015	$16.53
95024	$8.53
95027	$5.86
95028	$13.33
95044	$7.46
95056	$42.65
95060	$28.25
95065	$25.59
95070	$52.78
95071	$65.04
95075	$84.76
95115	$12.79
95117	$15.46
95120	$10.66
95125	$6.40
95144	$14.39
95145	$19.19
95146	$31.45
95147	$30.39
95148	$42.65
95149	$55.44
95165	$14.39
95180	$188.72
95250	$159.93
95805	$530.97
95806	$265.48
95807	$617.33
95810	$972.37
95811	$1,071.53
95812	$298.00
95813	$368.91
95816	$274.01

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
95819	$293.74
95822	$292.14
95824	$76.77
95827	$469.13
95829	$1,533.20
95830	$228.70
95831	$33.59
95832	$31.45
95833	$46.91
95834	$55.98
95851	$21.32
95852	$16.53
95857	$54.91
95860	$106.62
95861	$155.67
95863	$185.52
95864	$211.11
95867	$92.23
95868	$126.88
95869	$58.11
95870	$56.51
95872	$225.50
95873	$58.64
95874	$55.44
95875	$121.01
95900	$67.70
95903	$80.50
95904	$59.71
95920	$199.38
95921	$96.49
95922	$114.62
95923	$148.20
95925	$146.36
95926	$144.47
95927	$147.67
95928	$240.96
95929	$253.76
95930	$130.08
95933	$81.56
95934	$62.37
95936	$55.44
95937	$73.57

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
95950	$296.40
95951	$2,187.31
95953	$510.71
95954	$319.33
95955	$173.79
95956	$884.95
95957	$330.52
95958	$497.92
95961	$300.14
95962	$282.01
95970	$63.97
95971	$75.17
95972	$134.87
95974	$231.37
95975	$127.94
95978	$275.08
95990	$71.44
95991	$113.02
96004	$151.93
96101	$119.41
96102	$67.70
96103	$61.31
96105	$87.43
96110	$11.73
96111	$179.65
96116	$130.08
96118	$146.07
96119	$92.76
96120	$89.03
96150	$32.52
96151	$31.45
96152	$29.85
96154	$29.32
96155	$30.92
96360	$70.37
96361	$20.26
96365	$85.83
96366	$27.72
96367	$43.71
96368	$26.12
96374	$68.24
96375	$29.32

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
96401	$85.83
96402	$47.45
96409	$140.21
96411	$79.97
96413	$184.45
96415	$41.58
96416	$200.45
96417	$91.69
96423	$97.56
96425	$213.24
96440	$761.80
96445	$371.04
96450	$270.28
96521	$158.86
96522	$134.87
96523	$31.45
96542	$171.66
96900	$23.99
96910	$77.30
96912	$99.16
97001	$67.09
97002	$42.70
97003	$67.09
97004	$42.70
97010	$5.69
97022	$5.69
97032	$11.35
97035	$11.35
97110	$13.62
97112	$13.62
97113	$13.62
97116	$13.62
97150	$7.11
97530	$13.62
97537	$36.78
97761	$38.92
97802	$40.52
97803	$35.18
97804	$18.13
98925	$37.85
98926	$52.24
98927	$68.24

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
98928	$79.97
98929	$91.69
98940	$32.66
98941	$45.43
98942	$59.15
99000	$4.80
99001	$8.00
99002	$4.80
99025	$18.30
99050	$8.54
99056	$8.54
99058	$22.31
99078	$30.49
99100	$26.84
99173	$2.67
99175	$29.85
99183	$251.62
99185	$69.30
99186	$84.23
99195	$87.43
99201	$49.05
99202	$85.30
99203	$123.68
99204	$192.98
99205	$244.69
99211	$24.52
99212	$49.58
99213	$83.16
99214	$125.81
99215	$170.59
99217	$92.23
99218	$87.43
99219	$145.00
99220	$203.11
99221	$125.81
99222	$171.66
99223	$253.22
99231	$51.71
99232	$93.83
99233	$134.34
99234	$176.99
99235	$232.96

