

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
10121	Remove foreign body	2
10180	Complex drainage, wound	2
11010	Debride skin, fx	2
11011	Debride skin/muscle, fx	2
11012	Debride skin/muscle/bone, fx	2
11042	Debride skin/tissue	2
11043	Debride tissue/muscle	2
11044	Debride tissue/muscle/bone	2
11100	Biopsy, skin lesion - Requires documentation	1
11403	Exc tr-ext b9+marg 2.1-3 cm	1
11404	Removal of skin lesion	1
11406	Removal of skin lesion	2
11423	Exc h-f-nk-sp b9+marg 2.1-3	1
11424	Removal of skin lesion	2
11426	Removal of skin lesion	2
11443	Exc face-mm b9+marg 2.1-3 cm	1
11444	Removal of skin lesion	1
11446	Removal of skin lesion	2
11450	Removal, sweat gland lesion	2
11451	Removal, sweat gland lesion	2
11462	Removal, sweat gland lesion	2
11463	Removal, sweat gland lesion	2
11470	Removal, sweat gland lesion	2
11471	Removal, sweat gland lesion	2
11603	Exc tr-ext mlg+marg 2.1-3 cm	1
11604	Removal of skin lesion	2
11606	Removal of skin lesion	2
11622	Removal of skin lesion	1
11623	Removal of skin lesion	2
11624	Removal of skin lesion	2
11626	Removal of skin lesion	2
11642	Exc face-mm malig+marg 1.1-2 - Requires documentation	1
11643	Removal of skin lesion	2
11644	Removal of skin lesion	2
11646	Removal of skin lesion	2
11750	Removal of nail bed (allow only w/ND Medicaid prior-authorization and/or documentation)	1
11770	Removal of pilonidal lesion	3
11771	Removal of pilonidal lesion	3
11772	Removal of pilonidal lesion	3
11960	Insert tissue expander(s)	2
11970	Replace tissue expander	3
11971	Remove tissue expander(s)	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
12005	Repair superficial wound(s)	2
12006	Repair superficial wound(s)	2
12007	Repair superficial wound(s)	2
12016	Repair superficial wound(s)	2
12017	Repair superficial wound(s)	2
12018	Repair superficial wound(s)	2
12020	Closure of split wound	1
12021	Closure of split wound	1
12034	Layer closure of wound(s)	2
12035	Layer closure of wound(s)	2
12036	Layer closure of wound(s)	2
12037	Layer closure of wound(s)	2
12044	Layer closure of wound(s)	2
12045	Layer closure of wound(s)	2
12046	Layer closure of wound(s)	2
12047	Layer closure of wound(s)	2
12054	Layer closure of wound(s)	2
12055	Layer closure of wound(s)	2
12056	Layer closure of wound(s)	2
12057	Layer closure of wound(s)	2
13100	Repair of wound or lesion	2
13101	Repair of wound or lesion	3
13120	Repair of wound or lesion	2
13121	Repair of wound or lesion	3
13122	Repair of wound or lesion add-on (cannot be billed as a stand alone surgical procedure)	3
13131	Repair of wound or lesion	2
13132	Repair of wound or lesion	3
13150	Repair of wound or lesion	3
13151	Repair of wound or lesion	3
13152	Repair of wound or lesion	3
13160	Late closure of wound	2
14000	Skin tissue rearrangement	2
14001	Skin tissue rearrangement	3
14020	Skin tissue rearrangement	3
14021	Skin tissue rearrangement	3
14040	Skin tissue rearrangement	2
14041	Skin tissue rearrangement	3
14060	Skin tissue rearrangement	3
14061	Skin tissue rearrangement	3
14301	Skin tissue rearrangement	3
14302	Skin tissue rearrangement add-on (cannot be billed as a stand alone surgical procedure)	3

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CPT Code	Short Descriptor	Payment Group Rate
14350	Skin tissue rearrangement	3
15040	Harvest cultured skin graft	2
15050	Skin pinch graft	2
15100	Skin split graft	2
15101	Skin split graft add-on (cannot be billed as a stand alone surgical procedure)	3
15110	Epidrm autograft trunk/arm/leg	2
15111	Epidrm autograft trunk/arm/leg, ea. add'l ... (cannot be billed as a stand alone surgical procedure)	1
15115	Epidrm autograft face/neck/hf/g	2
15116	Epidrm autograft face/neck/hf/g, ea. add'l ... (cannot be billed as a stand alone surgical procedure)	1
15120	Skin split graft	2
15121	Skin split graft add-on (cannot be billed as a stand alone surgical procedure)	3
15130	Demautograft, trnk/arm/leg	2
15131	Demautograft, trnk/arm/leg, ea. add'l (cannot be billed as a stand alone surgical procedure)	1
15135	Demautograft, face/neck/hf/g	2
15136	Demautograft, face/neck/hf/g, ea. add'l (cannot be billed as a stand alone surgical procedure)	1
15150	Cult epiderm grft trunk/arm/leg	2
15151	Cult epiderm grft trunk/arm/leg, ea. add'l (cannot be billed as a stand alone surgical procedure)	2
15152	Cult epiderm grft trunk/arm/leg, +% (cannot be billed as a stand alone surgical procedure)	2
15155	Cult epiderm grft f/n/hf/g	2
15156	Cult epiderm grft f/n/hf/g, ea. add'l (cannot be billed as a stand alone surgical procedure)	2
15157	Cult epiderm grft f/n/hf/g, +% (cannot be billed as a stand alone surgical procedure)	2
15200	Skin full graft	3
15201	Skin full graft add-on (cannot be billed as a stand alone surgical procedure)	2
15220	Skin full graft	2
15221	Skin full graft add-on (cannot be billed as a stand alone surgical procedure)	2
15240	Skin full graft	3
15241	Skin full graft add-on (cannot be billed as a stand alone surgical procedure)	3
15260	Skin full graft	2
15261	Skin full graft add-on (cannot be billed as a stand alone surgical procedure)	2
15300	Apply skin allograft, t/arm/lg - Deleted code effective 1-1-2012	2
15301	Apply skin allograft, t/arm/lg, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15320	Apply skin allograft, f/n/hf/g - Deleted code effective 1-1-2012	2
15321	Apply skin allograft, f/n/hf/g, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15330	Apply acell allograft, t/arm/lg - Deleted code effective 1-1-2012	2

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CPT Code	Short Descriptor	Payment Group Rate
15331	Apply acell allograft, t/arm/lg, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15335	Apply acell allograft, f/n/hf/g - Deleted code effective 1-1-2012	2
15336	Apply acell allograft, f/n/hf/g, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15350	Skin homograft	2
15351	Skin homograft add-on (cannot be billed as a stand alone surgical procedure)	2
15400	Skin heterograft - Deleted code effective 1-1-2012	2
15401	Skin heterograft add-on (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	2
15420	Apply skin xenograft, f/n/hf/g - Deleted code effective 1-1-2012	2
15421	Apply skin xenograft, f/n/hf/g, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15430	Apply acellular xenograft - Deleted code effective 1-1-2012	2
15431	Apply acellular xenograft, ea. add'l (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
15570	Form skin pedicle flap	3
15572	Form skin pedicle flap	3
15574	Form skin pedicle flap	3
15576	Form skin pedicle flap - Requires NDHCR Prior Authorization	3
15600	Skin graft	3
15610	Skin graft	3
15620	Skin graft	4
15630	Skin graft	3
15650	Transfer skin pedicle flap	5
15732	Muscle-skin graft, head/neck	3
15734	Muscle-skin graft, trunk	3
15736	Muscle-skin graft, arm	3
15738	Muscle-skin graft, leg	3
15740	Island pedicle flap graft	2
15750	Neurovascular pedicle graft	2
15756	Free myo/skin flap microvasc	2
15760	Composite skin graft	2
15770	Derma-fat-fascia graft	3
15775	Hair transplant punch grafts - Requires NDHCR Prior Authorization	3
15776	Hair transplant punch grafts - Requires NDHCR Prior Authorization	3
15820	Revision of lower eyelid - Requires NDHCR Prior Authorization	3
15821	Revision of lower eyelid - Requires NDHCR Prior Authorization	3
15822	Revision of upper eyelid - Requires NDHCR Prior Authorization	3
15823	Revision of upper eyelid - Requires NDHCR Prior Authorization	5
15824	Removal of forehead wrinkles - Requires NDHCR Prior Authorization	3
15825	Removal of neck wrinkles - Requires NDHCR Prior Authorization	3
15826	Removal of brow wrinkles - Requires NDHCR Prior Authorization	3
15828	Removal of face wrinkles - Requires NDHCR Prior Authorization	3

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CPT Code	Short Descriptor	Payment Group Rate
15829	Removal of skin wrinkles - Requires NDHCR Prior Authorization	5
15830	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15831	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15832	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15833	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15834	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15835	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15836	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15839	Excise excessive skin tissue - Requires NDHCR Prior Authorization	3
15840	Graft for face nerve palsy	4
15841	Graft for face nerve palsy	4
15845	Skin and muscle repair, face	4
15876	Suction assisted lipectomy - Requires NDHCR Prior Authorization	3
15877	Suction assisted lipectomy - Requires NDHCR Prior Authorization	3
15878	Suction assisted lipectomy - Requires NDHCR Prior Authorization	3
15879	Suction assisted lipectomy - Requires NDHCR Prior Authorization	3
15920	Removal of tail bone ulcer	3
15922	Removal of tail bone ulcer	4
15931	Remove sacrum pressure sore	3
15933	Remove sacrum pressure sore	3
15934	Remove sacrum pressure sore	3
15935	Remove sacrum pressure sore	4
15936	Remove sacrum pressure sore	4
15937	Remove sacrum pressure sore	4
15940	Remove hip pressure sore	3
15941	Remove hip pressure sore	3
15944	Remove hip pressure sore	3
15945	Remove hip pressure sore	4
15946	Remove hip pressure sore	4
15950	Remove thigh pressure sore	3
15951	Remove thigh pressure sore	4
15952	Remove thigh pressure sore	3
15953	Remove thigh pressure sore	4
15956	Remove thigh pressure sore	3
15958	Remove thigh pressure sore	4
16015	Treatment of burn(s)	2
16020	Treatment of burn(s)	2
16025	Dressing/debride. part. thick burn, medium	2
16030	Dressing/debride. part. thick burn, large	2
17004	Destroy lesions, 15 or more- Requires documentation	1
17106	Destruction of skin lesions- Requires documentation	1
17107	Destruction of skin lesions- Requires documentation	1
17108	Destruction of skin lesions- Requires documentation	1

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CPT Code	Short Descriptor	Payment Group Rate
19020	Incision of breast lesion	2
19100	Bx breast percut w/o image	1
19101	Biopsy of breast, open	2
19102	Bx breast percut w/image	2
19103	Bx breast percut w/device	2
19110	Nipple exploration	2
19112	Excise breast duct fistula	3
19120	Removal of breast lesion	3
19125	Excision, breast lesion	3
19126	Excision, addl breast lesion (cannot be billed as a stand alone surgical procedure)	3
19290	Place needle wire, breast	1
19291	Place needle wire, breast (cannot be billed as a stand alone surgical procedure)	1
19296	Place po breast cath for rad	9
19298	Place breast rad tube/caths	1
19300	Removal of breast tissue-Requires NDHCR Prior Authorization.	4
19301	Removal of breast tissue	3
19302	Remove breast tissue, nodes	7
19303	Removal of breast	4
19304	Removal of breast-Requires NDHCR Prior Authorization	4
19307	Mastectomy, modified radical	4
19316	Suspension of breast-Requires NDHCR Prior Authorization	4
19318	Reduction of large breast-Requires NDHCR Prior Authorization	4
19324	Enlarge breast-Requires NDHCR Prior Authorization	4
19325	Enlarge breast with implant-Requires NDHCR Prior Authorization	9
19328	Removal of breast implant-Requires NDHCR Prior Authorization	1
19330	Removal of implant material-Requires NDHCR Prior Authorization	1
19340	Immediate breast prosthesis-Requires NDHCR Prior Authorization	2
19342	Delayed breast prosthesis-Requires NDHCR Prior Authorization	3
19350	Breast reconstruction-Requires NDHCR Prior Authorization	4
19355	Correct inverted nipple(s)-Requires NDHCR Prior Authorization	4
19357	Breast reconstruction-Requires NDHCR Prior Authorization	5
19366	Breast reconstruction-Requires NDHCR Prior Authorization	5
19370	Surgery of breast capsule-Requires NDHCR Prior Authorization	4
19371	Removal of breast capsule-Requires NDHCR Prior Authorization	4
19380	Revise breast reconstruction-Requires NDHCR Prior Authorization	5
20005	Incision of deep abscess	2
20100	Explore wound, neck	1
20101	Explore wound, chest	1
20102	Explore wound, abdomen	1
20103	Explore wound, extremity	1
20200	Muscle biopsy	2
20205	Deep muscle biopsy	3
20206	Needle biopsy, muscle	1

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CPT Code	Short Descriptor	Payment Group Rate
20220	Bone biopsy, trocar/needle	1
20225	Bone biopsy, trocar/needle	2
20240	Bone biopsy, excisional	2
20245	Bone biopsy, excisional	3
20250	Open bone biopsy	3
20251	Open bone biopsy	3
20520	Removal of foreign body	1
20525	Removal of foreign body	3
20605	Drain/inject, joint/bursa - Requires documentation	1
20650	Insert and remove bone pin	3
20670	Removal of support implant	1
20680	Removal of support implant	3
20690	Apply bone fixation device	2
20692	Apply bone fixation device	3
20693	Adjust bone fixation device	3
20694	Remove bone fixation device	3
20900	Removal of bone for graft	3
20902	Removal of bone for graft	4
20910	Remove cartilage for graft	3
20912	Remove cartilage for graft	3
20920	Removal of fascia for graft	4
20922	Removal of fascia for graft	3
20924	Removal of tendon for graft	4
20926	Removal of tissue for graft	4
20975	Electrical bone stimulation	2
21010	Incision of jaw joint	2
21012	Excision, tumor, soft tissue - face or scalp, subcu; 2 cm or greater	1
21013	Excision, tumor, deep - face or scalp, subfascial; 2 cm or less	2
21014	Excision, tumor, deep - face or scalp, subcu; 2 cm or greater	2
21015	Resection of facial tumor	3
21025	Excision of bone, lower jaw	2
21026	Excision of facial bone(s)	2
21029	Contour of face bone lesion	2
21030	Excise max/zygoma b9 tumor	2
21031	Remove exostosis, mandible	2
21032	Remove exostosis, maxilla	2
21034	Removal of face bone lesion	3
21040	Removal of jaw bone lesion	2
21044	Removal of jaw bone lesion	2
21046	Excision, benign tumor, mandible	2
21047	Excision, benign tumor, mandible	2
21048	Remove maxilla cyst complex	8
21050	Removal of jaw joint	3

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CPT Code	Short Descriptor	Payment Group Rate
21060	Remove jaw joint cartilage	2
21070	Remove coronoid process	3
21076	Prepare face/oral prosthesis	3
21100	Maxillofacial fixation	2
21120	Reconstruction of chin	7
21121	Reconstruction of chin	7
21122	Reconstruction of chin	7
21123	Reconstruction of chin	7
21125	Augmentation, lower jaw bone	7
21127	Augmentation, lower jaw bone	9
21141	Reconstruction midface, LeFort I	9
21147	Reconstruction midface, LeFort I	9
21181	Contour cranial bone lesion	7
21196	Reconstruct lower jaw bone	7
21206	Reconstruct upper jaw bone	5
21208	Augmentation of facial bones	7
21209	Reduction of facial bones	5
21210	Face bone graft	7
21215	Lower jaw bone graft	7
21230	Rib cartilage graft	7
21235	Ear cartilage graft	7
21240	Reconstruction of jaw joint	4
21242	Reconstruction of jaw joint	5
21243	Reconstruction of jaw joint	5
21244	Reconstruction of lower jaw	7
21245	Reconstruction of jaw	7
21246	Reconstruction of jaw	7
21248	Reconstruction of jaw	7
21249	Reconstruction of jaw	7
21267	Revise eye sockets	7
21270	Augmentation, cheek bone	5
21275	Revision, orbitofacial bones	7
21280	Revision of eyelid	5
21282	Revision of eyelid	5
21295	Reconst lwr jaw w/o fixation	1
21296	Reconst lwr jaw w/fixation	1
21300	Treatment of skull fracture	2
21310	Treatment of nose fracture	2
21315	Treatment of nose fracture	2
21320	Treatment of nose fracture	2
21325	Treatment of nose fracture	4
21330	Treatment of nose fracture	5
21335	Treatment of nose fracture	7

