



**ND Medicaid
 Partial Hospitalization (PHP) Fee Schedule
 as of 7/1/2023**

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

	Revenue			Medicaid
Level	Code	Code	Description	Fee
A	0905	H0035	Adult	\$343.31
			Under 21	\$439.14
B	0912	H0040	Adult	\$239.54
			Under 21	\$351.29