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
99236	$289.47
99238	$92.23
99239	$134.34
99241	$65.04
99242	$122.08
99243	$167.93
99244	$251.09
99245	$308.66
99251	$67.70
99252	$105.02
99253	$159.40
99254	$230.83
99255	$280.94
99281	$28.25
99282	$55.44
99283	$85.30
99284	$160.46
99285	$238.30
99288	$184.10
99291	$349.18
99292	$158.86
99304	$111.95
99305	$156.73
99306	$202.04
99307	$54.91
99308	$84.23
99309	$111.95
99310	$165.79
99315	$80.50
99316	$105.55
99318	$117.28
99324	$74.63
99325	$109.29
99326	$180.72
99327	$236.16
99328	$278.28
99334	$77.30
99335	$119.95
99336	$168.99
99337	$243.09
99341	$74.63
99342	$109.29

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
99343	$175.92
99344	$231.37
99345	$278.28
99347	$73.03
99348	$110.35
99349	$161.00
99350	$224.97
99354	$127.41
99355	$126.34
99356	$116.75
99357	$117.82
99360	$83.16
99374	$90.63
99375	$143.40
99381	$121.55
99382	$132.74
99383	$132.21
99384	$143.94
99385	$143.94
99386	$168.99
99387	$185.52
99391	$101.29
99392	$113.55
99393	$113.02
99394	$124.75
99395	$125.28
99396	$137.01
99397	$154.07
99460	$78.90
99461	$114.08
99462	$42.11
99463	$105.02
99468	$1,211.20
99469	$532.03
99471	$1,076.33
99472	$534.70
99477	$471.79
99478	$190.85
99479	$168.46
99480	$162.06
A0080	$0.45
A0100	$18.30

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
A0110	$2,439.37
A0130	$12.20
A0140	$2,439.37
A0180	$48.79
A0190	$21.96
A0191	$4.27
A0192	$6.71
A0193	$10.97
A0200	$65.97
A0210	$5.97
A0425	$6.87
A0426	$228.59
A0427	$361.93
A0428	$190.49
A0429	$304.79
A0430	$2,623.22
A0431	$3,049.87
A0435	$8.07
A0436	$21.53
A0998	$97.57
A4648	$1.00
A9500	$124.93
A9502	$129.02
A9503	$23.75
A9504	$487.59
A9505	$6.01
A9507	$2,889.95
A9508	$1,325.25
A9510	$43.70
A9511	$780.14
A9512	$13.52
A9513	$44.46
A9514	$44.86
A9515	$28.87
A9516	$66.75
A9517	$160.29
A9519	$18.48
A9520	$73.14
A9521	$304.75
A9522	$2,319.89
A9533	$2,632.97
A9536	$760.00

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
A9537	$47.75
A9538	$26.80
A9539	$16.25
A9540	$21.85
A9541	$53.20
A9551	$126.63
A9557	$424.18
A9558	$38.96
A9560	$56.80
A9561	$18.00
A9562	$336.60
A9563	$541.00
A9564	$2,756.00
A9579	$2.70
C9008	$248.82
C9209	$161.22
D1206	$20.60
G0001	$3.66
G0008	$9.76
G0009	$9.76
G0010	$9.76
G0101	$28.10
G0103	$26.66
G0104	$103.86
G0105	$435.25
G0106	$133.98
G0107	$4.27
G0108	$26.09
G0109	$14.81
G0121	$436.17
G0123	$34.52
G0124	$34.52
G0127	$20.79
G0141	$36.78
G0144	$34.52
G0145	$34.52
G0168	$80.19
G0202	$160.46
G0204	$174.32
G0206	$140.74
G0212	$193.43
G0215	$194.46

