

ND Medicaid
Partial Hospitalization (PHP) Fee Schedule
as of 7/1/2021

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

Revenue

Level	Code	Code	Description	Medicaid Fee
A	0905	H0035	Adult	\$332.48
			Under 21	\$425.29
B	0912	H0040	Adult	\$231.98
			Under 21	\$340.21