

**ND MEDICAID**  
**ADDICTION TREATMENT SERVICES FEE SCHEDULE**

**as of 07/01/2019**

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

<b>REVENUE CODE</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID FEE</b>
--	--	ASAM Level 1	professional fee schedule
--	H2035	ASAM Level 1 (group)	\$14.50
0906	H0015	ASAM Level 2.1	\$183.60
0913	S9475	ASAM Level 2.5	\$357.00
1003	H2034	ASAM Level 3.1 <sup>1</sup>	\$32.64
1002	H2036	ASAM Level 3.5	\$550.80

<sup>1</sup> ASAM 3.1 will only be reimbursed if the member is concurrently receiving ASAM 2.1 or 2.5.