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
G0218	$194.46
G0222	$194.46
G0225	$194.46
G0227	$195.50
G0237	$19.19
G0238	$20.26
G0239	$15.99
G0253	$248.42
G0254	$48.99
G0275	$16.53
G0278	$16.53
G0288	$269.22
G0289	$109.82
G0317	$35.64
G0318	$26.72
G0319	$222.84
G0323	$292.14
G0327	$9.60
G0328	$4.52
G0333	$52.78
G0344	$116.22
G0345	$40.82
G0346	$21.02
G0347	$40.82
G0348	$21.02
G0349	$21.02
G0350	$12.93
G0351	$4.04
G0353	$17.79
G0354	$12.93
G0355	$46.49
G0356	$46.49
G0357	$110.76
G0358	$110.76
G0359	$155.21
G0360	$34.77
G0361	$192.40
G0362	$34.77
G0363	$22.11
G0364	$15.46
G0365	$156.45
G0366	$33.59

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
G0367	$21.32
G0368	$12.26
G0389	$138.07
G0392	$2,926.19
G0393	$2,232.62
G0394	$4.35
H0033	$2.50
H1000	$10.97
H1001	$10.97
H1002	$10.97
H1003	$10.97
H1004	$10.97
H2021	$15.57
J0120	$10.44
J0129	$20.29
J0130	$468.32
J0135	$365.54
J0150	$9.48
J0152	$74.65
J0170	$0.71
J0205	$43.97
J0207	$409.47
J0210	$18.94
J0220	$134.80
J0256	$3.93
J0270	$0.92
J0275	$25.92
J0280	$0.46
J0285	$14.02
J0286	$128.13
J0290	$2.35
J0295	$3.83
J0300	$12.21
J0330	$0.15
J0340	$8.80
J0360	$5.20
J0400	$0.31
J0456	$9.72
J0460	$0.27
J0470	$28.45
J0475	$198.10
J0476	$74.17

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J0500	$19.69
J0515	$28.92
J0540	$35.88
J0550	$35.88
J0560	$26.15
J0570	$45.66
J0580	$52.29
J0585	$5.80
J0587	$9.67
J0592	$0.80
J0595	$0.60
J0600	$53.25
J0610	$0.31
J0620	$10.01
J0630	$52.13
J0635	$14.30
J0637	$14.26
J0640	$0.94
J0670	$1.14
J0690	$0.63
J0692	$6.37
J0694	$7.27
J0695	$27.56
J0696	$1.27
J0697	$4.18
J0698	$4.80
J0702	$6.44
J0704	$1.20
J0710	$3.52
J0713	$3.46
J0715	$5.29
J0720	$16.48
J0725	$3.35
J0730	$2.34
J0735	$70.43
J0740	$807.09
J0743	$14.50
J0744	$1.88
J0745	$1.35
J0760	$17.39
J0770	$17.39
J0780	$2.16

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J0810	$3.05
J0835	$104.09
J0850	$931.56
J0878	$0.40
J0880	$20.78
J0881	$3.24
J0882	$3.06
J0885	$9.75
J0886	$9.20
J0895	$11.68
J0900	$1.62
J0945	$0.86
J0970	$37.78
J1000	$6.89
J1020	$1.88
J1030	$4.39
J1040	$8.33
J1051	$7.72
J1055	$52.31
J1056	$25.32
J1060	$4.61
J1070	$4.17
J1080	$5.88
J1090	$5.51
J1094	$0.24
J1095	$6.33
J1100	$0.10
J1110	$24.05
J1120	$37.52
J1160	$1.42
J1165	$0.68
J1170	$1.41
J1180	$4.70
J1190	$479.71
J1200	$0.77
J1205	$248.45
J1212	$76.78
J1230	$4.09
J1240	$3.48
J1245	$1.02
J1250	$5.94
J1260	$4.91

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE	
J1270	$3.50	
J1320	$2.10	
J1325	$15.22	
J1327	$19.06	
J1330	$5.05	
J1335	$27.63	
J1362	$6.57	
J1364	$7.64	
J1380	$10.57	
J1390	$21.15	
J1410	$83.20	
J1430	$5.72	
J1435	$0.19	
J1436	$79.01	
J1438	$183.20	**BLS Mileage*
J1440	$214.24	**ALS Mileage*
J1441	$328.74	
J1450	$7.89	
J1455	$11.25	
J1460	$13.64	
J1470	$25.16	
J1480	$40.91	
J1490	$54.56	
J1500	$68.20	
J1510	$81.91	
J1520	$95.40	
J1530	$109.13	
J1540	$122.86	
J1550	$130.54	
J1560	$136.41	
J1561	$37.66	
J1563	$46.94	
J1564	$4.61	
J1565	$17.88	
J1566	$31.20	
J1568	$39.08	
J1569	$37.50	
J1570	$47.72	
J1580	$0.92	
J1590	$0.89	
J1600	$8.35	
J1610	$79.45	

