

ND Medicaid
Substance Use Disorder Treatment 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.

| Revenue Code | Code | Description | Medicaid Fee |
|-----------------|-------|---------------------------|------------------------------|
| -- | -- | ASAM Level 1 (individual) | Professional Fee Schedule |
| -- | H2035 | ASAM Level 1 (group) ** | \$16.44 |
| 0906 | H0015 | ASAM Level 2.1 | \$204.15 |
| 0913 | S9475 | ASAM Level 2.5 | \$396.97 |
| 1003 | H2034 | ASAM Level 3.1* | \$36.31 |
| 1003 | H0012 | ASAM Level 3.2 | \$192.14 |
| 1002 | H2036 | ASAM Level 3.5 | \$612.46 |
| 1002 | H0011 | ASAM Level 3.7 | \$765.57 |

* ASAM 3.1 must be billed concurrently with ASAM 2.1 or 2.5. For providers reimbursed an encounter rate, only one encounter will be reimbursed.

** H2035 must be billed for ASAM 1 group services. Modifier UA must be appended to the line and the reimbursement will be 25% of allowed amount.