

**ND Medicaid 1915i Services Fee Schedule
 as of 10/1/2020**

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

Code	Modifier	Description	Medicaid Fee	Rate Methodology
H2015		Care Coordination (per 15 minutes)	\$20.40	Rate is equal to the SMI/SED Targeted Case Management rate
H0039	UK	Training and Supports for Unpaid Caregivers (per 15 minutes) ¹	\$7.38	Rate is equal to the Skills Integration rate, a service provided under Rehabilitative Services
T2025		Training and Supports for Unpaid Caregivers (per service)	\$500.00	
H0038		Peer Support (per 15 minutes)	\$7.38	Rate is equal to the Skills Integration rate, a service provided under Rehabilitative Services
H0038	UK	Family Peer Support (per 15 minutes)	\$7.38	Rate is equal to the Skills Integration rate, a service provided under Rehabilitative Services
T2027		Respite (per 15 minutes)	\$7.31	Rate is equal to the Agency Respite Care rate in the HCBS waiver
T2003		Non-medical transportation; encounter/trip	\$13.09	Rate is equal to the round trip rate in the HCBS waiver
T5999		Community Transition Services (per service)	\$3,000.00	Rate is equal to the one-time transition amount per individual in the HCBS and DD waivers
H2021	U3	Benefits Planning (per 15 minutes)	\$10.49	Rate is equal to the Supported Employment rate in the DD waiver
H2025	U3	Supported Education (per 15 minutes)	\$10.49	Rate is equal to the Day Habilitation rate in the DD waiver
H2023		Prevocational Training (per 15 minutes) ¹	\$10.49	Rate is equal to the Prevocational Services rate in the DD waiver
H2025	U4	Supported Employment (per 15 minutes)	\$10.49	Rate is equal to the Day Habilitation rate in the DD waiver
H2021	U4	Housing Support Services (per 15 minutes)	\$10.49	Rate is equal to the Benefits Planning rate

¹ This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.