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J1620	$193.35
J1626	$4.29
J1630	$1.62
J1631	$3.49
J1642	$0.90
J1644	$0.21
J1645	$11.72
J1650	$6.58
J1670	$228.41
J1690	$8.97
J1700	$0.78
J1710	$5.50
J1720	$2.62
J1730	$131.37
J1739	$2.82
J1740	$147.30
J1741	$3.29
J1742	$414.70
J1745	$60.35
J1750	$12.49
J1751	$12.93
J1752	$12.93
J1755	$14.52
J1756	$0.39
J1785	$4.35
J1790	$1.69
J1800	$4.71
J1810	$6.94
J1815	$0.33
J1825	$264.15
J1830	$126.46
J1840	$4.61
J1850	$0.69
J1885	$0.29
J1890	$10.14
J1930	$9.38
J1940	$0.22
J1950	$495.38
J1955	$7.11
J1956	$6.33
J1960	$4.26
J1970	$22.16

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J1980	$10.24
J1990	$22.31
J2010	$4.99
J2020	$31.19
J2060	$0.80
J2150	$0.96
J2175	$1.51
J2180	$4.44
J2185	$4.30
J2210	$5.87
J2240	$3.87
J2250	$0.17
J2260	$5.55
J2270	$1.84
J2271	$2.59
J2275	$2.84
J2300	$1.10
J2310	$3.94
J2320	$5.25
J2321	$7.94
J2322	$20.97
J2323	$117.67
J2330	$6.87
J2350	$6.21
J2353	$112.18
J2355	$261.60
J2360	$7.84
J2370	$0.87
J2400	$13.64
J2405	$0.22
J2410	$2.52
J2430	$32.68
J2440	$0.69
J2460	$1.03
J2469	$17.64
J2480	$7.39
J2503	$1,091.12
J2505	$2,306.72
J2510	$10.39
J2512	$35.06
J2515	$9.72
J2540	$0.85

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J2543	$5.90
J2545	$52.23
J2550	$1.74
J2560	$3.43
J2590	$1.36
J2597	$1.21
J2640	$6.33
J2650	$0.18
J2670	$4.03
J2675	$1.51
J2680	$3.85
J2690	$3.76
J2700	$1.93
J2710	$0.11
J2720	$0.54
J2725	$24.09
J2730	$94.70
J2760	$56.11
J2765	$0.38
J2770	$153.66
J2778	$431.00
J2780	$1.05
J2788	$24.91
J2790	$91.44
J2791	$5.55
J2792	$17.37
J2794	$5.28
J2795	$0.07
J2800	$25.72
J2810	$0.02
J2820	$25.51
J2860	$7.85
J2910	$17.15
J2912	$0.17
J2915	$50.78
J2916	$5.02
J2920	$2.39
J2930	$3.35
J2941	$55.08
J2950	$0.45
J2970	$9.85
J2993	$922.30

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J2995	$89.51
J2997	$36.15
J3000	$4.90
J3010	$0.34
J3030	$79.18
J3070	$6.77
J3080	$10.08
J3105	$2.65
J3120	$4.55
J3130	$8.12
J3140	$0.66
J3150	$0.92
J3230	$8.44
J3240	$1,024.33
J3245	$510.46
J3250	$5.20
J3260	$2.31
J3265	$2.92
J3270	$7.16
J3280	$5.59
J3300	$3.25
J3301	$1.60
J3302	$0.30
J3303	$1.41
J3305	$160.58
J3310	$7.04
J3320	$33.60
J3350	$93.58
J3355	$55.10
J3360	$1.13
J3364	$9.71
J3365	$485.19
J3370	$3.26
J3390	$23.11
J3395	$1,625.57
J3396	$9.92
J3400	$13.73
J3410	$0.27
J3411	$2.79
J3415	$5.33
J3420	$0.28
J3430	$4.49