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CPT Code	Short Descriptor	Payment Group Rate
21336	Treat nasal septal fracture	4
21337	Treat nasal septal fracture	2
21338	Treat nasoethmoid fracture	4
21339	Treat nasoethmoid fracture	5
21340	Treatment of nose fracture	4
21345	Treat nose/jaw fracture	7
21355	Treat cheek bone fracture	3
21356	Treat cheek bone fracture	3
21360	Treat cheek bone fracture	4
21365	Treat eye socket fracture	7
21385	Treat eye socket fracture	7
21386	Treat eye socket fracture	2
21390	Treat eye socket fracture	7
21400	Treat eye socket fracture	2
21401	Treat eye socket fracture	3
21407	Treat eye socket fracture	7
21421	Treat mouth roof fracture	4
21422	Treat mouth roof fracture	5
21440	Treat dental ridge fracture	3
21445	Treat dental ridge fracture	4
21450	Treat lower jaw fracture	3
21451	Treat lower jaw fracture	4
21452	Treat lower jaw fracture	2
21453	Treat lower jaw fracture	3
21454	Treat lower jaw fracture	5
21461	Treat lower jaw fracture	4
21462	Treat lower jaw fracture	5
21465	Treat lower jaw fracture	4
21470	Treat lower jaw fracture	4
21480	Reset dislocated jaw	1
21485	Reset dislocated jaw	2
21490	Repair dislocated jaw	3
21493	Treat hyoid bone fracture	3
21494	Treat hyoid bone fracture	4
21497	Interdental wiring	2
21499	Head surgery procedure - Requires Documentation	1
21501	Drain neck/chest lesion	2
21502	Drain chest lesion	2
21550	Biopsy of neck/chest	1
21552	Exc. Tumor neck/anterior thorax; 3 cm or greater	2
21554	Exc. Tumor neck, deep; 5+ cm	2
21555	Remove lesion, neck/chest	2
21556	Remove lesion, neck/chest	2

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CPT Code	Short Descriptor	Payment Group Rate
21557	Remove tumor, neck/chest	2
21600	Partial removal of rib	2
21610	Partial removal of rib	2
21700	Revision of neck muscle	2
21720	Revision of neck muscle	3
21725	Revision of neck muscle	3
21800	Treatment of rib fracture	1
21805	Treatment of rib fracture	2
21820	Treat sternum fracture	1
21920	Biopsy soft tissue of back	1
21925	Biopsy soft tissue of back	2
21930	Remove lesion, back or flank	2
21931	Excision Back Lesion, subcu. > 3 CM	2
21932	Excision Back Tumor Deep < 5 CM	2
21933	Excision Back Tumor Deep > 5 CM	2
21935	Remove tumor, back	3
22305	Treat spine process fracture	1
22310	Treat spine fracture	1
22315	Treat spine fracture	2
22505	Manipulation of spine	2
22520	Percut vertebroplasty thor	4
22521	Percut vertebroplasty lumb	4
22522	Percut vertebroplasty (add-on code) Must be billed with 22520 or 22521	4
22523	Percut vertebral augmentation	4
22524	Percut vertebral augmentation	4
22525	Percut vertebroplasty (add-on code) Must be billed with 22523 or 22524	4
22900	Remove abdominal wall lesion	4
22902	Excision, Tumor, Abdominal Wall, Subcu.; < 3 cm	2
22903	Excision, Tumor, Abdominal Wall, Subcu.; > 3 cm	2
22999	Abdomen surgery procedure - Requires Documentation	
23000	Removal of calcium deposits	2
23020	Release shoulder joint	2
23030	Drain shoulder lesion	1
23031	Drain shoulder bursa	3
23035	Drain shoulder bone lesion	3
23040	Exploratory shoulder surgery	3
23044	Exploratory shoulder surgery	4
23065	Biopsy shoulder tissues	2
23066	Biopsy shoulder tissues	2
23071	Excision, tumor, soft tissue shoulder, subcu; 3 cm or greater	2
23075	Removal of shoulder lesion	2
23076	Removal of shoulder lesion	2
23077	Remove tumor of shoulder	3

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23100	Biopsy of shoulder joint	2
23101	Shoulder joint surgery	7
23105	Remove shoulder joint lining	4
23106	Incision of collarbone joint	4
23107	Explore treat shoulder joint	4
23120	Partial removal, collar bone	5
23125	Removal of collar bone	5
23130	Remove shoulder bone, part	5
23140	Removal of bone lesion	4
23145	Removal of bone lesion	5
23146	Removal of bone lesion	5
23150	Removal of humerus lesion	4
23155	Removal of humerus lesion	5
23156	Removal of humerus lesion	5
23170	Remove collar bone lesion	2
23172	Remove shoulder blade lesion	2
23174	Remove humerus lesion	2
23180	Remove collar bone lesion	4
23182	Remove shoulder blade lesion	4
23184	Remove humerus lesion	4
23190	Partial removal of scapula	4
23195	Removal of head of humerus	5
23210	Radical resection of tumor; scapula	5
23330	Remove shoulder foreign body	1
23331	Remove shoulder foreign body	1
23395	Muscle transfer,shoulder/arm	5
23397	Muscle transfers	7
23400	Fixation of shoulder blade	7
23405	Incision of tendon & muscle	2
23406	Incise tendon(s) & muscle(s)	2
23410	Repair of tendon(s)	5
23412	Repair of tendon(s)	7
23415	Release of shoulder ligament	5
23420	Repair of shoulder	7
23430	Repair biceps tendon	4
23440	Remove/transplant tendon	4
23450	Repair shoulder capsule	5
23455	Repair shoulder capsule	7
23460	Repair shoulder capsule	5
23462	Repair shoulder capsule	7
23465	Repair shoulder capsule	5
23466	Repair shoulder capsule	7
23480	Revision of collar bone	4

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23485	Revision of collar bone	7
23490	Reinforce clavicle	3
23491	Reinforce shoulder bones	3
23500	Treat clavicle fracture	1
23505	Treat clavicle fracture	1
23515	Treat clavicle fracture	3
23520	Treat clavicle dislocation	1
23525	Treat clavicle dislocation	1
23530	Treat clavicle dislocation	3
23532	Treat clavicle dislocation	4
23540	Treat clavicle dislocation	1
23545	Treat clavicle dislocation	1
23550	Treat clavicle dislocation	3
23552	Treat clavicle dislocation	4
23570	Treat shoulder blade fx	1
23575	Treat shoulder blade fx	1
23585	Treat scapula fracture	3
23600	Treat humerus fracture	1
23605	Treat humerus fracture	2
23615	Treat humerus fracture	4
23616	Treat humerus fracture	4
23620	Treat humerus fracture	1
23625	Treat humerus fracture	2
23630	Treat humerus fracture	5
23650	Treat shoulder dislocation	1
23655	Treat shoulder dislocation	1
23660	Treat shoulder dislocation	3
23665	Treat dislocation/fracture	2
23670	Treat dislocation/fracture	3
23675	Treat dislocation/fracture	2
23680	Treat dislocation/fracture	3
23700	Fixation of shoulder	1
23800	Fusion of shoulder joint	4
23802	Fusion of shoulder joint	7
23921	Amputation follow-up surgery	3
23930	Drainage of arm lesion	1
23931	Drainage of arm bursa	2
23935	Drain arm/elbow bone lesion	2
24000	Exploratory elbow surgery	4
24006	Release elbow joint	4
24066	Biopsy arm/elbow soft tissue	2
24071	Excision, tumor, arm/elbow; subcu.; 3 cm or greater	2
24073	Excision, tumor, upper arm/elbow; subfascial.; 5 cm or greater	2

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24075	Remove arm/elbow lesion	2
24076	Remove arm/elbow lesion	2
24077	Remove tumor of arm/elbow	3
24079	Radical resection of tumor; upper arm/elbow; 5 cm or greater	3
24100	Biopsy elbow joint lining	1
24101	Explore/treat elbow joint	4
24102	Remove elbow joint lining	4
24105	Removal of elbow bursa	3
24110	Remove humerus lesion	2
24115	Remove/graft bone lesion	3
24116	Remove/graft bone lesion	3
24120	Remove elbow lesion	3
24125	Remove/graft bone lesion	3
24126	Remove/graft bone lesion	3
24130	Removal of head of radius	3
24134	Removal of arm bone lesion	2
24136	Remove radius bone lesion	2
24138	Remove elbow bone lesion	2
24140	Partial removal of arm bone	3
24145	Partial removal of radius	3
24147	Partial removal of elbow	2
24149	Radical resection of elbow	2
24155	Removal of elbow joint	3
24160	Remove elbow joint implant	2
24164	Remove radius head implant	3
24201	Removal of arm foreign body	2
24300	Manipulate elbow w/anesth	2
24301	Muscle/tendon transfer	4
24305	Arm tendon lengthening	4
24310	Revision of arm tendon	3
24320	Repair of arm tendon	3
24330	Revision of arm muscles	3
24331	Revision of arm muscles	3
24340	Repair of biceps tendon	3
24341	Repair arm tendon/muscle	3
24342	Repair of ruptured tendon	3
24345	Repr elbw med ligmnt w/tissu	2
24350	Repair of tennis elbow	3
24351	Repair of tennis elbow	3
24352	Repair of tennis elbow	3
24354	Repair of tennis elbow	3
24356	Revision of tennis elbow	3
24359	Repair of tennis elbow	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
24360	Reconstruct elbow joint	5
24361	Reconstruct elbow joint	5
24362	Reconstruct elbow joint	5
24363	Replace elbow joint	7
24365	Reconstruct head of radius	5
24366	Reconstruct head of radius	5
24400	Revision of humerus	4
24410	Revision of humerus	4
24420	Revision of humerus	3
24430	Repair of humerus	3
24435	Repair humerus with graft	4
24470	Revision of elbow joint	3
24495	Decompression of forearm	2
24498	Reinforce humerus	3
24500	Treat humerus fracture	1
24505	Treat humerus fracture	1
24515	Treat humerus fracture	4
24516	Treat humerus fracture	4
24530	Treat humerus fracture	1
24535	Treat humerus fracture	1
24538	Treat humerus fracture	2
24545	Treat humerus fracture	4
24546	Treat humerus fracture	5
24560	Treat humerus fracture	1
24565	Treat humerus fracture	2
24566	Treat humerus fracture	2
24575	Treat humerus fracture	3
24576	Treat humerus fracture	1
24577	Treat humerus fracture	1
24579	Treat humerus fracture	3
24582	Treat humerus fracture	2
24586	Treat elbow fracture	4
24587	Treat elbow fracture	5
24600	Treat elbow dislocation	1
24605	Treat elbow dislocation	2
24615	Treat elbow dislocation	3
24620	Treat elbow fracture	2
24635	Treat elbow fracture	3
24640	Treat elbow dislocation	1
24655	Treat radius fracture	1
24665	Treat radius fracture	4
24666	Treat radius fracture	4
24670	Treat ulnar fracture	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
24675	Treat ulnar fracture	1
24685	Treat ulnar fracture	3
24800	Fusion of elbow joint	4
24802	Fusion/graft of elbow joint	5
24925	Amputation follow-up surgery	3
25000	Incision of tendon sheath	3
25001	Incise flexor carpi radialis	3
25020	Decompress forearm 1 space	3
25023	Decompress forearm 1 space	3
25024	Decompress forearm 2 spaces	3
25025	Decompress forearm 2 spaces	3
25028	Drainage of forearm lesion	1
25031	Drainage of forearm bursa	2
25035	Treat forearm bone lesion	2
25040	Explore/treat wrist joint	5
25066	Biopsy forearm soft tissues	2
25075	Remove forearm lesion subcut	2
25076	Remove forearm lesion deep	3
25077	Remove tumor, forearm/wrist	3
25085	Incision of wrist capsule	3
25100	Biopsy of wrist joint	2
25101	Explore/treat wrist joint	3
25105	Remove wrist joint lining	4
25107	Remove wrist joint cartilage	3
25110	Remove wrist tendon lesion	3
25111	Remove wrist tendon lesion	3
25112	Reremove wrist tendon lesion	4
25115	Remove wrist/forearm lesion	4
25116	Remove wrist/forearm lesion	4
25118	Excise wrist tendon sheath	2
25119	Partial removal of ulna	3
25120	Removal of forearm lesion	3
25125	Remove/graft forearm lesion	3
25126	Remove/graft forearm lesion	3
25130	Removal of wrist lesion	3
25135	Remove & graft wrist lesion	3
25136	Remove & graft wrist lesion	3
25145	Remove forearm bone lesion	2
25150	Partial removal of ulna	2
25151	Partial removal of radius	2
25210	Removal of wrist bone	3
25215	Removal of wrist bones	4
25230	Partial removal of radius	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
25240	Partial removal of ulna	4
25248	Remove forearm foreign body	2
25250	Removal of wrist prosthesis	1
25251	Removal of wrist prosthesis	1
25260	Repair forearm tendon/muscle	4
25263	Repair forearm tendon/muscle	2
25265	Repair forearm tendon/muscle	3
25270	Repair forearm tendon/muscle	4
25272	Repair forearm tendon/muscle	3
25274	Repair forearm tendon/muscle	4
25275	Repair forearm tendon sheath	4
25280	Revise wrist/forearm tendon	4
25290	Incise wrist/forearm tendon	3
25295	Release wrist/forearm tendon	3
25300	Fusion of tendons at wrist	3
25301	Fusion of tendons at wrist	3
25310	Transplant forearm tendon	3
25312	Transplant forearm tendon	4
25315	Revise palsy hand tendon(s)	3
25316	Revise palsy hand tendon(s)	3
25320	Repair/revise wrist joint	3
25332	Revise wrist joint	5
25335	Realignment of hand	3
25337	Reconstruct ulna/radioulnar	5
25350	Revision of radius	3
25355	Revision of radius	3
25360	Revision of ulna	3
25365	Revise radius & ulna	3
25370	Revise radius or ulna	3
25375	Revise radius & ulna	4
25390	Shorten radius or ulna	3
25391	Lengthen radius or ulna	4
25392	Shorten radius & ulna	3
25393	Lengthen radius & ulna	4
25400	Repair radius or ulna	3
25405	Repair/graft radius or ulna	4
25415	Repair radius & ulna	3
25420	Repair/graft radius & ulna	4
25425	Repair/graft radius or ulna	3
25426	Repair/graft radius & ulna	4
25430	Vasc graft into carpal bone	4
25431	Repair nonunion carpal bone	3
25440	Repair/graft wrist bone	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
25441	Reconstruct wrist joint	5
25442	Reconstruct wrist joint	5
25443	Reconstruct wrist joint	5
25444	Reconstruct wrist joint	5
25445	Reconstruct wrist joint	5
25446	Wrist replacement	7
25447	Repair wrist joint(s)	5
25449	Remove wrist joint implant	5
25450	Revision of wrist joint	3
25455	Revision of wrist joint	3
25490	Reinforce radius	3
25491	Reinforce ulna	3
25492	Reinforce radius and ulna	3
25505	Treat fracture of radius	1
25515	Treat fracture of radius	3
25520	Treat fracture of radius	1
25525	Treat fracture of radius	4
25526	Treat fracture of radius	5
25535	Treat fracture of ulna	1
25545	Treat fracture of ulna	3
25565	Treat fracture radius & ulna	2
25574	Treat fracture radius & ulna	3
25575	Treat fracture radius/ulna	3
25605	Treat fracture radius/ulna	3
25606	Treat fracture radius/ulna	3
25607	Treat fracture radius/ulna	5
25608	Treat fracture radius/ulna	5
25609	Treat fracture radius/ulna	5
25624	Treat wrist bone fracture	2
25628	Treat wrist bone fracture	3
25635	Treat wrist bone fracture	1
25645	Treat wrist bone fracture	3
25651	Pin ulnar styloid fracture	3
25652	Treat fracture ulnar styloid	3
25660	Treat wrist dislocation	1
25670	Treat wrist dislocation	3
25671	Pin radioulnar dislocation	1
25675	Treat wrist dislocation	1
25676	Treat wrist dislocation	2
25680	Treat wrist fracture	2
25685	Treat wrist fracture	3
25690	Treat wrist dislocation	1
25695	Treat wrist dislocation	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
25800	Fusion of wrist joint	4
25805	Fusion/graft of wrist joint	5
25810	Fusion/graft of wrist joint	5
25820	Fusion of hand bones	4
25825	Fuse hand bones with graft	5
25830	Fusion, radioulnar jnt/ulna	5
25907	Amputation follow-up surgery	3
25909	Amputation, forearm; re-amputation	3
25922	Amputate hand at wrist	3
25929	Amputation follow-up surgery	3
25931	Transmetacarpal amputation; re-amputation	4
26011	Drainage of finger abscess	1
26020	Drain hand tendon sheath	2
26025	Drainage of palm bursa	1
26030	Drainage of palm bursa(s)	2
26034	Treat hand bone lesion	2
26040	Release palm contracture	4
26045	Release palm contracture	3
26055	Incise finger tendon sheath	2
26060	Incision of finger tendon	2
26070	Explore/treat hand joint	2
26075	Explore/treat finger joint	4
26080	Explore/treat finger joint	4
26100	Biopsy hand joint lining	2
26105	Biopsy finger joint lining	1
26110	Biopsy finger joint lining	1
26111	Excision, hand/finger lesion; subcu., > 1.5 cm	1
26115	Remove hand lesion subcut	2
26116	Remove hand lesion, deep	2
26117	Remove tumor, hand/finger	3
26121	Release palm contracture	4
26123	Release palm contracture	4
26125	Release palm contracture (cannot be billed as a stand alone surgical procedure)	4
26130	Remove wrist joint lining	3
26135	Revise finger joint, each	4
26140	Revise finger joint, each	2
26145	Tendon excision, palm/finger	3
26160	Remove tendon sheath lesion	3
26170	Removal of palm tendon, each	3
26180	Removal of finger tendon	3
26185	Remove finger bone	4
26200	Remove hand bone lesion	2
26205	Remove/graft bone lesion	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
26210	Removal of finger lesion	2
26215	Remove/graft finger lesion	3
26230	Partial removal of hand bone	7
26235	Partial removal, finger bone	3
26236	Partial removal, finger bone	3
26250	Extensive hand surgery	3
26260	Extensive finger surgery	3
26262	Partial removal of finger	2
26320	Removal of implant from hand	2
26350	Repair finger/hand tendon	1
26352	Repair/graft hand tendon	4
26356	Repair finger/hand tendon	4
26357	Repair finger/hand tendon	4
26358	Repair/graft hand tendon	4
26370	Repair finger/hand tendon	4
26372	Repair/graft hand tendon	4
26373	Repair finger/hand tendon	3
26390	Revise hand/finger tendon	4
26392	Repair/graft hand tendon	3
26410	Repair hand tendon	3
26412	Repair/graft hand tendon	3
26415	Excision, hand/finger tendon	4
26416	Graft hand or finger tendon	3
26418	Repair finger tendon	4
26420	Repair/graft finger tendon	4
26426	Repair finger/hand tendon	3
26428	Repair/graft finger tendon	3
26432	Repair finger tendon	3
26433	Repair finger tendon	3
26434	Repair/graft finger tendon	3
26437	Realignment of tendons	3
26440	Release palm/finger tendon	3
26442	Release palm & finger tendon	3
26445	Release hand/finger tendon	3
26449	Release forearm/hand tendon	3
26450	Incision of palm tendon	3
26455	Incision of finger tendon	3
26460	Incise hand/finger tendon	3
26471	Fusion of finger tendons	2
26474	Fusion of finger tendons	2
26476	Tendon lengthening	1
26477	Tendon shortening	1
26478	Lengthening of hand tendon	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
26479	Shortening of hand tendon	1
26480	Transplant hand tendon	3
26483	Transplant/graft hand tendon	3
26485	Transplant palm tendon	2
26489	Transplant/graft palm tendon	3
26490	Revise thumb tendon	3
26492	Tendon transfer with graft	3
26494	Hand tendon/muscle transfer	3
26496	Revise thumb tendon	3
26497	Finger tendon transfer	3
26498	Finger tendon transfer	4
26499	Revision of finger	3
26500	Hand tendon reconstruction	4
26502	Hand tendon reconstruction	4
26504	Hand tendon reconstruction	4
26508	Release thumb contracture	3
26510	Thumb tendon transfer	3
26516	Fusion of knuckle joint	1
26517	Fusion of knuckle joints	3
26518	Fusion of knuckle joints	3
26520	Release knuckle contracture	3
26525	Release finger contracture	3
26530	Revise knuckle joint	3
26531	Revise knuckle with implant	7
26535	Revise finger joint	5
26536	Revise/implant finger joint	5
26540	Repair hand joint	4
26541	Repair hand joint with graft	7
26542	Repair hand joint with graft	4
26545	Reconstruct finger joint	4
26546	Repair nonunion hand	4
26548	Reconstruct finger joint	4
26550	Construct thumb replacement	2
26555	Positional change of finger	3
26560	Repair of web finger	2
26561	Repair of web finger	3
26562	Repair of web finger	4
26565	Correct metacarpal flaw	5
26567	Correct finger deformity	5
26568	Lengthen metacarpal/finger	3
26580	Repair hand deformity	5
26587	Reconstruct extra finger	5
26590	Repair finger deformity	5

