NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
51726	$258.44
51728	$303.43
51729	$311.09
51741	$10.53
51784	$167.51
51792	$226.86
51797	$104.81
59025	$27.28
62252	$59.83
70015	$139.75
70030	$30.63
70100	$37.81
70110	$40.20
70120	$39.72
70130	$61.74
70134	$44.03
70140	$29.67
70150	$44.03
70160	$36.85
70170	$40.68
70190	$37.81
70200	$44.03
70210	$33.02
70220	$39.25
70240	$30.15
70250	$36.85
70260	$44.51
70300	$13.40
70310	$44.99
70320	$62.22
70328	$33.50
70330	$53.12
70332	$65.57
70336	$415.90
70350	$17.23
70360	$28.72
70370	$96.20
70373	$85.19
70380	$44.03
70390	$120.61
70450	$178.04

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
70460	$232.60
70470	$225.90
70480	$308.70
70486	$247.91
70487	$303.91
70490	$230.21
70491	$288.60
70540	$491.04
70542	$545.60
70543	$659.99
70544	$574.80
70545	$564.27
70546	$869.14
70547	$575.28
70548	$613.09
70549	$871.05
70551	$514.50
70552	$565.23
70553	$644.20
70554	$555.65
71010	$21.06
71015	$29.67
71020	$28.72
71021	$35.42
71022	$47.38
71030	$45.47
71034	$92.85
71035	$39.72
71100	$31.59
71101	$38.77
71110	$40.20
71111	$55.04
71120	$32.07
71130	$38.77
71250	$230.69
71260	$290.03
71270	$360.86
71275	$446.06
71550	$573.36
71552	$796.87
71555	$539.86

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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CODE	MEDICAID FEE
72010	$82.80
72020	$23.45
72040	$35.42
72050	$47.86
72052	$64.61
72069	$39.72
72070	$33.50
72072	$38.77
72080	$36.85
72090	$54.56
72100	$35.90
72110	$48.82
72114	$69.40
72120	$44.99
72125	$234.04
72128	$232.60
72131	$231.64
72141	$435.53
72142	$569.53
72146	$436.48
72148	$436.00
72149	$555.65
72156	$629.84
72157	$572.88
72158	$626.01
72170	$29.19
72190	$47.38
72191	$449.41
72192	$174.69
72193	$312.05
72194	$355.60
72195	$507.79
72196	$557.57
72197	$671.48
72198	$546.56
72200	$31.11
72202	$37.33
72220	$30.15
72240	$123.00
72255	$113.91
72265	$124.91

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
72270	$191.92
72275	$118.21
72285	$83.76
72295	$86.63
73000	$30.63
73010	$33.50
73020	$23.93
73030	$31.11
73040	$115.82
73050	$43.55
73060	$30.15
73070	$30.63
73080	$36.85
73085	$108.16
73090	$29.19
73092	$35.90
73100	$33.98
73110	$43.07
73115	$123.00
73120	$28.72
73130	$35.42
73140	$39.72
73200	$229.73
73206	$401.07
73218	$505.88
73219	$552.78
73220	$671.95
73221	$302.95
73222	$512.10
73223	$625.05
73225	$563.31
73500	$26.80
73510	$41.64
73520	$40.68
73525	$112.95
73540	$50.25
73550	$28.72
73560	$32.07
73562	$41.16
73564	$47.38
73565	$38.77

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
73580	$149.80
73590	$28.24
73592	$29.67
73600	$30.63
73610	$36.85
73615	$113.43
73620	$29.67
73630	$34.46
73650	$30.63
73660	$35.42
73700	$230.69
73706	$449.88
73718	$502.05
73720	$677.70
73721	$302.95
73722	$520.24
73723	$624.57
73725	$549.43
74000	$22.49
74010	$40.20
74020	$40.20
74022	$48.82
74150	$172.30
74160	$311.09
74170	$362.78
74174	$647.07
74175	$450.36
74176	$208.67
74177	$368.52
74178	$439.35
74181	$439.35
74182	$625.53
74183	$674.35
74185	$546.08
74220	$100.51
74230	$95.24
74240	$117.26
74241	$125.87
74245	$195.27
74246	$138.79
74247	$159.85

