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**ND Medicaid
Partial Hospitalization (PHP) 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
0905	H0035	Level A	\$452.31
0912	H0040	Level B	\$361.83

Medicaid Fee is the same regardless of age.