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
26591	Repair muscles of hand	3
26593	Release muscles of hand	3
26596	Excision constricting tissue	2
26605	Treat metacarpal fracture	2
26607	Treat metacarpal fracture	2
26608	Treat metacarpal fracture	4
26615	Treat metacarpal fracture	4
26645	Treat thumb fracture	1
26650	Treat thumb fracture	2
26665	Treat thumb fracture	4
26675	Treat hand dislocation	2
26676	Pin hand dislocation	2
26685	Treat hand dislocation	3
26686	Treat hand dislocation	3
26705	Treat knuckle dislocation	2
26706	Pin knuckle dislocation	2
26715	Treat knuckle dislocation	4
26727	Treat finger fracture, each	7
26735	Treat finger fracture, each	4
26742	Treat finger fracture, each	2
26746	Treat finger fracture, each	5
26756	Pin finger fracture, each	2
26765	Treat finger fracture, each	4
26776	Pin finger dislocation	2
26785	Treat finger dislocation	2
26820	Thumb fusion with graft	5
26841	Fusion of thumb	4
26842	Thumb fusion with graft	4
26843	Fusion of hand joint	3
26844	Fusion/graft of hand joint	3
26850	Fusion of knuckle	4
26852	Fusion of knuckle with graft	4
26860	Fusion of finger joint	3
26861	Fusion of finger jnt, add-on (cannot be billed as a stand alone surgical procedure)	2
26862	Fusion/graft of finger joint	4
26863	Fuse/graft added joint (cannot be billed as a stand alone surgical procedure)	3
26910	Amputate metacarpal bone	3
26951	Amputation of finger/thumb	2
26952	Amputation of finger/thumb	4
26989	Hand/finger surgery; Requires Documentation	
26990	Drainage of pelvis lesion	1
26991	Drainage of pelvis bursa	1
27000	Incision of hip tendon	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27001	Incision of hip tendon	3
27003	Incision of hip tendon	3
27025	Fasciotomy, hip or thigh	3
27027	Decompression fasciotomy(ies)	3
27033	Exploration of hip joint	3
27035	Denervation of hip joint	4
27040	Biopsy of soft tissues	1
27041	Biopsy of soft tissues	2
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	3
27047	Remove hip/pelvis lesion	2
27048	Remove hip/pelvis lesion	3
27049	Remove tumor, hip/pelvis	3
27050	Biopsy of sacroiliac joint	3
27052	Biopsy of hip joint	3
27060	Removal of ischial bursa	5
27062	Remove femur lesion/bursa	5
27065	Removal of hip bone lesion	5
27066	Removal of hip bone lesion	5
27067	Remove/graft hip bone lesion	5
27080	Removal of tail bone	2
27086	Remove hip foreign body	1
27087	Remove hip foreign body	3
27096	Inj. sacroiliac joint, arthrography	1
27098	Transfer tendon to pelvis	3
27100	Transfer of abdominal muscle	4
27105	Transfer of spinal muscle	4
27110	Transfer of iliopsoas muscle	4
27111	Transfer of iliopsoas muscle	4
27193	Treat pelvic ring fracture	1
27194	Treat pelvic ring fracture	2
27202	Treat tail bone fracture	2
27230	Treat thigh fracture	1
27238	Treat thigh fracture	1
27246	Treat thigh fracture	1
27250	Treat hip dislocation	1
27252	Treat hip dislocation	2
27257	Treat hip dislocation	3
27265	Treat hip dislocation	1
27266	Treat hip dislocation	2
27275	Manipulation of hip joint	2
27299	Pelvis/hip joint surgery - Requires documentation	1
27301	Drain thigh/knee lesion	3
27303	Incision, deep, femur or knee	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27305	Incise thigh tendon & fascia	2
27306	Incision of thigh tendon	3
27307	Incision of thigh tendons	3
27310	Exploration of knee joint	4
27315	Partial removal, thigh nerve	2
27320	Partial removal, thigh nerve	2
27323	Biopsy, thigh soft tissues	1
27324	Biopsy, thigh soft tissues	1
27327	Removal of thigh lesion	2
27328	Removal of thigh lesion	3
27329	Remove tumor, thigh/knee	4
27330	Biopsy, knee joint lining	4
27331	Explore/treat knee joint	4
27332	Removal of knee cartilage	4
27333	Removal of knee cartilage	4
27334	Remove knee joint lining	4
27335	Remove knee joint lining	4
27337	Excision thigh/knee; subcu., > 3 CM	2
27340	Removal of kneecap bursa	3
27345	Removal of knee cyst	4
27347	Remove knee cyst	4
27350	Removal of kneecap	4
27355	Remove femur lesion	3
27356	Remove femur lesion/graft	4
27357	Remove femur lesion/graft	5
27358	Remove femur lesion/fixation (cannot be billed as a stand alone surgical procedure)	5
27360	Partial removal, leg bone(s)	5
27372	Removal of foreign body	7
27380	Repair of kneecap tendon	1
27381	Repair/graft kneecap tendon	3
27385	Repair of thigh muscle	3
27386	Repair/graft of thigh muscle	3
27390	Incision of thigh tendon	1
27391	Incision of thigh tendons	2
27392	Incision of thigh tendons	3
27393	Lengthening of thigh tendon	2
27394	Lengthening of thigh tendons	3
27395	Lengthening of thigh tendons	3
27396	Transplant of thigh tendon	3
27397	Transplants of thigh tendons	3
27400	Revise thigh muscles/tendons	3
27403	Repair of knee cartilage	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27405	Repair of knee ligament	4
27407	Repair of knee ligament	4
27409	Repair of knee ligaments	4
27418	Repair degenerated kneecap	3
27420	Revision of unstable kneecap	3
27422	Revision of unstable kneecap	7
27424	Revision/removal of kneecap	3
27425	Lateral retinacular release	7
27427	Reconstruction, knee	3
27428	Reconstruction, knee	4
27429	Reconstruction, knee	4
27430	Revision of thigh muscles	4
27435	Incision of knee joint	4
27437	Revise kneecap	4
27438	Revise kneecap with implant	5
27441	Revision of knee joint	5
27442	Revision of knee joint	5
27443	Revision of knee joint	5
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	5
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	5
27495	Prophylactic tx.(nailing, pinning ...) ... femur	8
27496	Decompression of thigh/knee	5
27497	Decompression of thigh/knee	3
27498	Decompression of thigh/knee	3
27499	Decompression of thigh/knee	3
27500	Treatment of thigh fracture	1
27501	Treatment of thigh fracture	2
27502	Treatment of thigh fracture	2
27503	Treatment of thigh fracture	3
27506	Treatment of thigh fracture	3
27507	Treatment of thigh fracture	1
27508	Treatment of thigh fracture	1
27509	Treatment of thigh fracture	3
27510	Treatment of thigh fracture	1
27516	Treat thigh fx growth plate	1
27517	Treat thigh fx growth plate	1
27520	Treat kneecap fracture	1
27524	Treat kneecap fracture	3
27530	Treat knee fracture	1
27532	Treat knee fracture	1
27538	Treat knee fracture(s)	1
27550	Treat knee dislocation	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27552	Treat knee dislocation	1
27560	Treat kneecap dislocation	1
27562	Treat kneecap dislocation	1
27566	Treat kneecap dislocation	2
27570	Fixation of knee joint	1
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	3
27596	Amputation, thigh, through femur, any level; re-amputation	3
27600	Decompression of lower leg	3
27601	Decompression of lower leg	3
27602	Decompression of lower leg	3
27603	Drain lower leg lesion	2
27604	Drain lower leg bursa	2
27605	Incision of achilles tendon	1
27606	Incision of achilles tendon	1
27607	Treat lower leg bone lesion	2
27610	Explore/treat ankle joint	2
27612	Exploration of ankle joint	3
27614	Biopsy lower leg soft tissue	2
27615	Remove tumor, lower leg	3
27618	Remove lower leg lesion	2
27619	Remove lower leg lesion	3
27620	Explore/treat ankle joint	4
27625	Remove ankle joint lining	4
27626	Remove ankle joint lining	4
27630	Removal of tendon lesion	3
27632	Excision, tumor, soft tissue leg or ankle, subcu; 3 cm or greater	2
27635	Remove lower leg bone lesion	3
27637	Remove/graft leg bone lesion	3
27638	Remove/graft leg bone lesion	3
27640	Partial removal of tibia	2
27641	Partial removal of fibula	2
27647	Extensive ankle/heel surgery	3
27650	Repair achilles tendon	3
27652	Repair/graft achilles tendon	3
27654	Repair of achilles tendon	3
27656	Repair leg fascia defect	2
27658	Repair of leg tendon, each	1
27659	Repair of leg tendon, each	2
27664	Repair of leg tendon, each	2
27665	Repair of leg tendon, each	2
27675	Repair lower leg tendons	2
27676	Repair lower leg tendons	3
27680	Release of lower leg tendon	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27681	Release of lower leg tendons	2
27685	Revision of lower leg tendon	3
27686	Revise lower leg tendons	3
27687	Revision of calf tendon	3
27690	Revise lower leg tendon	4
27691	Revise lower leg tendon	4
27692	Revise additional leg tendon (cannot be billed as a stand alone surgical procedure)	3
27695	Repair of ankle ligament	2
27696	Repair of ankle ligaments	2
27698	Repair of ankle ligament	2
27700	Revision of ankle joint	5
27704	Removal of ankle implant	2
27705	Incision of tibia	2
27707	Incision of fibula	2
27709	Incision of tibia & fibula	2
27720	Repair of tibia	2
27726	Repair of fibula nonunion	2
27730	Repair of tibia epiphysis	2
27732	Repair of fibula epiphysis	2
27734	Repair lower leg epiphyses	2
27740	Repair of leg epiphyses	2
27742	Repair of leg epiphyses	2
27745	Reinforce tibia	3
27750	Treatment of tibia fracture	1
27752	Treatment of tibia fracture	1
27756	Treatment of tibia fracture	3
27758	Treatment of tibia fracture	4
27759	Treatment of tibia fracture	4
27760	Treatment of ankle fracture	1
27762	Treatment of ankle fracture	1
27766	Treatment of ankle fracture	3
27780	Treatment of fibula fracture	1
27781	Treatment of fibula fracture	1
27784	Treatment of fibula fracture	3
27786	Treatment of ankle fracture	1
27788	Treatment of ankle fracture	1
27792	Treatment of ankle fracture	3
27808	Treatment of ankle fracture	1
27810	Treatment of ankle fracture	1
27814	Treatment of ankle fracture	3
27816	Treatment of ankle fracture	1
27818	Treatment of ankle fracture	1
27822	Treatment of ankle fracture	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
27823	Treatment of ankle fracture	3
27824	Treat lower leg fracture	1
27825	Treat lower leg fracture	2
27826	Treat lower leg fracture	3
27827	Treat lower leg fracture	3
27828	Treat lower leg fracture	4
27829	Treat lower leg joint	2
27830	Treat lower leg dislocation	1
27831	Treat lower leg dislocation	1
27832	Treat lower leg dislocation	2
27840	Treat ankle dislocation	1
27842	Treat ankle dislocation	1
27846	Treat ankle dislocation	3
27848	Treat ankle dislocation	3
27860	Fixation of ankle joint	1
27870	Fusion of ankle joint	4
27871	Fusion of tibiofibular joint	4
27884	Amputation follow-up surgery	3
27889	Amputation of foot at ankle	3
27892	Decompression of leg	3
27893	Decompression of leg	3
27894	Decompression of leg	3
28001	Incision & Drainage, bursa, foot	3
28002	Treatment of foot infection	3
28003	Treatment of foot infection	3
28005	Treat foot bone lesion	3
28008	Incision of foot fascia	3
28011	Incision of toe tendons	3
28020	Exploration of foot joint	2
28022	Exploration of foot joint	2
28024	Exploration of toe joint	2
28030	Removal of foot nerve	4
28035	Decompression of tibia nerve	4
28039	Exc foot/toe tum sc > 1.5 cm	2
28041	Exc foot/toe tum sc; 1.5 cm or greater	2
28043	Excision of foot lesion	2
28045	Excision of foot lesion	3
28046	Resection of tumor, foot	3
28047	Resection of tumor, foot	3
28050	Biopsy of foot joint lining	2
28052	Biopsy of foot joint lining	2
28054	Biopsy of toe joint lining	2
28060	Partial removal, foot fascia	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
28062	Removal of foot fascia	3
28070	Removal of foot joint lining	3
28072	Removal of foot joint lining	3
28080	Removal of foot lesion	3
28086	Excise foot tendon sheath	2
28088	Excise foot tendon sheath	2
28090	Removal of foot lesion	3
28092	Removal of toe lesions	3
28100	Removal of ankle/heel lesion	2
28102	Remove/graft foot lesion	3
28103	Remove/graft foot lesion	3
28104	Removal of foot lesion	2
28106	Remove/graft foot lesion	3
28107	Remove/graft foot lesion	3
28108	Removal of toe lesions	2
28110	Part removal of metatarsal	3
28111	Part removal of metatarsal	3
28112	Part removal of metatarsal	3
28113	Part removal of metatarsal	3
28114	Removal of metatarsal heads	3
28116	Revision of foot	3
28118	Removal of heel bone	4
28119	Removal of heel spur	4
28120	Part removal of ankle/heel	7
28122	Partial removal of foot bone	3
28124	Partial removal of toe	3
28126	Partial removal of toe	3
28130	Removal of ankle bone	3
28140	Removal of metatarsal	3
28150	Removal of toe	3
28153	Partial removal of toe	3
28160	Partial removal of toe	3
28171	Extensive foot surgery	3
28173	Extensive foot surgery	3
28175	Extensive foot surgery	3
28192	Removal of foot foreign body	2
28193	Removal of foot foreign body	4
28200	Repair of foot tendon	3
28202	Repair/graft of foot tendon	3
28208	Repair of foot tendon	3
28210	Repair/graft of foot tendon	3
28220	Release of foot tendon	1
28222	Release of foot tendons	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
28225	Release of foot tendon	1
28226	Release of foot tendons	1
28232	Incision of toe tendon	2
28234	Incision of foot tendon	2
28238	Revision of foot tendon	3
28240	Release of big toe	2
28250	Revision of foot fascia	3
28260	Release of midfoot joint	3
28261	Revision of foot tendon	3
28262	Revision of foot and ankle	4
28264	Release of midfoot joint	1
28270	Release of foot contracture	3
28272	Release of toe joint, each	2
28280	Fusion of toes	2
28285	Repair of hammertoe	3
28286	Repair of hammertoe	4
28288	Partial removal of foot bone	3
28289	Repair hallux rigidus	3
28290	Correction of bunion	2
28292	Correction of bunion	2
28293	Correction of bunion	3
28294	Correction of bunion	3
28296	Correction of bunion	3
28297	Correction of bunion	3
28298	Correction of bunion	3
28299	Correction of bunion	5
28300	Incision of heel bone	2
28302	Incision of ankle bone	2
28304	Incision of midfoot bones	2
28305	Incise/graft midfoot bones	3
28306	Incision of metatarsal	4
28307	Incision of metatarsal	4
28308	Incision of metatarsal	2
28309	Incision of metatarsals	4
28310	Revision of big toe	3
28312	Revision of toe	3
28313	Repair deformity of toe	2
28315	Removal of sesamoid bone	4
28320	Repair of foot bones	4
28322	Repair of metatarsals	4
28340	Resect enlarged toe tissue	4
28341	Resect enlarged toe	4
28344	Repair extra toe(s)	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
28345	Repair webbed toe(s)	4
28400	Treatment of heel fracture	1
28405	Treatment of heel fracture	2
28406	Treatment of heel fracture	2
28415	Treat heel fracture	3
28420	Treat/graft heel fracture	4
28435	Treatment of ankle fracture	2
28436	Treatment of ankle fracture	2
28445	Treat ankle fracture	3
28456	Treat midfoot fracture	2
28465	Treat midfoot fracture, each	3
28476	Treat metatarsal fracture	2
28485	Treat metatarsal fracture	4
28496	Treat big toe fracture	2
28505	Treat big toe fracture	3
28525	Treat toe fracture	3
28531	Treat sesamoid bone fracture	3
28545	Treat foot dislocation	1
28546	Treat foot dislocation	2
28555	Repair foot dislocation	2
28575	Treat foot dislocation	1
28576	Treat foot dislocation	3
28585	Repair foot dislocation	3
28605	Treat foot dislocation	1
28606	Treat foot dislocation	2
28615	Repair foot dislocation	3
28635	Treat toe dislocation	1
28636	Treat toe dislocation	3
28645	Repair toe dislocation	3
28665	Treat toe dislocation	1
28666	Treat toe dislocation	3
28675	Repair of toe dislocation	3
28705	Fusion of foot bones	4
28715	Fusion of foot bones	4
28725	Fusion of foot bones	4
28730	Fusion of foot bones	4
28735	Fusion of foot bones	4
28737	Revision of foot bones	5
28740	Fusion of foot bones	4
28750	Fusion of big toe joint	4
28755	Fusion of big toe joint	4
28760	Fusion of big toe joint	4
28805	Amputation, foot; transmetatarsal	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
28810	Amputation toe & metatarsal	2
28820	Amputation of toe	2
28825	Partial amputation of toe	2
29800	Jaw arthroscopy/surgery	3
29804	Jaw arthroscopy/surgery	3
29805	Shoulder arthroscopy, dx	3
29806	Shoulder arthroscopy/surgery	3
29807	Shoulder arthroscopy/surgery	3
29819	Shoulder arthroscopy/surgery	3
29820	Shoulder arthroscopy/surgery	3
29821	Shoulder arthroscopy/surgery	3
29822	Shoulder arthroscopy/surgery	3
29823	Shoulder arthroscopy/surgery	3
29824	Shoulder arthroscopy/surgery	5
29825	Shoulder arthroscopy/surgery	3
29826	Shoulder arthroscopy/surgery	3
29827	Arthroscopy rotator cuff repair	5
29828	Arthoscopy, shoulder; Biceps Tenodesis	3
29830	Elbow arthroscopy	3
29834	Elbow arthroscopy/surgery	3
29835	Elbow arthroscopy/surgery	3
29836	Elbow arthroscopy/surgery	3
29837	Elbow arthroscopy/surgery	3
29838	Elbow arthroscopy/surgery	3
29840	Wrist arthroscopy	3
29843	Wrist arthroscopy/surgery	3
29844	Wrist arthroscopy/surgery	3
29845	Wrist arthroscopy/surgery	3
29846	Wrist arthroscopy/surgery	3
29847	Wrist arthroscopy/surgery	3
29848	Wrist endoscopy/surgery	9
29850	Knee arthroscopy/surgery	4
29851	Knee arthroscopy/surgery	4
29855	Tibial arthroscopy/surgery	4
29856	Tibial arthroscopy/surgery	4
29860	Hip arthroscopy, dx	4
29861	Hip arthroscopy/surgery	4
29862	Hip arthroscopy/surgery	9
29863	Hip arthroscopy/surgery	4
29866	Autgrft implnt, knee w/scope	4
29870	Knee arthroscopy, dx	3
29871	Knee arthroscopy/drainage	3
29873	Knee arthroscopy/surgery	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
29874	Knee arthroscopy/surgery	3
29875	Knee arthroscopy/surgery	4
29876	Knee arthroscopy/surgery	4
29877	Knee arthroscopy/surgery	4
29879	Knee arthroscopy/surgery	3
29880	Knee arthroscopy/surgery	4
29881	Knee arthroscopy/surgery	4
29882	Knee arthroscopy/surgery	3
29883	Knee arthroscopy/surgery	3
29884	Knee arthroscopy/surgery	3
29885	Knee arthroscopy/surgery	3
29886	Knee arthroscopy/surgery	3
29887	Knee arthroscopy/surgery	3
29888	Knee arthroscopy/surgery	3
29889	Knee arthroscopy/surgery	3
29891	Ankle arthroscopy/surgery	3
29892	Ankle arthroscopy/surgery	3
29893	Scope, plantar fasciotomy	9
29894	Ankle arthroscopy/surgery	3
29895	Ankle arthroscopy/surgery	3
29897	Ankle arthroscopy/surgery	3
29898	Ankle arthroscopy/surgery	3
29899	Ankle arthroscopy/surgery	3
29900	Mcp joint arthroscopy, dx	3
29901	Mcp joint arthroscopy, surg	3
29902	Mcp joint arthroscopy, surg	3
29904	Ankle arthroscopy/surgery	3
29905	Ankle arthroscopy/surgery	3
29906	Ankle arthroscopy/surgery	3
29914	Arthroscopy hip; w/femorooplasty	7
29915	Arthroscopy Hip w/acetabuloplasty	7
29999	Unlisted, arthroscopy - Requires documentation	
30115	Removal of nose polyp(s)	2
30117	Removal of intranasal lesion	3
30118	Removal of intranasal lesion	3
30120	Revision of nose	1
30124	Removal of nose lesion	1
30125	Removal of nose lesion	2
30130	Removal of turbinate bones	3
30140	Removal of turbinate bones	2
30150	Partial removal of nose	3
30160	Removal of nose	4
30220	Insert nasal septal button	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
30310	Remove nasal foreign body	1
30320	Remove nasal foreign body	2
30400	Reconstruction of nose - Requires NDHCR Prior Authorization	4
30410	Reconstruction of nose - Requires NDHCR Prior Authorization	5
30420	Reconstruction of nose - Requires NDHCR Prior Authorization	5
30430	Revision of nose - Requires NDHCR Prior Authorization	3
30435	Revision of nose - Requires NDHCR Prior Authorization	5
30450	Revision of nose - Requires NDHCR Prior Authorization	7
30460	Revision of nose - Requires NDHCR Prior Authorization	7
30462	Revision of nose - Requires NDHCR Prior Authorization	9
30465	Repair nasal stenosis - Requires NDHCR Prior Authorization	9
30520	Repair of nasal septum - Requires NDHCR Prior Authorization	4
30540	Repair nasal defect - Requires NDHCR Prior Authorization	5
30545	Repair nasal defect - Requires NDHCR Prior Authorization	5
30560	Release of nasal adhesions - Requires NDHCR Prior Authorization	2
30580	Repair upper jaw fistula - Requires NDHCR Prior Authorization	4
30600	Repair mouth/nose fistula - Requires NDHCR Prior Authorization	4
30620	Intranasal reconstruction - Requires NDHCR Prior Authorization	7
30630	Repair nasal septum defect - Requires NDHCR Prior Authorization	7
30801	Cauterization, inner nose	1
30802	Cauterization, inner nose	1
30903	Control of nosebleed	1
30905	Control of nosebleed	1
30906	Repeat control of nosebleed	1
30915	Ligation, nasal sinus artery	2
30920	Ligation, upper jaw artery	3
30930	Therapy, fracture of nose	4
31020	Exploration, maxillary sinus	2
31030	Exploration, maxillary sinus	3
31032	Explore sinus,remove polyps	4
31050	Exploration, sphenoid sinus	2
31051	Sphenoid sinus surgery	4
31070	Exploration of frontal sinus	2
31075	Exploration of frontal sinus	4
31080	Removal of frontal sinus	4
31081	Removal of frontal sinus	4
31084	Removal of frontal sinus	4
31085	Removal of frontal sinus	4
31086	Removal of frontal sinus	4
31087	Removal of frontal sinus	4
31090	Exploration of sinuses	5
31200	Removal of ethmoid sinus	2
31201	Removal of ethmoid sinus	5

