

## ND MEDICAID *REHAB SERVICES* FEE SCHEDULE

as of 11/01/2018

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

CODE	DESCRIPTION	MEDICAID FEE
99499	Forensic Interview (per visit) <sup>1</sup>	\$360.00
H0031	Behavioral Assessment (per occurrence)	\$133.03
H0002	Screening, Triage, and Referral leading to assessment (per occurrence)	\$21.70
H2019	Behavioral Intervention (per 15 minutes)	\$18.62
H2011	Crisis Intervention (per 15 minutes)	\$18.62
T1001	Nursing Assessment (per occurrence)	\$15.69
S9482	Intensive In-Home for Children (per 15 minutes)	\$36.17
H2017	Skills Integration (per 15 minutes)	\$7.06
H2014	Skills Training (per 15 minutes) <sup>2</sup>	\$11.77
H0004	Individual Counseling (per 15 minutes)	\$24.28
H0004	Behavioral Health Counseling & Therapy (per 15 minutes) <sup>2</sup>	\$24.28

<sup>1</sup> Must append modifier 32

<sup>2</sup> This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and the reimbursement will be 25% of the allowed amount.