

**ND Medicaid
 Rehab Services Fee Schedule
 as of 7/1/2024**

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

Code	Description	Medicaid Fee
99499	Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care (formerly known as Forensic Interview), per visit*	\$360.00
H0031	Behavioral Assessment (per occurrence)	\$150.87
H0002	Screening, Triage, and Referral leading to assessment (per occurrence)	\$24.61
H2019	Behavioral Intervention (per 15 minutes)	\$21.12
H2011	Crisis Intervention (per 15 minutes)	\$21.12
T1001	Nursing Assessment (per occurrence)	\$17.79
S9482	Intensive In-Home for Children (per 15 minutes)	\$41.02
H2014	Skills Training and Integration (per 15 minutes)**	\$12.33
H0004	Individual or Group Counseling (per 15 minutes) **	\$27.54
H0004	Behavioral Health Counseling & Therapy (per 15 minutes)**	\$27.54

* Must append modifier 32

** This service can be billed for individual or group setting. If group setting is provider, modifier UA must be appended to the line and the reimbursement will be 25% of allowed amount.

Services provided on behalf of the member to someone other than the member must be billed with modifier UK.