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
31205	Removal of ethmoid sinus	3
31233	Nasal/sinus endoscopy, dx	2
31235	Nasal/sinus endoscopy, dx	1
31237	Nasal/sinus endoscopy, surg	2
31238	Nasal/sinus endoscopy, surg	1
31239	Nasal/sinus endoscopy, surg	4
31240	Nasal/sinus endoscopy, surg	2
31254	Revision of ethmoid sinus	3
31255	Removal of ethmoid sinus	5
31256	Exploration maxillary sinus	3
31267	Endoscopy, maxillary sinus	3
31276	Sinus endoscopy, surgical	3
31287	Nasal/sinus endoscopy, surg	3
31288	Nasal/sinus endoscopy, surg	3
31295	Nasal/sinus endoscopy, balloon dilation	2
31296	Nasal/sinus endoscopy, balloon dilation	2
31297	Nasal/sinus endoscopy, balloon dilation	2
31300	Removal of larynx lesion	5
31320	Diagnostic incision, larynx	2
31400	Revision of larynx	2
31420	Removal of epiglottis	2
31510	Laryngoscopy with biopsy	2
31511	Remove foreign body, larynx	2
31512	Removal of larynx lesion	2
31513	Injection into vocal cord	2
31515	Laryngoscopy for aspiration	1
31525	Diagnostic laryngoscopy	1
31526	Diagnostic laryngoscopy	2
31527	Laryngoscopy for treatment	1
31528	Laryngoscopy and dilation	2
31529	Laryngoscopy and dilation	2
31530	Operative laryngoscopy	2
31531	Operative laryngoscopy	3
31535	Operative laryngoscopy	2
31536	Operative laryngoscopy	3
31540	Operative laryngoscopy	3
31541	Operative laryngoscopy	4
31545	Remove vc lesion w/scope	4
31546	Remove vc lesion scope/graft	4
31560	Operative laryngoscopy	5
31561	Operative laryngoscopy	5
31570	Laryngoscopy with injection	2
31571	Laryngoscopy with injection	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
31576	Laryngoscopy with biopsy	2
31577	Remove foreign body, larynx	2
31578	Removal of larynx lesion	2
31580	Revision of larynx	5
31582	Revision of larynx	5
31585	Treat larynx fracture	1
31586	Treat larynx fracture	2
31588	Revision of larynx	5
31590	Reinnervate larynx	5
31595	Larynx nerve surgery	2
31603	Incision of windpipe	1
31611	Surgery/speech prosthesis	3
31612	Puncture/clear windpipe	1
31613	Repair windpipe opening	2
31614	Repair windpipe opening	2
31615	Visualization of windpipe	1
31620	Endobronchial us add-on code; (cannot be billed alone or with zero dollar service)	2
31622	Dx bronchoscope/wash	1
31623	Dx bronchoscope/brush	2
31624	Dx bronchoscope/lavage	2
31625	Bronchoscopy with biopsy	2
31628	Bronchoscopy with biopsy	2
31629	Bronchoscopy with biopsy	2
31630	Bronchoscopy with repair	2
31631	Bronchoscopy with dilation	2
31635	Remove foreign body, airway	2
31636	Bronchoscopy, bronch stents	2
31637	Bronchoscopy, stent (cannot be billed alone or with zero dollar service)	1
31638	Bronchoscopy, revise stent	2
31640	Bronchoscopy & remove lesion	2
31641	Bronchoscopy, treat blockage	2
31643	Diag bronchoscope/catheter	2
31645	Bronchoscopy, clear airways	1
31646	Bronchoscopy, reclear airway	1
31656	Bronchoscopy, inj for xray	1
31700	Insertion of airway catheter	1
31717	Bronchial brush biopsy	1
31720	Clearance of airways	1
31730	Intro, windpipe wire/tube	1
31750	Repair of windpipe	5
31755	Repair of windpipe	2
31820	Closure of windpipe lesion	1
31825	Repair of windpipe defect	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
31830	Revise windpipe scar	2
31899	Airways surgical procedure - Requires documentation	1
32000	Drainage of chest	1
32400	Needle biopsy chest lining	1
32405	Biopsy, lung or mediastinum	1
32420	Puncture/clear lung	1
32422	Thoracentesis w/insertion tube	1
33010	Drainage of heart sac	2
33011	Repeat drainage of heart sac	2
33207	Insertion of heart pacemaker	9
33208	Insertion of heart pacemaker	9
33210	Insertion of heart electrode	3
33212	Insertion of pulse generator	3
33213	Insertion of pulse generator	3
33215	Reposition pacing-defib lead	2
33216	Insert lead pace-defib, one	9
33222	Revise pocket, pacemaker	2
33223	Revise pocket, pacing-defib	2
33224	Insert pacing lead & connect	8
33225	L ventric pacing lead add-on (cannot be billed as a stand alone surgical procedure)	3
33227	Removal & Replace Pacemaker Generator System, Single	1
33233	Removal of pacemaker system	2
33234	Removal of pacemaker system	2
33235	Removal pacemaker electrode	2
33240	Insert. Sngle/dual... cardiovert-defib pulse gen.	9
33241	Subq rem sngle/dual...cardiovert-defib pulse gen.	2
33249	Insert. Repositioning of electrical leads...cardiovert-defib pulse gen.	9
33282	Implant pat-active ht record	2
33284	Remove pat-active ht record	1
33967	Insertion of Intra-aortic balloon device, percutaneous	1
34490	Removal of vein clot	4
35011	Repair defect of artery	3
35188	Repair blood vessel lesion	4
35206	Repair blood vessel lesion	3
35207	Repair blood vessel lesion	4
35286	Repair blood vessel lesion	3
35456	Repair arterial blockage -deleted code effective 1-1-2011	7
35458	Repair arterial blockage	7
35460	Repair arterial blockage	7
35470	Repair arterial blockage -deleted code effective 1-1-2011	7
35471	Repair arterial blockage	7
35472	Repair arterial blockage	7
35473	Repair arterial blockage -deleted code effective 1-1-2011	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
35474	Repair arterial blockage -deleted code effective 1-1-2011	7
35475	Repair arterial blockage	7
35476	Repair venous blockage	7
35493	Atherectomy, percutaneous -deleted code effective 1-1-2011	7
35701	Exploration, carotid artery	1
35761	Exploration of artery/vein	6
35875	Removal of clot in graft	9
35876	Removal of clot in graft	9
35903	Excision, graft, extremity	6
36260	Insertion of infusion pump	3
36261	Revision of infusion pump	2
36262	Removal of infusion pump	1
36430	Blood transfusion service	1
36475	Endovenous rf, 1st vein	3
36476	Endovenous rf, vein add-on (cannot be billed as a stand alone surgical procedure)	3
36478	Endovenous laser, 1st vein	3
36479	Endovenous laser vein add-on (cannot be billed as a stand alone surgical procedure)	3
36555	Insert non-tunnel cv cath	1
36556	Insert non-tunnel cv cath	1
36557	Insert tunneled cv cath	2
36558	Insert tunneled cv cath	2
36560	Insert tunneled cv cath	3
36561	Insert tunneled cv cath	3
36563	Insert tunneled cv cath	3
36565	Insert tunneled cv cath	3
36566	Insert tunneled cv cath	3
36568	Insert peripherally cv cath	1
36569	Insert peripherally cv cath	1
36570	Insert peripherally cv cath	3
36571	Insert peripherally cv cath	3
36575	Repair tunneled/non-tunneled	2
36576	Repair cv access	2
36578	Replace cv access	2
36580	Replace complete non-tunnel	1
36581	Replace complete tunneled	2
36582	Replace complete tunneled	3
36583	Replace complete tunneled	3
36584	Replace complete peripherally	1
36585	Replace complete peripherally	3
36589	Remove tunneled cv cath	1
36590	Remove tunneled cv access	1
36595	Mech remov tunneled cv cath	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
36640	Insertion catheter, artery	1
36800	Insertion of cannula	3
36810	Insertion of cannula	3
36815	Insertion of cannula	3
36818	Av fusion/uppr arm vein	3
36819	Av fuse, uppr arm, basilic	3
36820	Av fusion/forearm vein	3
36821	Av fusion direct any site	3
36825	Artery-vein graft	4
36830	Artery-vein graft	4
36831	Open thrombect av fistula	9
36832	Av fistula revision, open	4
36833	Av fistula revision	4
36835	Artery to vein shunt	4
36838	Dist revas ligation, hemo	4
36860	External cannula declotting	2
36861	Cannula declotting	3
36870	Percut thrombect av fistula	9
37183	Revision Transvenous intrahepatic ... shunt (TIPS)	7
37200	Transcatheter biopsy	1
37203	Transcatheter retrieval	2
37204	Transcatheter occlusion	6
37205	Transcath iv stent, percut	7
37207	Transcath iv stent, open	7
37500	Endoscopy ligate perf veins	3
37607	Ligation of a-v fistula	3
37609	Temporal artery procedure	2
37615	Ligation of neck artery	7
37617	Ligation, major artery	7
37620	Revision of major vein	7
37650	Revision of major vein	2
37700	Revise leg vein	2
37718	Ligate/strip short leg vein	3
37720	Removal of leg vein	3
37722	Ligate/strip long leg vein	3
37730	Removal of leg veins	3
37735	Removal of leg veins/lesion	3
37760	Revision of leg veins	3
37765	Phleb veins - extrem - to 20	3
37766	Phleb veins - extrem 20+	3
37780	Revision of leg vein	3
37785	Revise secondary varicosity	3
37790	Penile venous occlusion	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
37799	Vascular surgery procedure - Requires documentation	1
38220	Bone marrow aspiration only	1
38221	Bone marrow biopsy, needle or trocar	1
38230	Bone marrow collection	2
38241	Bone marrow/stem transplant	3
38300	Drainage, lymph node lesion	1
38305	Drainage, lymph node lesion	2
38308	Incision of lymph channels	2
38500	Biopsy/removal, lymph nodes	2
38505	Needle biopsy, lymph nodes	1
38510	Biopsy/removal, lymph nodes	2
38520	Biopsy/removal, lymph nodes	2
38525	Biopsy/removal, lymph nodes	2
38530	Biopsy/removal, lymph nodes	2
38542	Explore deep node(s), neck	2
38550	Removal, neck/armpit lesion	3
38555	Removal, neck/armpit lesion	4
38570	Laparoscopy, lymph node biop	9
38571	Laparoscopy, lymphadenectomy	9
38572	Laparoscopy, lymphadenectomy	9
38700	Remove neck lymph nodes	2
38740	Remove armpit lymph nodes	2
38745	Remove armpit lymph nodes	4
38760	Remove groin lymph nodes	2
39400	Visualization of chest	3
39540	Repair diaphragmatic hernia, traumatic; acute	7
39541	Repair diaphragmatic hernia, traumatic; chronic	7
40500	Partial excision of lip	2
40510	Partial excision of lip	2
40520	Partial excision of lip	2
40525	Reconstruct lip with flap	2
40527	Reconstruct lip with flap	2
40530	Partial removal of lip	2
40650	Repair lip	3
40652	Repair lip	3
40654	Repair lip	3
40700	Repair cleft lip/nasal	7
40701	Repair cleft lip/nasal	7
40720	Repair cleft lip/nasal	7
40761	Repair cleft lip/nasal	3
40800	Drainage of mouth lesion	1
40801	Drainage of mouth lesion	2
40810	Excision of mouth lesion	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
40812	Excise/repair mouth lesion	2
40814	Excise/repair mouth lesion	2
40816	Excision of mouth lesion	2
40818	Excise oral mucosa for graft	1
40819	Excise lip or cheek fold	1
40831	Repair mouth laceration	1
40840	Reconstruction of mouth	2
40842	Reconstruction of mouth	3
40843	Reconstruction of mouth	3
40844	Reconstruction of mouth	5
40845	Reconstruction of mouth	5
41005	Drainage of mouth lesion	1
41006	Drainage of mouth lesion	1
41007	Drainage of mouth lesion	1
41008	Drainage of mouth lesion	1
41009	Drainage of mouth lesion	1
41010	Incision of tongue fold	1
41015	Drainage of mouth lesion	1
41016	Drainage of mouth lesion	1
41017	Drainage of mouth lesion	1
41018	Drainage of mouth lesion	1
41100	Biopsy of tongue	1
41105	Biopsy of tongue	1
41110	Excision of tongue lesion	2
41112	Excision of tongue lesion	2
41113	Excision of tongue lesion	2
41114	Excision of tongue lesion	2
41115	Excision of tongue fold	1
41116	Excision of mouth lesion	1
41120	Partial removal of tongue	5
41250	Repair tongue laceration	2
41251	Repair tongue laceration	2
41252	Repair tongue laceration	2
41500	Fixation of tongue	1
41510	Tongue to lip surgery	1
41520	Reconstruction, tongue fold	2
41800	Drainage of gum lesion	1
41820	Excision, gum, each quadrant	1
41825	Excision of gum lesion	1
41826	Excision of gum lesion	1
41827	Excision of gum lesion	2
41874	Repair tooth socket	1
41899	Dental surgery procedure	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
42000	Drainage mouth roof lesion	1
42100	Biopsy roof of mouth	1
42104	Excision lesion, mouth roof	2
42106	Excision lesion, mouth roof	2
42107	Excision lesion, mouth roof	2
42120	Remove palate/lesion	4
42140	Excision of uvula	2
42145	Repair palate, pharynx/uvula	5
42180	Repair palate	1
42182	Repair palate	2
42200	Reconstruct cleft palate	5
42205	Reconstruct cleft palate	5
42210	Reconstruct cleft palate	5
42215	Reconstruct cleft palate	7
42220	Reconstruct cleft palate	5
42226	Lengthening of palate	5
42235	Repair palate	5
42260	Repair nose to lip fistula	4
42280	Preparation, palate mold	2
42281	Insertion, palate prosthesis	2
42300	Drainage of salivary gland	1
42305	Drainage of salivary gland	2
42310	Drainage of salivary gland	1
42320	Drainage of salivary gland	1
42325	Create salivary cyst drain	2
42340	Removal of salivary stone	2
42405	Biopsy of salivary gland	2
42408	Excision of salivary cyst	3
42409	Drainage of salivary cyst	3
42410	Excise parotid gland/lesion	3
42415	Excise parotid gland/lesion	7
42420	Excise parotid gland/lesion	7
42425	Excise parotid gland/lesion	7
42440	Excise submaxillary gland	3
42450	Excise sublingual gland	2
42500	Repair salivary duct	3
42505	Repair salivary duct	4
42507	Parotid duct diversion	3
42508	Parotid duct diversion	4
42509	Parotid duct diversion	4
42510	Parotid duct diversion	4
42600	Closure of salivary fistula	1
42665	Ligation of salivary duct	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
42700	Drainage of tonsil abscess	1
42720	Drainage of throat abscess	1
42725	Drainage of throat abscess	2
42800	Biopsy of throat	1
42802	Biopsy of throat	1
42804	Biopsy of upper nose/throat	1
42806	Biopsy of upper nose/throat	2
42808	Excise pharynx lesion	2
42810	Excision of neck cyst	3
42815	Excision of neck cyst	5
42820	Remove tonsils and adenoids	3
42821	Remove tonsils and adenoids	5
42825	Removal of tonsils	4
42826	Removal of tonsils	4
42830	Removal of adenoids	4
42831	Removal of adenoids	4
42835	Removal of adenoids	4
42836	Removal of adenoids	4
42860	Excision of tonsil tags	3
42870	Excision of lingual tonsil	3
42890	Partial removal of pharynx	7
42892	Revision of pharyngeal walls	7
42900	Repair throat wound	1
42950	Reconstruction of throat	2
42955	Surgical opening of throat	2
42960	Control throat bleeding	1
42962	Control throat bleeding	2
42972	Control nose/throat bleeding	3
43200	Esophagus endoscopy	1
43201	Esoph scope w/submucous inj	1
43202	Esophagus endoscopy, biopsy	1
43204	Esophagus endoscopy & inject	1
43205	Esophagus endoscopy/ligation	1
43215	Esophagus endoscopy	1
43216	Esophagus endoscopy/lesion	1
43217	Esophagus endoscopy	1
43219	Esophagus endoscopy	1
43220	Esoph endoscopy, dilation	1
43226	Esoph endoscopy, dilation	1
43227	Esoph endoscopy, repair	2
43228	Esoph endoscopy, ablation	2
43231	Esoph endoscopy w/us exam	2
43232	Esoph endoscopy w/us fn bx	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
43234	Upper GI endoscopy, exam	1
43235	Uppr gi endoscopy, diagnosis	1
43236	Uppr gi scope w/submuc inj	2
43237	Endoscopic us exam, esoph	2
43238	Uppr gi endoscopy w/us fn bx	2
43239	Upper GI endoscopy, biopsy	2
43240	Esoph endoscope w/drain cyst	2
43241	Upper GI endoscopy with tube	2
43242	Uppr gi endoscopy w/us fn bx	2
43243	Upper gi endoscopy & inject	2
43244	Upper GI endoscopy/ligation	2
43245	Operative upper GI endoscopy	2
43246	Place gastrostomy tube	2
43247	Operative upper GI endoscopy	2
43248	Uppr gi endoscopy/guide wire	2
43249	Esoph endoscopy, dilation	2
43250	Upper GI endoscopy/tumor	2
43251	Operative upper GI endoscopy	2
43255	Operative upper GI endoscopy	2
43256	Uppr gi endoscopy w stent	3
43258	Operative upper GI endoscopy	3
43259	Endoscopic ultrasound exam	3
43260	Endo cholangiopancreatograph	2
43261	Endo cholangiopancreatograph	2
43262	Endo cholangiopancreatograph	2
43263	Endo cholangiopancreatograph	2
43264	Endo cholangiopancreatograph	2
43265	Endo cholangiopancreatograph	2
43267	Endo cholangiopancreatograph	2
43268	Endo cholangiopancreatograph	2
43269	Endo cholangiopancreatograph	2
43271	Endo cholangiopancreatograph	2
43272	Endo cholangiopancreatograph	2
43280	Laparoscopy, fundoplasty	9
43450	Dilate esophagus	1
43453	Dilate esophagus	1
43456	Dilate esophagus	2
43458	Dilate esophagus	2
43600	Biopsy of stomach -deleted code effective 1-1-2011	1
43653	Laparoscopy, gastrostomy	9
43750	Place gastrostomy tube	2
43761	Reposition gastrostomy tube	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
43770	Laparoscopic placement of adjustable gastric restrictive device - Requires NDHCR Prior Authorization	5
43830	Place gastrostomy tube	1
43870	Repair stomach opening	1
43880	Closure of gastrocolic fistula	9
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	2
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	4
44100	Biopsy of bowel	1
44143	Colectomy, partial; with end colostomy and closure of distal segment	4
44180	Laparoscopy, enterolysis	3
44201	Laparoscopy, jejunostomy	3
44300	Plcmt Enterostomy/Cecostomy tube, open	2
44312	Revision of ileostomy	1
44340	Revision of colostomy	3
44360	Small bowel endoscopy	2
44361	Small bowel endoscopy/biopsy	2
44363	Small bowel endoscopy	2
44364	Small bowel endoscopy	2
44365	Small bowel endoscopy	2
44366	Small bowel endoscopy	2
44369	Small bowel endoscopy	2
44370	Small bowel endoscopy/stent	9
44372	Small bowel endoscopy	2
44373	Small bowel endoscopy	2
44376	Small bowel endoscopy	2
44377	Small bowel endoscopy/biopsy	2
44378	Small bowel endoscopy	2
44379	S bowel endoscope w/stent	9
44380	Small bowel endoscopy	1
44382	Small bowel endoscopy	1
44383	Ileoscopy w/stent	9
44385	Endoscopy of bowel pouch	1
44386	Endoscopy, bowel pouch/biop	1
44388	Colon endoscopy	1
44389	Colonoscopy with biopsy	1
44390	Colonoscopy for foreign body	1
44391	Colonoscopy for bleeding	1
44392	Colonoscopy & polypectomy	1
44393	Colonoscopy, lesion removal	1
44394	Colonoscopy w/snare	1
44397	Colonoscopy w/stent	1
44799	Unlisted procedure intestine- Requires Documentation	1
44950	Appendectomy;	6

