

**ND Medicaid
Substance Use Disorder Treatment Services 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 Code	Code	Description	Medicaid Fee
--	--	ASAM Level 1	Professional Fee Schedule
--	H2035	ASAM Level 1 (group)	\$15.46
0906	H0015	ASAM Level 2.1	\$191.95
0913	S9475	ASAM Level 2.5	\$373.25
1003	H2034	ASAM Level 3.1*	\$34.13
1003	H0012	ASAM Level 3.2	\$180.66
1002	H2036	ASAM Level 3.5	\$575.86
1002	H0011	ASAM Level 3.7	\$719.82

* ASAM 3.1 will only be reimbursed if the member is concurrently receiving ASAM 2.1 or 2.5.