

ND Medicaid
1915i 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.

Code	Modifier	Description	Medicaid Fee
H2015		Care Coordination (per 15 minutes)	\$22.57
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) ¹	\$9.66
T2025		Training and Supports for Unpaid Caregivers (per service)	\$553.27
H0038		Peer Support (per 15 minutes)	\$11.61
H0038	UK	Family Peer Support (per 15 minutes)	\$11.61
T2027		Respite (per 15 minutes)	\$8.09
T2001		Non-medical transportation (per 15 minutes)	\$9.48
T5999		Community Transition Services (per service)	\$3,319.56
H2021	U3	Benefits Planning (per 15 minutes)	\$11.61
H2025	U3	Supported Education (per 15 minutes)	\$11.61
H2023		Prevocational Training (per 15 minutes) ¹	\$11.61
H2025	U4	Supported Employment (per 15 minutes)	\$11.61
H2021	U4	Housing Support Services (per 15 minutes)	\$11.61

¹ This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

Services delivered via remote support or telehealth must use one of the following Place of Service (POS) codes during claim submission (does not apply to Community Transition Service, Respite, or non-medical Transportation):

POS 02 - Telehealth provided other than in patient's home

POS 10 - Telehealth provided in patient's home

* Modifier 93 must be appended to any claim line where the service was delivered audio only without a face-to-face-component.