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
44960	Appendectomy; for ruptured appendix w/abscess	7
44970	Laparoscopy, surgical, appendectomy	5
45000	Drainage of pelvic abscess	1
45005	Drainage of rectal abscess	2
45020	Drainage of rectal abscess	2
45100	Biopsy of rectum	1
45108	Removal of anorectal lesion	2
45150	Excision of rectal stricture	2
45160	Excision of rectal lesion	2
45171	Excision of rectal tumor, transanal approach	2
45190	Destruction, rectal tumor	9
45305	Proctosigmoidoscopy w/bx	1
45307	Proctosigmoidoscopy fb	1
45308	Proctosigmoidoscopy removal	1
45309	Proctosigmoidoscopy removal	1
45315	Proctosigmoidoscopy removal	1
45317	Proctosigmoidoscopy bleed	1
45320	Proctosigmoidoscopy ablate	1
45321	Proctosigmoidoscopy volvul	1
45327	Proctosigmoidoscopy w/stent	1
45331	Sigmoidoscopy and biopsy	1
45332	Sigmoidoscopy w/fb removal	1
45333	Sigmoidoscopy & polypectomy	1
45334	Sigmoidoscopy for bleeding	1
45335	Sigmoidoscope w/submub inj	1
45337	Sigmoidoscopy & decompress	1
45338	Sigmoidoscopy w/tumr remove	1
45339	Sigmoidoscopy w/ablate tumr	1
45340	Sig w/balloon dilation	1
45341	Sigmoidoscopy w/ultrasound	1
45342	Sigmoidoscopy w/us guide bx	1
45345	Sigmoidoscopy w/stent	1
45355	Surgical colonoscopy	1
45378	Diagnostic colonoscopy	2
45379	Colonoscopy w/fb removal	2
45380	Colonoscopy and biopsy	2
45381	Colonoscope, submucous inj	2
45382	Colonoscopy/control bleeding	2
45383	Lesion removal colonoscopy	2
45384	Lesion remove colonoscopy	2
45385	Lesion removal colonoscopy	2
45386	Colonoscope dilate stricture	2
45387	Colonoscopy w/stent	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
45391	Colonoscopy w/endoscope us	2
45392	Colonoscopy w/endoscopic fnb	2
45500	Repair of rectum	2
45505	Repair of rectum	2
45560	Repair of rectocele	2
45900	Reduction of rectal prolapse	1
45905	Dilation of anal sphincter	1
45910	Dilation of rectal narrowing	1
45915	Remove rectal obstruction	1
45990	Surg dx exam, anorectal	2
46020	Placement of seton	3
46030	Removal of rectal marker	1
46040	Incision of rectal abscess	3
46045	Incision of rectal abscess	2
46050	Incision of anal abscess	1
46060	Incision of rectal abscess	2
46080	Incision of anal sphincter	3
46083	Incise external hemorrhoid	1
46200	Removal of anal fissure	2
46220	Removal of anal tags	1
46230	Removal of anal tags	1
46250	Hemorrhoidectomy	3
46255	Hemorrhoidectomy	3
46257	Remove hemorrhoids & fissure	3
46258	Remove hemorrhoids & fistula	3
46260	Hemorrhoidectomy	3
46261	Remove hemorrhoids & fissure	4
46262	Remove hemorrhoids & fistula	4
46270	Removal of anal fistula	3
46275	Removal of anal fistula	3
46280	Removal of anal fistula	4
46285	Removal of anal fistula	1
46288	Repair anal fistula	4
46320	Removal of hemorrhoid clot	1
46604	Anoscopy and dilation - Requires documentation	1
46606	Anoscopy and biopsy - Requires documentation	1
46608	Anoscopy/ remove for body	1
46610	Anoscopy/remove lesion	1
46611	Anoscopy	1
46612	Anoscopy/ remove lesions	1
46614	Anoscopy, control bleeding	1
46615	Anoscopy	2
46700	Repair of anal stricture	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
46705	Anoplasty, plastic operation for stricture; infant	1
46706	Repr of anal fistula w/glue	1
46750	Repair of anal sphincter	3
46753	Reconstruction of anus	3
46754	Removal of suture from anus	2
46760	Repair of anal sphincter	2
46761	Repair of anal sphincter	3
46762	Implant artificial sphincter	7
46910	Destruction, anal lesion(s)	1
46917	Laser surgery, anal lesions	1
46922	Excision of anal lesion(s)	1
46924	Destruction, anal lesion(s)	1
46945	Ligation of hemorrhoids	2
46946	Ligation of hemorrhoids	2
46947	Hemorrhoidopexy by stapling	3
47000	Needle biopsy of liver	1
47011	Percut drain, liver lesion	2
47379	Laparoscope procedure, liver Requires Documentation	
47510	Insert catheter, bile duct	2
47511	Insert bile duct drain	9
47525	Change bile duct catheter	1
47530	Revise/reinsert bile tube	1
47552	Biliary endoscopy thru skin	2
47553	Biliary endoscopy thru skin	3
47554	Biliary endoscopy thru skin	3
47555	Biliary endoscopy thru skin	3
47556	Biliary endoscopy thru skin	9
47560	Laparoscopy w/cholangio	3
47561	Laparo w/cholangio/biopsy	3
47562	Laparoscopic cholecystectomy	4
47563	Laparo cholecystectomy/graph	4
47630	Remove bile duct stone	3
48102	Needle biopsy, pancreas	1
49010	Exploratory, retroperitoneal area, w or w/o bx.	1
49021	Drain abdominal abscess	2
49081	Removal of abdominal fluid - Deleted code effective 1-1-2012	2
49085	Remove abdomen foreign body	2
49180	Biopsy, abdominal mass	1
49203	Excision of intra-abdominal lesion(s)/tumor(s)	3
49250	Excision of umbilicus	4
49320	Diag laparo separate proc	3
49321	Laparoscopy, biopsy	4
49322	Laparoscopy, aspiration	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
49323	Laparoscopy, surgical	4
49324	Laparo, w/insert intraperitoneal cath	4
49325	Laparo, w/revision intraperitoneal cath	4
49329	Laparoscopy, surgical,unlisted - Requires documentation	5
49419	Insrt abdom cath for chemotx	1
49420	Insert abdominal drain -deleted code effective 1-1-2011	1
49421	Insert abdominal drain	1
49422	Remove perm cannula/catheter	1
49423	Exchange drainage catheter	2
49426	Revise abdomen-venous shunt	2
49491	Rpr hern preemie reduc	5
49495	Rpr ing hernia baby, reduc	4
49496	Rpr ing hernia baby, blocked	4
49500	Rpr ing hernia, init, reduce	4
49501	Rpr ing hernia, init blocked	9
49505	Rpr i/hern init reduc>5 yr	4
49507	Rpr i/hern init block>5 yr	9
49520	Rerepair ing hernia, reduce	7
49521	Rerepair ing hernia, blocked	9
49525	Repair ing hernia, sliding	4
49540	Repair lumbar hernia	2
49550	Rpr fem hernia, init, reduce	5
49553	Rpr fem hernia, init blocked	9
49555	Rerepair fem hernia, reduce	5
49557	Rerepair fem hernia, blocked	9
49560	Rpr ventral hern init, reduc	4
49561	Rpr ventral hern init, block	9
49565	Rerepair ventrl hern, reduce	4
49566	Rerepair ventrl hern, block	9
49568	Hernia repair w/mesh (cannot be billed as a stand alone surgical procedure)	7
49570	Rpr epigastric hern, reduce	4
49572	Rpr epigastric hern, blocked	9
49580	Rpr umbil hern, reduc <5 yr	4
49582	Rpr umbil hern, block < 5 yr	9
49585	Rpr umbil hern, reduc > 5 yr	4
49587	Rpr umbil hern, block > 5 yr	9
49590	Repair spigelian hernia	3
49600	Repair umbilical lesion	4
49650	Laparo hernia repair initial	4
49651	Laparo hernia repair recur	7
49652	Laparo hernia repair reducible	7
49653	Laparo inc hernia repair	7
49654	Laparo inc hernia repair	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
49655	Laparo inc hernia repair	7
49656	Laparo hernia repair reducible	7
49657	Laparo inc hernia repair	7
49659	Laparo proc, hernia repair - Requires documentation	4
50080	Removal of kidney stone	7
50081	Removal of kidney stone	7
50200	Biopsy of kidney	1
50390	Drainage of kidney lesion	1
50392	Insert kidney drain	1
50393	Insert ureteral tube	1
50395	Create passage to kidney	1
50396	Measure kidney pressure	1
50398	Change kidney tube	1
50541	Laparo ablate renal cyst	4
50551	Kidney endoscopy	1
50553	Kidney endoscopy	1
50555	Kidney endoscopy & biopsy	1
50557	Kidney endoscopy & treatment	1
50561	Kidney endoscopy & treatment	1
50590	Lithotripsy	2
50688	Change of ureter tube	1
50947	Laparo new ureter/bladder	9
50948	Laparo new ureter/bladder	9
50951	Endoscopy of ureter	1
50953	Endoscopy of ureter	1
50955	Ureter endoscopy & biopsy	1
50957	Ureter endoscopy & treatment	1
50961	Ureter endoscopy & treatment	1
50970	Ureter endoscopy	1
50972	Ureter endoscopy & catheter	1
50974	Ureter endoscopy & biopsy	1
50976	Ureter endoscopy & treatment	1
50980	Ureter endoscopy & treatment	1
51010	Drainage of bladder	1
51020	Incise & treat bladder	4
51030	Incise & treat bladder	4
51040	Incise & drain bladder	4
51045	Incise bladder/drain ureter	4
51050	Removal of bladder stone	4
51065	Remove ureter calculus	4
51080	Drainage of bladder abscess	1
51102	Aspiration of bladder	1
51500	Removal of bladder cyst	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
51520	Removal of bladder lesion	4
51710	Change of bladder tube	1
51715	Endoscopic injection/implant	3
51726	Complex cystometrogram	1
51860	Repair of bladder wound, simple	1
51880	Repair of bladder opening	1
51992	Laparo sling operation	5
52000	Cystoscopy	1
52001	Cystoscopy, removal of clots	2
52005	Cystoscopy & ureter catheter	2
52007	Cystoscopy and biopsy	2
52010	Cystoscopy & duct catheter	2
52204	Cystoscopy	2
52214	Cystoscopy and treatment	2
52224	Cystoscopy and treatment	2
52234	Cystoscopy and treatment	2
52235	Cystoscopy and treatment	3
52240	Cystoscopy and treatment	3
52250	Cystoscopy and radiotracer	4
52260	Cystoscopy and treatment	2
52265	Cystoscopy and treatment	1
52270	Cystoscopy & revise urethra	2
52275	Cystoscopy & revise urethra	2
52276	Cystoscopy and treatment	3
52277	Cystoscopy and treatment	2
52281	Cystoscopy and treatment	2
52282	Cystoscopy, implant stent	9
52283	Cystoscopy and treatment	2
52285	Cystoscopy and treatment	2
52290	Cystoscopy and treatment	2
52300	Cystoscopy and treatment	2
52301	Cystoscopy and treatment	3
52305	Cystoscopy and treatment	2
52310	Cystoscopy and treatment	2
52315	Cystoscopy and treatment	2
52317	Remove bladder stone	1
52318	Remove bladder stone	2
52320	Cystoscopy and treatment	5
52325	Cystoscopy, stone removal	4
52327	Cystoscopy, inject material	2
52330	Cystoscopy and treatment	2
52332	Cystoscopy and treatment	2
52334	Create passage to kidney	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
52341	Cysto w/ureter stricture tx	3
52342	Cysto w/up stricture tx	3
52343	Cysto w/renal stricture tx	3
52344	Cysto/uretero, stone remove	3
52345	Cysto/uretero w/up stricture	3
52346	Cystouretero w/renal strict	3
52351	Cystouretro & or pyeloscope	3
52352	Cystouretro w/stone remove	4
52353	Cystouretero w/lithotripsy	4
52354	Cystouretero w/biopsy	4
52355	Cystouretero w/excise tumor	4
52400	Cystouretero w/congen repr	3
52402	Cystourethro cut ejacul duct	3
52450	Incision of prostate	3
52500	Revision of bladder neck	3
52510	Dilation prostatic urethra	3
52601	Prostatectomy (TURP)	4
52606	Control postop bleeding	1
52612	Prostatectomy, first stage	2
52614	Prostatectomy, second stage	1
52620	Remove residual prostate	1
52630	Remove prostate regrowth	2
52640	Relieve bladder contracture	2
52647	Laser surgery of prostate	9
52648	Laser surgery of prostate	9
52700	Drainage of prostate abscess	2
53000	Incision of urethra	1
53010	Incision of urethra	1
53020	Incision of urethra	1
53040	Drainage of urethra abscess	2
53080	Drainage of urinary leakage	3
53200	Biopsy of urethra	1
53210	Removal of urethra	5
53215	Removal of urethra	5
53220	Treatment of urethra lesion	2
53230	Removal of urethra lesion	2
53235	Removal of urethra lesion	3
53240	Surgery for urethra pouch	2
53250	Removal of urethra gland	2
53260	Treatment of urethra lesion	2
53265	Treatment of urethra lesion	2
53270	Removal of urethra gland	2
53275	Repair of urethra defect	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
53400	Revise urethra, stage 1	3
53405	Revise urethra, stage 2	2
53410	Reconstruction of urethra	2
53420	Reconstruct urethra, stage 1	3
53425	Reconstruct urethra, stage 2	2
53430	Reconstruction of urethra	2
53431	Reconstruct urethra/bladder	2
53440	Correct bladder function	2
53442	Remove perineal prosthesis	1
53444	Insert tandem cuff	2
53445	Insert uro/ves nck sphincter	1
53446	Remove uro sphincter	1
53447	Remove/replace ur sphincter	1
53449	Repair uro sphincter	1
53450	Revision of urethra	1
53460	Revision of urethra	1
53502	Repair of urethra injury	2
53505	Repair of urethra injury	2
53510	Repair of urethra injury	2
53515	Repair of urethra injury	2
53520	Repair of urethra defect	2
53605	Dilate urethra stricture	2
53665	Dilation of urethra	1
53850	Prostatic microwave thermotx	9
53899	Unlisted procedure, urinary system	
54000	Slitting of prepuce	2
54001	Slitting of prepuce	2
54015	Drain penis lesion	4
54055	Destruction, penis lesion(s)	1
54057	Laser surg, penis lesion(s)	1
54060	Excision of penis lesion(s)	1
54065	Destruction, penis lesion(s)	1
54100	Biopsy of penis	1
54105	Biopsy of penis	1
54110	Treatment of penis lesion	2
54111	Treat penis lesion, graft	2
54112	Treat penis lesion, graft	2
54115	Treatment of penis lesion	1
54120	Partial removal of penis	2
54150	Circumcision (allow only w/NDMA Physician Consultant prior-authorization)	1
54152	Circumcision (allow only w/NDMA Physician Consultant prior-authorization)	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
54160	Circumcision (allow only w/NDMA Physician Consultant prior-authorization)	2
54161	Circumcision (allow only w/NDMA Physician Consultant prior-authorization)	2
54162	Lysis penil circumcis lesion (requires documentation)	2
54163	Repair of circumcision (requires documentation)	2
54164	Frenulotomy of penis (requires documentation)	2
54205	Treatment of penis lesion	4
54220	Treatment of penis lesion	1
54300	Revision of penis	3
54304	Revision of penis	3
54308	Reconstruction of urethra	3
54312	Reconstruction of urethra	3
54316	Reconstruction of urethra	3
54318	Reconstruction of urethra	3
54322	Reconstruction of urethra	3
54324	Reconstruction of urethra	3
54326	Reconstruction of urethra	3
54328	Revise penis/urethra	3
54332	Reconstruct urethra/penis	4
54340	Secondary urethral surgery	3
54344	Secondary urethral surgery	3
54348	Secondary urethral surgery	3
54352	Reconstruct urethra/penis	3
54360	Penis plastic surgery	3
54380	Repair penis	3
54385	Repair penis	3
54400	Insert semi-rigid prosthesis - Requires documentation	3
54401	Insert self-contd prosthesis - Requires documentation	3
54405	Insert multi-comp penis pros - Requires documentation	3
54406	Remove multi-comp penis pros - Requires documentation	3
54408	Repair multi-comp penis pros - Requires documentation	3
54410	Remove/replace penis prosth - Requires documentation	3
54415	Remove self-contd penis pros - Requires documentation	3
54416	Remv/repl penis contain pros - Requires documentation	3
54420	Revision of penis	4
54435	Revision of penis	4
54440	Repair of penis	4
54450	Preputial stretching	1
54500	Biopsy of testis	1
54505	Biopsy of testis	1
54512	Excise lesion testis	2
54520	Removal of testis - Requires documentation	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
54522	Orchiectomy, partial - Requires documentation	3
54530	Removal of testis - Requires documentation	4
54550	Exploration for testis	4
54560	Exploration for testis w/abd. Exploration	4
54600	Reduce testis torsion	4
54620	Suspension of testis	3
54640	Suspension of testis	4
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, fowler-stephens)	4
54660	Revision of testis	2
54670	Repair testis injury	3
54680	Relocation of testis(es)	3
54690	Laparoscopy, orchiectomy - Requires documentation	9
54692	Laparoscopy, orchiopexy	9
54700	Drainage of scrotum	2
54800	Biopsy of epididymis	1
54820	Exploration of epididymis	1
54830	Remove epididymis lesion	3
54840	Remove epididymis lesion	4
54860	Removal of epididymis	3
54861	Removal of epididymis	4
54900	Fusion of spermatic ducts	4
54901	Fusion of spermatic ducts	4
55040	Removal of hydrocele	3
55041	Removal of hydroceles	5
55060	Repair of hydrocele	4
55100	Drainage of scrotum abscess	1
55110	Explore scrotum	2
55120	Removal of scrotum lesion	2
55150	Removal of scrotum	1
55175	Revision of scrotum	1
55180	Revision of scrotum	2
55200	Incision of sperm duct	2
55250	Removal of sperm duct(s) - Requires consent	2
55400	Repair of sperm duct	1
55500	Removal of hydrocele	3
55520	Removal of sperm cord lesion	4
55530	Revise spermatic cord veins	4
55535	Revise spermatic cord veins	4
55540	Revise hernia & sperm veins	5
55550	Laparo ligate spermatic vein	9
55680	Remove sperm pouch lesion	1
55700	Biopsy of prostate	2
55705	Biopsy of prostate	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
55720	Drainage of prostate abscess	1
55725	Drainage of prostate abscess	2
55859	Percut/needle insert, pros	9
55873	Cryoablate prostate	9
55875	Transperineal placement for radioelement appl	7
56405	I & D of vulva/perineum	1
56440	Surgery for vulva lesion	2
56441	Lysis of labial lesion(s)	1
56501	Destroy, vulva lesions, sim	1
56515	Destroy vulva lesion/s compl	3
56620	Partial removal of vulva	5
56625	Complete removal of vulva	7
56630	Vulvectomy, radical, partial	5
56700	Partial removal of hymen	1
56720	Incision of hymen	1
56740	Remove vagina gland lesion	3
56800	Repair of vagina	3
56810	Repair of perineum	5
57000	Exploration of vagina	1
57010	Drainage of pelvic abscess	2
57020	Drainage of pelvic fluid	2
57023	I & d vag hematoma, non-ob	1
57061	Destroy vag lesions, simple	1
57065	Destroy vag lesions, complex	1
57100	Biopsy of vagina	1
57105	Biopsy of vagina	2
57106	Remove vagina wall, partial	2
57130	Remove vagina lesion	2
57135	Remove vagina lesion	2
57155	Insert uteri tandems/ovoids	2
57180	Treat vaginal bleeding	1
57200	Repair of vagina	1
57210	Repair vagina/perineum	2
57220	Revision of urethra	3
57230	Repair of urethral lesion	3
57240	Repair bladder & vagina	5
57250	Repair rectum & vagina	5
57260	Repair of vagina	5
57265	Extensive repair of vagina	7
57267	Insert mesh/pelvic flr add-on (cannot be billed as a stand alone surgical procedure)	3
57268	Repair of bowel bulge	3
57287	Revise/remove sling repair	5
57288	Repair bladder defect	5

