

Partial Hospitalization Psychiatric (PHP) Services

Purpose

ND Medicaid covers partial hospitalization psychiatric services provided to a member with an impairment resulting from a psychiatric, emotional, or behavioral disorder.

Applicability

Eligible Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Servicing providers acting as a locum tenens provider must be enrolled with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Eligible Members

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098.

Services are provided by a multidisciplinary team of health care professionals, designed to stabilize the health of the member with the intent to avert inpatient hospitalization or to reduce the length of a hospital stay.

Refer to the [Member Eligibility Manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

Covered Services and Limits

General Provider Policies

The [General Provider Policies](#) details basic coverage requirements for all services.

Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as ORP requirements, Service Authorization requirements, and current rates.

Partial hospitalization psychiatric services must be hospital-based and under the supervision of a licensed physician.

Level A is an intense level of services by a multidisciplinary team for at least four hours and no more than eleven hours per day for at least three days per week.

Level B is an intermediate level of services by a multidisciplinary team for three hours per day for at least two days per week.

Service Authorization Requirements

No service authorization required.

Non-Covered Services

General Non-Covered Services

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

ND Medicaid does not cover intensive outpatient programs for mental health as a bundled service.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

Third-Party Liability

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

Reimbursement

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

Level A

- Billing Code – H0035
- Revenue Code – 905

Level B

- Billing Code – H0040
- Revenue Code – 912

If the member misses programming hours, the reason must be documented. For outpatient levels of care, the provider may only bill for days that the member received programming.

Claim Form

PHP services must be billed using the UB 04 claim form or 837i. Detailed claim instructions are available on the [ND Medicaid Provider Guidelines, Policies & Manual webpage](#).

Claim Requirements

The claim must be submitted with both the correct revenue and billing code as listed under the Billing Guidelines above.

References

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

Contact

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Policy Updates

April 2026

- Billing Guidelines
 - Added paragraph on missed programming hours
 - Added claim form details
 - Added claim requirements
- Covered Services and Limits
 - Omitted “at least three licensed healthcare professionals” and added “multidisciplinary team.”
- ADA updates made throughout the document.