

**ND Medicaid  
 Partial Hospitalization (PHP) Fee Schedule  
 as of 7/1/2020**

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

**Revenue**

<b>Level</b>	<b>Code</b>	<b>Code</b>	<b>Description</b>	<b>Medicaid Fee</b>
A	0905	H0035	Adult	\$325.96
			Under 21	\$416.95
B	0912	H0040	Adult	\$227.43
			Under 21	\$333.54