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
57289	Repair bladder & vagina	5
57291	Construction of vagina	5
57295	Revision(including removal) of prosthetic vaginal graft; vaginal approach	5
57300	Repair rectum-vagina fistula	3
57400	Dilation of vagina	2
57410	Pelvic examination	2
57415	Remove vaginal foreign body	2
57460	Colposcopy of the cervix	1
57461	Conz of cervix w/scope, leep	1
57500	Biopsy of cervix	1
57510	Cauterization of cervix	1
57513	Laser surgery of cervix	2
57520	Conization of cervix	1
57522	Conization of cervix	2
57530	Removal of cervix	3
57550	Removal of residual cervix	3
57556	Remove cervix, repair bowel	5
57700	Revision of cervix	1
57720	Revision of cervix	3
57820	D & C of residual cervix	3
58120	Dilation and curettage	2
58145	Removal of uterus lesion	5
58260	Vaginal Hysterectomy, uterus 250 g or less; Requires consent	7
58275	Vaginal hysterectomy, with total or partial vaginectomy - Requires consent	7
58301	Remove intrauterine device - Requires documentation	1
58346	Insert heyman uteri capsule	2
58353	Endometr ablate, thermal	4
58541	Laparo-supracervical hysterectomy - Requires consent	9
58542	Laparo-supracervical hysterectomy - Requires consent	9
58543	Laparo-supracervical hysterectomy - Requires consent	9
58545	Laparoscopic myomectomy - Requires documentation	9
58546	Laparo-myomectomy, complex - Requires documentation	9
58550	Laparo-asst vag hysterectomy - Requires consent	9
58552	Laparo-vag hyst incl t/o - Requires consent	9
58555	Hysteroscopy, dx, sep proc	1
58558	Hysteroscopy, biopsy	3
58559	Hysteroscopy, lysis	2
58560	Hysteroscopy, resect septum	3
58561	Hysteroscopy, remove myoma	3
58562	Hysteroscopy, remove fb	3
58563	Hysteroscopy, ablation	4
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; - Requires consent	9