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J3450	$5.63
J3470	$18.04
J3475	$0.54
J3480	$0.16
J3487	$228.12
J3488	$231.62
J3520	$5.40
J7030	$1.14
J7040	$0.57
J7042	$0.33
J7050	$0.29
J7051	$0.01
J7060	$1.16
J7070	$2.31
J7100	$22.83
J7110	$18.47
J7120	$1.02
J7130	$1.46
J7190	$0.91
J7191	$2.02
J7192	$1.14
J7194	$0.88
J7195	$1.13
J7197	$2.42
J7198	$1.58
J7300	$375.28
J7302	$558.94
J7303	$22.65
J7304	$21.81
J7307	$618.48
J7308	$124.36
J7315	$160.44
J7317	$129.32
J7319	$129.32
J7320	$234.72
J7321	$103.23
J7322	$193.81
J7323	$117.67
J7324	$188.78
J7350	$5.15
J7500	$0.12
J7501	$96.36

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J7502	$3.61
J7504	$491.39
J7506	$0.32
J7507	$4.29
J7509	$0.10
J7510	$0.02
J7513	$368.47
J7515	$0.86
J7516	$27.57
J7517	$3.38
J7518	$2.19
J7520	$9.03
J7602	$0.17
J7605	$5.26
J7608	$2.14
J7611	$0.10
J7612	$0.18
J7613	$0.04
J7614	$0.25
J7616	$3.05
J7618	$0.15
J7620	$0.29
J7621	$1.87
J7626	$5.97
J7631	$0.14
J7633	$5.02
J7639	$23.66
J7644	$0.22
J7668	$6.70
J7669	$0.23
J7682	$67.33
J8501	$5.68
J8510	$3.08
J8520	$5.53
J8521	$18.47
J8530	$0.98
J8540	$0.39
J8560	$31.34
J8600	$2.58
J8610	$0.17
J8700	$8.75
J9000	$4.02

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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CODE	MEDICAID FEE
J9001	$467.73
J9010	$587.14
J9015	$861.31
J9020	$61.55
J9031	$132.87
J9033	$20.04
J9035	$60.82
J9040	$33.74
J9041	$38.45
J9045	$6.10
J9050	$178.32
J9055	$52.72
J9060	$2.36
J9062	$11.81
J9065	$31.01
J9070	$3.07
J9080	$6.15
J9090	$15.37
J9091	$30.74
J9092	$61.48
J9093	$1.92
J9094	$3.84
J9095	$9.59
J9096	$19.19
J9097	$38.38
J9100	$1.45
J9110	$7.24
J9120	$533.61
J9130	$4.65
J9140	$9.06
J9150	$17.49
J9151	$59.54
J9160	$1,518.08
J9165	$4.69
J9170	$357.16
J9178	$3.73
J9181	$4.26
J9185	$210.44
J9190	$1.64
J9200	$60.62
J9201	$146.48
J9202	$193.97

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
J9206	$23.02
J9208	$35.51
J9209	$6.18
J9211	$164.78
J9212	$5.62
J9213	$46.51
J9214	$15.64
J9215	$10.08
J9216	$328.15
J9217	$222.67
J9218	$7.47
J9219	$5,109.01
J9230	$156.01
J9245	$1,722.08
J9250	$0.23
J9260	$2.44
J9263	$10.14
J9264	$9.61
J9265	$8.01
J9266	$2,780.91
J9268	$1,697.34
J9270	$92.63
J9280	$16.22
J9290	$64.85
J9291	$129.71
J9293	$89.88
J9300	$2,645.82
J9305	$51.11
J9310	$567.44
J9320	$175.79
J9340	$45.87
J9350	$974.38
J9355	$62.14
J9357	$433.44
J9360	$1.13
J9370	$4.10
J9375	$8.22
J9380	$20.52
J9390	$81.03
J9395	$94.41
J9600	$2,679.96
P3001	$29.32