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
74249	$215.85
74250	$124.91
74260	$465.68
74261	$600.16
74262	$672.43
74263	$948.11
74270	$180.91
74280	$251.27
74290	$79.45
74291	$85.19
74305	$33.50
74327	$151.24
74360	$134.97
74400	$129.70
74410	$128.26
74415	$166.55
74420	$112.47
74425	$56.00
74430	$37.33
74450	$62.22
74455	$100.03
74470	$53.60
74710	$26.32
74740	$86.15
75557	$357.51
75561	$514.02
75565	$73.23
75571	$122.52
75572	$324.49
75573	$432.65
75574	$491.04
75605	$144.06
75635	$478.60
75658	$175.17
75710	$181.39
75741	$143.58
75743	$158.42
75746	$164.64
75791	$367.56
75801	$231.64
75803	$231.64
75805	$261.32
75807	$263.71

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
75809	$116.78
75810	$538.90
75820	$133.53
75822	$153.63
75825	$136.88
75827	$142.14
75831	$145.02
75833	$168.95
75901	$218.24
75902	$81.84
75945	$194.79
75946	$99.07
75964	$114.39
76000	$62.70
76010	$26.32
76080	$50.25
76098	$15.79
76100	$102.42
76120	$82.32
76376	$71.31
76377	$62.70
76506	$136.88
76510	$121.09
76511	$71.79
76512	$59.35
76513	$89.98
76514	$8.14
76516	$70.83
76519	$78.97
76536	$137.36
76604	$89.02
76645	$103.86
76700	$146.45
76705	$115.34
76770	$139.75
76775	$116.78
76776	$168.95
76800	$111.04
76801	$113.91
76802	$37.33
76805	$144.06
76810	$71.31
76811	$134.97

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
76812	$180.43
76813	$92.85
76814	$44.51
76815	$85.67
76816	$111.04
76817	$94.76
76818	$104.33
76819	$75.62
76820	$22.97
76821	$87.58
76825	$198.14
76826	$131.14
76827	$45.95
76828	$24.89
76830	$59.83
76831	$131.14
76856	$132.09
76857	$110.56
76870	$134.97
76872	$56.95
76873	$136.88
76881	$131.62
76882	$16.27
76885	$163.68
76886	$110.08
76932	$65.57
76936	$267.54
76937	$30.63
76940	$70.83
76942	$247.44
76946	$19.62
76950	$31.11
76970	$116.30
76977	$6.22
77001	$144.54
77002	$74.18
77003	$92.37
77011	$234.51
77012	$103.86
77014	$116.30
77021	$447.49
77031	$73.23
77032	$35.90

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
77051	$10.05
77052	$10.05
77053	$60.30
77054	$82.80
77055	$78.01
77056	$101.94
77057	$67.00
77058	$776.77
77059	$770.07
77072	$20.58
77073	$34.94
77074	$69.88
77075	$115.34
77076	$104.81
77077	$34.94
77078	$171.34
77080	$56.95
77081	$24.89
77082	$28.24
77280	$206.28
77285	$377.62
77290	$639.41
77300	$50.73
77332	$75.14
77333	$13.40
77338	$404.42
77421	$78.01
77470	$67.48
77777	$291.47
77785	$253.18
77786	$556.13
77787	$1,000.75
78012	$103.86
78013	$269.93
78014	$307.26
78020	$81.36
78070	$378.57
78103	$264.67
78104	$306.30
78110	$120.13
78130	$189.05
78206	$428.35
78215	$249.35

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
78226	$495.83
78227	$678.65
78270	$110.08
78300	$218.72
78305	$287.16
78306	$305.83
78315	$436.00
78320	$259.40
78451	$414.47
78452	$597.77
78453	$372.83
78454	$542.73
78459	$2,424.09
78469	$266.10
78472	$269.93
78491	$2,424.09
78492	$2,424.09
78579	$212.50
78580	$294.82
78582	$382.40
78598	$369.96
78607	$429.78
78608	$2,424.09
78610	$235.47
78707	$270.41
78710	$254.62
78800	$229.25
78801	$299.60
78804	$753.32
78811	$2,424.09
78812	$2,424.09
78813	$2,424.09
78814	$2,424.09
78815	$2,424.09
78816	$2,424.09
83663	$22.63
87420	$14.21
88104	$41.61
88108	$80.55
88112	$60.49
88160	$35.89
88161	$51.13
88162	$80.40