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
58571	Laparoscopy w/total hysterectomy; w/removal of tube(s) and/or ovary(s) - Requires consent	9
58600	Division of fallopian tube - Requires consent	3
58605	Division of fallopian tube - Requires consent	3
58660	Laparoscopy, lysis	5
58661	Laparoscopy, remove adnexa - Requires documentation	5
58662	Laparoscopy, excise lesions - Requires documentation	5
58670	Laparoscopy, tubal cautery - Requires consent	3
58671	Laparoscopy, tubal block - Requires consent	3
58672	Laparoscopy, fimbrioplasty	5
58673	Laparoscopy, salpingostomy	5
58679	Laparo proc, oviduct-ovary - Requires documentation	3
58700	Salpingectomy, complete or partial; unilateral or bilateral - Requires documentation	4
58800	Drainage of ovarian cyst(s)	3
58805	Drainage of ovarian cyst(s) ...; abd. approach	5
58820	Drain ovary abscess, open	3
58900	Biopsy of ovary(s)	3
58940	Oophorectomy, partial or total ... - Requires documentation	4
59074	Fetal fluid drainage w/us - Requires documentation	2
59120	Surgical treatment of ectopic pregnancy; abdominal or vaginal approach - Requires documentation	4
59150	Laparoscopic treatment of ectopic pregnancy - Requires documentation	3
59151	Laparoscopic treatment of ectopic pregnancy - Requires documentation	4
59160	D & C after delivery	3
59320	Revision of cervix	1
59409	Obstetrical care	3
59412	Antepartum manipulation	1
59812	Treatment of miscarriage	5
59820	Care of miscarriage	5
59821	Treatment of miscarriage	5
59840	Abortion - Requires prior authorization	5
59841	Abortion - Requires prior authorization	5
59870	Evacuate mole of uterus	5
59871	Remove cerclage suture	5
59899	Unlisted procedure, Mat. Care - Requires documentation	3
60000	Drain thyroid/tongue cyst	1
60200	Remove thyroid lesion	9
60210	Partial thyroid excision	9
60220	Partial removal of thyroid	9
60225	Partial removal of thyroid	9
60240	Removal of thyroid	9
60252	Removal of thyroid	9

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
60260	Repeat thyroid surgery	9
60280	Remove thyroid duct lesion	4
60281	Remove thyroid duct lesion	4
60500	Explore parathyroid glands	9
60502	Parathyroidectomy	9
61020	Remove brain cavity fluid	1
61026	Injection into brain canal	1
61050	Remove brain canal fluid	1
61055	Injection into brain canal	1
61070	Brain canal shunt procedure	1
61215	Insert brain-fluid device	3
61590	Infratemporal approach to middle cranial fossa	7
61626	Transcath occlusion, non-cns	7
61790	Treat trigeminal nerve	3
61791	Treat trigeminal tract	3
61885	Implant neurostim one array	2
61886	Implant neurostim arrays	3
61888	Revise/remove neuroreceiver	1
62194	Replace/irrigate catheter	1
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3
62225	Replace/irrigate catheter	1
62230	Replace/revise brain shunt	2
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	2
62263	Lysis epidural adhesions	1
62264	Epidural lysis on single day	1
62268	Drain spinal cord cyst	1
62269	Needle biopsy, spinal cord	1
62270	Spinal fluid tap, diagnostic	1
62272	Drain cerebro spinal fluid	1
62273	Treat epidural spine lesion	1
62280	Treat spinal cord lesion	1
62281	Treat spinal cord lesion	1
62282	Treat spinal canal lesion	1
62287	Percutaneous diskectomy	9
62294	Injection into spinal artery	3
62310	Inject spine c/t	1
62311	Inject spine l/s (cd)	1
62318	Inject spine w/cath, c/t	1
62319	Inject spine w/cath l/s (cd)	1
62350	Implant spinal canal cath	2
62351	Implant spinal canal cath	2
62355	Remove spinal canal catheter	2
62360	Insert spine infusion device	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
62361	Implant spine infusion pump	2
62362	Implant spine infusion pump	2
62365	Remove spine infusion device	2
63020	Neck spine disk surgery	9
63030	Low back disk surgery	9
63035	Spinal disk surgery add-on, (cannot be billed as a stand alone surgical procedure)	6
63042	Laminotomy, single lumbar	9
63056	Decompress spinal cord	9
63600	Remove spinal cord lesion	2
63610	Stimulation of spinal cord	1
63610	Implant neuroelectrodes	2
63650	Implant neuroelectrodes	3
63655	Implant neuroelectrodes	3
63661	Removal spinal neurostimulator electrodes	2
63662	Remove spinal neurostimulator electrode plate/paddle	2
63663	Revision incl. replacement spinal neurostimulator electrodes	2
63685	Implant neuroreceiver	2
63688	Revise/remove neuroreceiver	1
63744	Revision of spinal shunt	3
63746	Removal of spinal shunt	2
64410	Injection for nerve block	1
64415	Injection for nerve block	1
64417	Injection for nerve block	1
64420	Injection for nerve block	1
64421	Injection for nerve block	1
64430	Injection for nerve block	1
64479	Inj foramen epidural c/t	1
64480	Inj foramen epidural add-on (cannot be billed as a stand alone surgical procedure)	1
64483	Inj foramen epidural l/s	1
64484	Inj foramen epidural add-on (cannot be billed as a stand alone surgical procedure)	1
64490	Inj., diag or therapeutic agent; w/image guidance; single level	1
64491	Inj., diag or therapeutic agent; w/image guidance; second level(add on code)	1
64492	Inj., diag or therapeutic agent; w/image guidance; third and any add. level(add on code)	1
64493	Inj., diag or therapeutic agent; w/image guidance; single level	1
64494	Inj., diag or therapeutic agent; w/image guidance; second level(add on code)	1
64495	Inj., diag or therapeutic agent; w/image guidance; third and any add. level(add on code)	1
64510	Injection for nerve block	1
64517	N block inj, hypogas plxs	2
64520	Injection for nerve block	1
64530	Injection for nerve block	1
64553	Implant neuroelectrodes	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
64555	Implant neuroelectrodes	3
64561	Implant neuroelectrodes	3
64565	Implant neuroelectrodes	3
64568	Implant neuroelectrodes	2
64569	Implant neuroelectrodes	2
64570	Implant neuroelectrodes	2
64577	Implant neuroelectrodes - Deleted code effective 1-1-2012	1
64580	Implant neuroelectrodes	1
64581	Implant neuroelectrodes	3
64585	Revise/remove neuroelectrode	1
64590	Implant neuroreceiver	2
64595	Revise/remove neuroreceiver	1
64600	Injection treatment of nerve	1
64605	Injection treatment of nerve	1
64610	Injection treatment of nerve	1
64612	Destroy nerve, face muscle - Requires documentation	1
64613	Destroy nerve, spine muscle - Requires documentation	1
64614	Destroy nerve, extrem musc - Requires documentation	1
64620	Injection treatment of nerve	1
64640	Injection treatment of nerve	1
64622	Destr paravertebrl nerve l/s - Deleted code effective 1-1-2012	1
64623	Destr paravertebral n add-on (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
64626	Destr paravertebrl nerve c/t - Deleted code effective 1-1-2012	1
64627	Destr paravertebral n add-on (cannot be billed as a stand alone surgical procedure) - Deleted code effective 1-1-2012	1
64630	Injection treatment of nerve	2
64640	Injection treatment of nerve	1
64680	Injection treatment of nerve	2
64681	Injection treatment of nerve	2
64702	Revise finger/toe nerve	1
64704	Revise hand/foot nerve	1
64708	Revise arm/leg nerve	2
64712	Revision of sciatic nerve	2
64713	Revision of arm nerve(s)	2
64714	Revise low back nerve(s)	2
64716	Revision of cranial nerve	3
64718	Revise ulnar nerve at elbow	2
64719	Revise ulnar nerve at wrist	2
64721	Carpal tunnel surgery	2
64722	Relieve pressure on nerve(s)	1
64726	Release foot/toe nerve	1
64727	Internal nerve revision (cannot be billed as a stand alone surgical procedure)	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
64732	Incision of brow nerve	2
64734	Incision of cheek nerve	2
64736	Incision of chin nerve	2
64738	Incision of jaw nerve	2
64740	Incision of tongue nerve	2
64742	Incision of facial nerve	2
64744	Incise nerve, back of head	2
64746	Incise diaphragm nerve	2
64771	Sever cranial nerve	2
64772	Incision of spinal nerve	2
64774	Remove skin nerve lesion	2
64776	Remove digit nerve lesion	3
64778	Digit nerve surgery (add-on, cannot be billed alone)	2
64782	Remove limb nerve lesion	3
64783	Limb nerve surgery (add-on, cannot be billed alone)	2
64784	Remove nerve lesion	3
64786	Remove sciatic nerve lesion	3
64787	Implant nerve end (cannot be billed as a stand alone surgical procedure)	2
64788	Remove skin nerve lesion	3
64790	Removal of nerve lesion	3
64792	Removal of nerve lesion	3
64795	Biopsy of nerve	2
64802	Remove sympathetic nerves	2
64804	Remove sympathetic nerves	2
64809	Remove sympathetic nerves	2
64818	Remove sympathetic nerves	2
64821	Remove sympathetic nerves	4
64831	Repair of digit nerve	4
64832	Repair nerve (add-on, cannot be billed alone)	1
64834	Repair of hand or foot nerve	2
64835	Repair of hand or foot nerve	3
64836	Repair of hand or foot nerve	3
64837	Repair nerve add-on (cannot be billed as a stand alone surgical procedure)	1
64840	Repair of leg nerve	2
64856	Repair/transpose nerve	2
64857	Repair arm/leg nerve	2
64858	Repair sciatic nerve	2
64859	Nerve surgery (cannot be billed as a stand alone surgical procedure)	1
64861	Repair of arm nerves	3
64862	Repair of low back nerves	3
64864	Repair of facial nerve	3
64865	Repair of facial nerve	4
64870	Fusion of facial/other nerve	4

