



**ND Medicaid 1915i Services Fee Schedule  
as of 10/1/2020**

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

<b>Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Medicaid Fee</b>
H2015		Care Coordination (per 15 minutes)	\$20.40
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) <sup>1</sup>	\$7.38
T2025		Training and Supports for Unpaid Caregivers (per service)	\$500.00
H0038		Peer Support (per 15 minutes)	\$7.38
H0038	UK	Family Peer Support (per 15 minutes)	\$7.38
T2027		Respite (per 15 minutes)	\$7.31
T2003		Non-medical transportation; encounter/trip	\$13.09
T5999		Community Transition Services (per service)	\$3,000.00
H2021	U3	Benefits Planning (per 15 minutes)	\$10.49
H2025	U3	Supported Education (per 15 minutes)	\$10.49
H2023		Prevocational Training (per 15 minutes) <sup>1</sup>	\$10.49
H2025	U4	Supported Employment (per 15 minutes)	\$10.49
H2021	U4	Housing Support Services (per 15 minutes)	\$10.49

<sup>1</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.