

**ND MEDICAID
NON-EMERGENCY TRANSPORTATION FEE SCHEDULE**

as of 07/01/2018

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

CODE	DESCRIPTION	BASE RATE ALLOWED	MEDICAID FEE
A0080	Non-emergency transportation, per mile (non-commercial/volunteerr)	N/A	\$0.54/mile
A0100	Non-emergency transportation; taxi	2*	\$22.93
A0110	Non-emergency transportation and bus, intra or inter state carrier	N/A	Ticket Price
A0120	Non-emergency transportation: mini-bus member is ambulatory)	2*	\$15.29
A0170	Non-emergency transportation; mini-bus mileage, per mile	N/A	+ \$0.72/mile
A0130	Non-emergency transportation: wheelchair van (member is transported in a wheelchair)	2*	\$15.29
S0209	Non-emergency transportation; wheelchair van; per mile (greater than 15 miles)	N/A	+ \$2.17/mile
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, per mile	N/A	+ \$2.17/mile
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 ND Medicaid fee schedule or the provider's usual and customary charge.

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

* a typical transport involved 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.