

NORTH DAKOTA MEDICAID HEALTH MANAGEMENT PROGRAM FEE SCHEDULE as of 10/01/2011

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

		CODE	MOD	MOD DESC	MEDICAID FEE
Health Management Team <i>(Provider, Clinic, Health Team)</i>	Initial Care Coordination	S0280	U4	Asthma	\$29.16
		S0280	U5	CHF	\$29.16
		S0280	U6	COPD	\$29.16
		S0280	U7	Diabetes	\$29.16
	Each Additional Month of Service	S0281	U4	Asthma	\$29.16
		S0281	U5	CHF	\$29.16
		S0281	U6	COPD	\$29.16
		S0281	U7	Diabetes	\$29.16
Disease Management Organization (DMO)	Initial Care Coordination	S0280	U4	Asthma	\$133.33
		S0280	U5	CHF	\$133.33
		S0280	U6	COPD	\$133.33
		S0280	U7	Diabetes	\$133.33
	Each Additional Month of Service	S0281	U4	Asthma	\$133.33
		S0281	U5	CHF	\$133.33
		S0281	U6	COPD	\$133.33
		S0281	U7	Diabetes	\$133.33