



**ND Medicaid
Substance Use Disorder Treatment Services Fee Schedule
as of 7/1/2025**

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) **	\$16.77
0906	H0015	ASAM Level 2.1	\$208.23
0913	S9475	ASAM Level 2.5	\$404.91
1003	H2034	ASAM Level 3.1*	\$37.04
1003	H0012	ASAM Level 3.2	\$195.98
1002	H2036	ASAM Level 3.5	\$624.71
1002	H0011	ASAM Level 3.7	\$780.88

* 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.