

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

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

NON-EMERGENCY TRANSPORTATION PROVIDERS

EFFECTIVE July 1, 2013

Procedure Codes to be used Block 24D of Claim Form

CODE	DESCRIPTION	BASE RATES ALLOWED	FEE SCHEUDLE
A0080	Non-emergency transportation, not medically equipped, passenger vehicle, <i>per mile (non-commercial/volunteer)</i>	N/A	\$ 0.56/mile
A0100	Non-emergency transportation: taxi	2*	\$ 21.40
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*	\$ 14.27 + \$0.67/mi
A0130	Non-emergency transportation: wheelchair van (<i>recipient is transported in a wheelchair</i>)	2*	\$ 14.27
S0209	Non-emergency transportation: wheelchair van; mileage <i>per mile</i> (greater than 15 miles)	N/A	+ \$2.03/mi
A0140	Non-emergency transportation and air travel (private or commercial) intra- or inter-state	N/A	Ticket Price
T2005 S0215	Non-emergency transportation: stretcher van Non-emergency transportation: stretcher van mileage, <i>per mile</i>	2 N/A	\$ 77.03 + \$2.03/mi
A0180	In-state lodging (includes taxes)		\$ 69.30/night
A0190	All meals – full day		\$ 25.69
A0191	Meal – breakfast		\$ 5.00
A0192	Meal – lunch		\$ 7.84
A0193	Meal – dinner		\$ 12.83
A0200	Out-of-state lodging (includes taxes)		\$ 95.00/night
A0210	Attendant		\$ 6.99/hour

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

*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 Cindy Sheldon at 1.800.755.2604.