

**ND MEDICAID**  
***PARTIAL HOSPITALIZATION (PHP) FEE SCHEDULE***  
**as of 7/01/2019**

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

<b>LEVEL</b>	<b>REVENUE CODE</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID FEE</b>
A	0905	H0035	Adult	\$318.01
			Under 21	\$406.78
B	0912	H0040	Adult	\$221.88
			Under 21	\$325.40