

**ND MEDICAID**  
**ADDICTION TREATMENT SERVICES FEE SCHEDULE**

as of 5/1/2019

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

<b>REVENUE CODE</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID FEE</b>
--	--	ASAM Level 1	professional fee schedule
0906	H0015	ASAM Level 2.1	\$180.00
0913	S9475	ASAM Level 2.5	\$350.00
1003	H2034	ASAM Level 3.1 <sup>1</sup>	\$32.00
1002	H2036	ASAM Level 3.5	\$540.00

<sup>1</sup> ASAM 3.1 will only be reimbursed if the member is concurrently receiving ASAM 2.1 or 2.5.