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
64872	Subsequent repair of nerve (cannot be billed as a stand alone surgical procedure)	2
64874	Repair & revise nerve add-on (cannot be billed as a stand alone surgical procedure)	3
64876	Repair nerve/shorten bone (cannot be billed as a stand alone surgical procedure)	3
64885	Nerve graft, head or neck	2
64886	Nerve graft, head or neck	2
64890	Nerve graft, hand or foot	2
64891	Nerve graft, hand or foot	2
64892	Nerve graft, arm or leg	2
64893	Nerve graft, arm or leg	2
64895	Nerve graft, hand or foot	3
64896	Nerve graft, hand or foot	3
64897	Nerve graft, arm or leg	3
64898	Nerve graft, arm or leg	3
64901	Nerve graft add-on (cannot be billed as a stand alone surgical procedure)	2
64902	Nerve graft add-on (cannot be billed as a stand alone surgical procedure)	2
64905	Nerve pedicle transfer	2
64907	Nerve pedicle transfer	1
64910	Nerve repair w/allograft	2
65091	Revise eye	3
65093	Revise eye with implant	3
65101	Removal of eye	3
65103	Remove eye/insert implant	3
65105	Remove eye/attach implant	4
65110	Removal of eye	5
65112	Remove eye/revise socket	7
65114	Remove eye/revise socket	7
65130	Insert ocular implant	3
65135	Insert ocular implant	2
65140	Attach ocular implant	3
65150	Revise ocular implant	2
65155	Reinsert ocular implant	3
65175	Removal of ocular implant	1
65235	Remove foreign body from eye	2
65260	Remove foreign body from eye	3
65265	Remove foreign body from eye	4
65270	Repair of eye wound	2
65272	Repair of eye wound	2
65275	Repair of eye wound	4
65280	Repair of eye wound	4
65285	Repair of eye wound	4
65290	Repair of eye socket wound	3
65400	Removal of eye lesion	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
65410	Biopsy of cornea	2
65420	Removal of eye lesion	2
65426	Removal of eye lesion	5
65436	Curette/treat cornea	2
65710	Corneal transplant	7
65730	Corneal transplant	7
65750	Corneal transplant	7
65755	Corneal transplant	7
65756	Corneal transplant	7
65770	Revise cornea with implant	7
65772	Correction of astigmatism	4
65775	Correction of astigmatism	4
65780	Ocular reconst, transplant	5
65781	Ocular reconst, transplant	5
65782	Ocular reconst, transplant	5
65800	Drainage of eye	1
65805	Drainage of eye	1
65810	Drainage of eye	3
65815	Drainage of eye	2
65820	Relieve inner eye pressure	1
65850	Incision of eye	4
65855	Laser surgery of eye	2
65865	Incise inner eye adhesions	1
65870	Incise inner eye adhesions	4
65875	Incise inner eye adhesions	4
65880	Incise inner eye adhesions	4
65900	Remove eye lesion	5
65920	Remove implant of eye	7
65930	Remove blood clot from eye	5
66020	Injection treatment of eye	1
66030	Injection treatment of eye	1
66130	Remove eye lesion	7
66150	Glaucoma surgery	4
66155	Glaucoma surgery	4
66160	Glaucoma surgery	2
66165	Glaucoma surgery	4
66170	Glaucoma surgery	4
66172	Incision of eye	4
66180	Implant eye shunt	5
66185	Revise eye shunt	2
66220	Repair eye lesion	3
66225	Repair/graft eye lesion	4
66250	Follow-up surgery of eye	2

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
66500	Incision of iris	1
66505	Incision of iris	1
66600	Remove iris and lesion	3
66605	Removal of iris	3
66625	Removal of iris	3
66630	Removal of iris	3
66635	Removal of iris	3
66680	Repair iris & ciliary body	3
66682	Repair iris & ciliary body	2
66700	Destruction, ciliary body	2
66710	Destruction, ciliary body	2
66711	Ciliary endoscopic ablation	2
66720	Destruction, ciliary body	2
66740	Destruction, ciliary body	2
66761	Revision of iris	1
66820	Incision, secondary cataract	4
66821	After cataract laser surgery	2
66825	Reposition intraocular lens	4
66830	Removal of lens lesion	4
66840	Removal of lens material	4
66850	Removal of lens material	7
66852	Removal of lens material	4
66920	Extraction of lens	4
66930	Extraction of lens	5
66940	Extraction of lens	5
66982	Cataract surgery, complex	8
66983	Cataract surg w/iol, 1 stage	8
66984	Cataract surg w/iol, i stage	8
66985	Insert lens prosthesis	6
66986	Exchange lens prosthesis	6
67005	Partial removal of eye fluid	4
67010	Partial removal of eye fluid	4
67015	Release of eye fluid	1
67025	Replace eye fluid	1
67027	Implant eye drug system	4
67030	Incise inner eye strands	1
67031	Laser surgery, eye strands	2
67036	Removal of inner eye fluid	4
67038	Strip retinal membrane	5
67039	Laser treatment of retina	7
67040	Laser treatment of retina	7
67041	Laser treatment of retina	7
67042	Laser treatment of retina	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
67043	Laser treatment of retina	7
67105	Repair detached retina	1
67107	Repair detached retina	5
67108	Repair detached retina	7
67110	Repair detached retina	5
67112	Rerepair detached retina	7
67113	Repair detached retina	7
67115	Release encircling material	2
67120	Remove eye implant material	2
67121	Remove eye implant material	2
67141	Treatment of retina	2
67145	Treatment of retina	1
67218	Treatment of retinal lesion	5
67227	Treatment of retinal lesion	1
67228	Treatment of retinal lesion	1
67250	Reinforce eye wall	3
67255	Reinforce/graft eye wall	3
67311	Revise eye muscle	3
67312	Revise two eye muscles	4
67314	Revise eye muscle	4
67316	Revise two eye muscles	4
67318	Revise eye muscle(s)	4
67343	Release eye tissue	7
67350	Biopsy eye muscle	1
67400	Explore/biopsy eye socket	3
67405	Explore/drain eye socket	4
67412	Explore/treat eye socket	5
67413	Explore/treat eye socket	5
67415	Aspiration, orbital contents	1
67420	Explore/treat eye socket	5
67430	Explore/treat eye socket	5
67440	Explore/drain eye socket	5
67445	Explr/decompress eye socket	5
67450	Explore/biopsy eye socket	5
67550	Insert eye socket implant	4
67560	Revise eye socket implant	2
67570	Decompress optic nerve	4
67715	Incision of eyelid fold	1
67801	Remove eyelid lesions	1
67808	Remove eyelid lesion(s)	2
67830	Revise eyelashes	2
67835	Revise eyelashes	2
67840	Remove eyelid lesion	1

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
67875	Closure of eyelid by suture	1
67880	Revision of eyelid	3
67882	Revision of eyelid	3
67900	Repair brow defect - Requires NDHCR Prior Authorization	4
67901	Repair eyelid defect - Requires NDHCR Prior Authorization	5
67902	Repair eyelid defect - Requires NDHCR Prior Authorization	5
67903	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67904	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67906	Repair eyelid defect - Requires NDHCR Prior Authorization	5
67908	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67909	Revise eyelid defect - Requires NDHCR Prior Authorization	4
67911	Revise eyelid defect - Requires NDHCR Prior Authorization	3
67912	Correction eyelid w/implant - Requires NDHCR Prior Authorization	3
67914	Repair eyelid defect - Requires NDHCR Prior Authorization	3
67916	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67917	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67921	Repair eyelid defect - Requires NDHCR Prior Authorization	3
67923	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67924	Repair eyelid defect - Requires NDHCR Prior Authorization	4
67930	Repair eyelid wound	4
67935	Repair eyelid wound	2
67950	Revision of eyelid	2
67961	Revision of eyelid	3
67966	Revision of eyelid	3
67971	Reconstruction of eyelid	3
67973	Reconstruction of eyelid	3
67974	Reconstruction of eyelid	3
67975	Reconstruction of eyelid	3
68110	Remove eyelid lining lesion	1
68115	Remove eyelid lining lesion	2
68130	Remove eyelid lining lesion	2
68320	Revise/graft eyelid lining	4
68325	Revise/graft eyelid lining	4
68326	Revise/graft eyelid lining	4
68328	Revise/graft eyelid lining	4
68330	Revise eyelid lining	4
68335	Revise/graft eyelid lining	4
68340	Separate eyelid adhesions	4
68360	Revise eyelid lining	2
68362	Revise eyelid lining	2
68371	Harvest eye tissue, alograft	2
68420	Incise/drain tear sac	1
68500	Removal of tear gland	3

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
68505	Partial removal, tear gland	3
68510	Biopsy of tear gland	1
68520	Removal of tear sac	3
68525	Biopsy of tear sac	1
68540	Remove tear gland lesion	3
68550	Remove tear gland lesion	3
68700	Repair tear ducts	2
68720	Create tear sac drain	4
68745	Create tear duct drain	4
68750	Create tear duct drain	4
68770	Close tear system fistula	4
68810	Probe nasolacrimal duct	1
68811	Probe nasolacrimal duct	2
68815	Probe nasolacrimal duct	2
68816	Probe nasolacrimal duct	2
69110	Remove external ear, partial	1
69120	Removal of external ear	2
69140	Remove ear canal lesion(s)	2
69145	Remove ear canal lesion(s)	2
69150	Extensive ear canal surgery	3
69205	Clear outer ear canal	1
69210	Remove impacted ear wax - by exception Requires documentation	1
69300	Revise external ear - Requires NDHCR Prior Authorization	3
69310	Rebuild outer ear canal	3
69320	Rebuild outer ear canal	7
69399	Outer ear surgery procedure- Requires documentation	
69420	Incision of eardrum	1
69421	Incision of eardrum	3
69424	Remove ventilating tube	1
69436	Create eardrum opening	1
69440	Exploration of middle ear	3
69450	Eardrum revision	1
69501	Mastoidectomy	7
69502	Mastoidectomy	7
69505	Remove mastoid structures	7
69511	Extensive mastoid surgery	7
69530	Extensive mastoid surgery	7
69535	Resection temporal bone	7
69540	Remove ear lesion	1
69550	Remove ear lesion	5
69552	Remove ear lesion	7
69601	Mastoid surgery revision	7
69602	Mastoid surgery revision	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
69603	Mastoid surgery revision	7
69604	Mastoid surgery revision	7
69605	Mastoid surgery revision	7
69610	Repair of eardrum	1
69620	Repair of eardrum	2
69631	Repair eardrum structures	5
69632	Rebuild eardrum structures	5
69633	Rebuild eardrum structures	5
69635	Repair eardrum structures	7
69636	Rebuild eardrum structures	7
69637	Rebuild eardrum structures	7
69641	Revise middle ear & mastoid	7
69642	Revise middle ear & mastoid	7
69643	Revise middle ear & mastoid	7
69644	Revise middle ear & mastoid	7
69645	Revise middle ear & mastoid	7
69646	Revise middle ear & mastoid	7
69650	Release middle ear bone	7
69660	Revise middle ear bone	5
69661	Revise middle ear bone	5
69662	Revise middle ear bone	5
69666	Repair middle ear structures	4
69667	Repair middle ear structures	4
69670	Remove mastoid air cells	3
69676	Remove middle ear nerve	3
69700	Close mastoid fistula	3
69711	Remove/repair hearing aid	1
69714	Implant temple bone w/stimul	9
69715	Temple bne implnt w/stimulat	9
69717	Temple bone implant revision	9
69718	Revise temple bone implant	9
69720	Release facial nerve	5
69725	Release facial nerve	5
69740	Repair facial nerve	5
69745	Repair facial nerve	5
69801	Incise inner ear	5
69802	Incise inner ear - Deleted code effective 1-1-2012	7
69805	Explore inner ear	7
69806	Explore inner ear	7
69820	Establish inner ear window	5
69840	Revise inner ear window	5
69905	Remove inner ear	7
69910	Remove inner ear & mastoid	7

ND Medicaid Outpatient Allowable Procedure List		
CPT Code	Short Descriptor	Payment Group Rate
69915	Incise inner ear nerve	7
69930	Implant cochlear device	7
69949	Inner ear surgery procedure	1
91110	Gi tract capsule endoscopy - Requires Documentation	2
92018	New eye exam & treatment- Requires Documentation	1
92019	Eye exam & treatment	1
G0105	Colorectal scrn; hi risk ind	2
G0121	Colon ca scrn; not high rsk ind	2
G0260	Inj for sacroiliac jt anesth	1
G0297	Insert single chamber/cd	4
G0298	Insert dual chamber/cd	4
G0392	PTA, maintenance hemodialysis access; art.	7
G0393	PTA, maintenance hemodialysis access; vein	7