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
P9603	$0.26
P9604	$3.66
Q0091	$51.18
Q0092	$8.54
Q0111	$5.96
Q0136	$15.01
Q0144	$15.81
Q0163	$11.38
Q0165	$0.71
Q0166	$49.89
Q0179	$27.18
Q0180	$48.71
Q0510	$50.00
Q0511	$24.00
Q0512	$16.00
Q0513	$33.00
Q0514	$66.00
Q2009	$10.42
Q3003	$517.36
Q3004	$47.40
Q3005	$380.55
Q3007	$631.79
Q3008	$1,516.07
Q3009	$21.96
Q3010	$64.15
Q3011	$3,361.44
Q3014	$24.39
Q3025	$115.16
Q4001	$40.28
Q4002	$152.22
Q4003	$28.94
Q4004	$100.15
Q4005	$10.66
Q4006	$24.04
Q4007	$5.34
Q4008	$12.02
Q4009	$7.11
Q4010	$16.03
Q4011	$3.56
Q4012	$8.01
Q4013	$12.95
Q4014	$21.86

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
Q4015	$6.47
Q4016	$10.93
Q4017	$7.50
Q4018	$11.96
Q4019	$3.74
Q4020	$5.98
Q4021	$5.53
Q4022	$10.02
Q4023	$2.79
Q4024	$4.99
Q4025	$31.10
Q4026	$97.11
Q4027	$15.56
Q4028	$48.55
Q4029	$23.78
Q4030	$62.59
Q4031	$11.89
Q4032	$31.30
Q4033	$22.18
Q4034	$55.18
Q4035	$11.10
Q4036	$27.59
Q4037	$13.54
Q4038	$33.90
Q4039	$6.77
Q4040	$16.96
Q4041	$16.46
Q4042	$28.09
Q4043	$8.22
Q4044	$14.06
Q4045	$9.55
Q4046	$15.35
Q4047	$4.76
Q4048	$7.70
Q4049	$1.75
Q4053	$539.72
Q4054	$4.31
Q4055	$14.18
Q4080	$34.24
Q4098	$12.30
Q4099	$4.31
R0070	$56.07
R0075	$56.07
S0012	$69.99

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
S0016	$8.89
S0017	$15.40
S0020	$5.93
S0021	$17.07
S0023	$6.32
S0028	$1.06
S0030	$2.70
S0032	$5.34
S0034	$26.18
S0039	$13.16
S0040	$14.88
S0071	$0.94
S0072	$14.81
S0073	$9.38
S0074	$5.99
S0077	$3.00
S0078	$93.73
S0081	$3.50
S0092	$87.46
S0164	$26.87
S0171	$0.94
S0181	$19.00
S0183	$0.33
S0209	$1.72
S0215	$1.72
S0302	$99.78
S0390	$15.88
S1040	$1,555.09
S2130	$2,095.30
S4989	$134.92
S4993	$16.01
S5010	$2.05
S5011	$2.12
S5497	$5.49
S8120	$12.20
S8186	$2.83
S8210	$3.69
S8452	$10.97
S8490	$31.73
S9326	$42.70
S9327	$54.89
S9330	$42.70
S9331	$54.89
S9338	$54.89

NORTH DAKOTA MEDICAID *BASIC* FEE SCHEDULE as of 07/01/2009

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

CODE	MEDICAID FEE
S9339	$42.70
S9364	$201.24
S9373	$54.89
S9434	$3,000.00
S9435	$3,000.00
S9497	$73.18
S9500	$54.89
S9501	$60.99
S9502	$60.99
S9503	$60.99
S9504	$73.18
S9981	$500.00
S9982	$20.00
T1001	$12.52
T1002	$13.08
T1003	$10.65
T1004	$8.20
T1015	$87.28
T1019	$3.92
T1020	$62.04
T1021	$13.90
T1025	$263.45
T1030	$22.45
T1031	$18.18
T2005	$65.87
V5008	$7.50
V5020	$24.39
V5298	$427.32