

**ND Medicaid
 Partial Hospitalization (PHP) Fee Schedule
 as of 7/1/2022**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

Revenue

Level	Code	Code	Description	Medicaid Fee
A	0905	H0035	Adult	\$333.31
			Under 21	\$426.35
B	0912	H0040	Adult	\$232.56
			Under 21	\$341.06