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
88172	$27.28
88173	$86.47
88300	$4.28
88302	$69.94
88304	$14.27
88305	$21.40
88307	$302.95
88309	$39.94
88311	$4.28
88312	$4.28
88313	$43.87
88331	$47.76
88333	$23.69
88334	$14.23
88342	$50.55
88346	$94.76
88347	$12.07
88358	$19.38
88360	$52.10
88361	$105.90
88362	$112.12
88365	$169.42
88367	$279.02
88381	$143.58
91010	$168.47
91034	$212.50
91035	$621.70
91037	$169.42
91038	$612.13
91110	$1,092.17
91122	$197.18
92025	$26.32
92060	$39.72
92065	$53.12
92081	$25.84
92082	$39.25
92083	$54.08
92132	$23.45
92133	$23.93
92134	$24.41
92136	$87.58
92235	$93.33
92240	$284.77

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
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CODE	MEDICAID FEE
92250	$81.36
92270	$74.66
92275	$150.28
92283	$67.96
92285	$25.84
92286	$23.93
92540	$32.07
92541	$13.88
92542	$13.88
92543	$15.32
92544	$13.88
92545	$12.92
92546	$129.70
92548	$114.86
92585	$147.89
92587	$4.31
92588	$5.74
93279	$25.37
93280	$28.24
93281	$33.02
93282	$29.19
93283	$33.98
93284	$38.77
93285	$22.49
93286	$16.75
93287	$18.67
93288	$22.97
93289	$28.24
93290	$13.88
93291	$21.06
93292	$16.27
93293	$53.60
93303	$190.48
93304	$134.01
93306	$179.48
93307	$98.59
93308	$106.25
93320	$37.81
93321	$23.45
93325	$22.97
93350	$183.78
93351	$212.02
93451	$944.76

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
93452	$913.17
93453	$1,187.41
93454	$866.27
93455	$1,096.47
93456	$1,169.70
93457	$1,323.81
93458	$1,040.00
93459	$1,139.07
93460	$1,292.22
93461	$1,503.76
93464	$275.20
93640	$308.22
93641	$308.22
93880	$302.95
93922	$115.82
93923	$175.17
93924	$223.98
93925	$306.30
93926	$173.25
93930	$313.48
93931	$210.11
93965	$153.15
93970	$223.98
93971	$134.01
93975	$396.28
93976	$219.20
93978	$288.60
93979	$201.01
93990	$278.07
94010	$41.16
94060	$72.27
94070	$45.95
94375	$36.37
94620	$37.81
94680	$68.44
94726	$67.00
94727	$48.82
94728	$46.42
94729	$74.66
94772	$55.52
95782	$1,286.48
95783	$1,368.32
95803	$152.67

NORTH DAKOTA MEDICAID *TECHNICAL COMPONENT* FEE SCHEDULE
as of 07/01/2013

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

CODE	MEDICAID FEE
95805	$522.15
95810	$737.52
95811	$774.85
95812	$558.53
95813	$605.91
95816	$504.92
95819	$592.51
95822	$521.20
95860	$107.69
95861	$131.62
95865	$78.49
95869	$95.72
95872	$74.18
95873	$81.84
95874	$78.49
95885	$53.60
95886	$56.47
95887	$57.43
95907	$59.83
95908	$72.27
95909	$86.63
95910	$111.51
95911	$129.22
95913	$163.68
95921	$64.13
95922	$85.19
95923	$304.39
95928	$306.30
95929	$308.70
95933	$86.15
95938	$354.64
95939	$489.61
G0202	$146.45
G0204	$177.08
G0206	$138.79
G0365	$293.86
G0389	$116.78