

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION**

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

NON-EMERGENCY TRANSPORTATION PROVIDERS

EFFECTIVE January 1, 2016

The applicable code is to be used in the “procedure code” box on the State Form Number (SFN) 1731 ‘Medical Travel / Lodging Billing Form’.

CODE	DESCRIPTION	BASE RATES ALLOWED	FEE SCHEDULE
A0080	Non-emergency transportation, not medically equipped, passenger vehicle, <i>per mile (non-commercial/volunteer)</i>	N/A	\$ 0.54/mile
A0100	Non-emergency transportation: taxi	2*	\$ 22.93
A0110	Non-emergency transportation: bus, train, intra or inter-state common carrier	N/A	Ticket Price
A0120	Non-emergency transportation: mini-bus (<i>recipient is ambulatory</i>)	2*	\$ 15.29
A0170	Non-emergency transportation: mini-bus mileage, <i>per mile</i>	N/A	+ \$0.72/mi
A0130	Non-emergency transportation: wheelchair van (<i>recipient is transported in a wheelchair</i>)	2*	\$ 15.29
S0209	Non-emergency transportation: wheelchair van; mileage <i>per mile</i> (greater than 15 miles)	N/A	+ \$2.17/mi
A0140	Non-emergency transportation and air travel (private or commercial) intra- or inter-state	N/A	Ticket Price
T2005	Non-emergency transportation: stretcher van	2	\$ 82.51
S0215	Non-emergency transportation: stretcher van mileage, <i>per mile</i>	N/A	+ \$2.17/mi
A0180	In-state lodging (includes taxes) ¹		\$ 74.23/night
A0190	All meals – full day ¹		\$ 27.52
A0191	Meal – breakfast ¹		\$ 5.36
A0192	Meal – lunch ¹		\$ 8.39
A0193	Meal – dinner ¹		\$ 13.74
A0200	Out-of-state lodging (includes taxes) ¹		\$ 101.76/night
A0210	Attendant		\$ 7.49/hour

Providers will be reimbursed the lesser of the North Dakota Medicaid fee schedule or the provider’s usual and customary charge.

¹ Reimbursement for meals and lodging is allowed only when medical services or travel arrangements require a recipient to be away overnight. Meals and lodging must be authorized by the county eligibility worker.

* A typical transport involves one base rate per way. There are minimal exceptions to the base rates allowed; for clarification on additional base rates for **A0100**, **A0120** and **A0130**, contact Medical Services at 1.800.755.2604.