



TRAVEL, MEALS AND LODGING

This document is subject to change. Please check our website for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

Transportation includes services provided by an individual, taxi, bus, airline service, or other commercial method for the purpose of obtaining a covered health service. This document also includes meals and lodging guidelines. A provider must be enrolled in the North Dakota (ND) Medicaid program and meet all applicable licensing requirements.

- The county agency must determine the most efficient, economical, and appropriate means of travel to meet the medical needs of the member. The county agency is responsible for authorizing travel and issuing the necessary billing forms. **All transportation must be prior approved by the county agency.** Limitations on travel expenses for medical purposes are addressed in North Dakota Administrative Code (NDAC) 75-02-02-13.1.
- The cost of travel provided by a parent, spouse, or any other member of the member's medical assistance unit may be allowed as an expense of necessary medical or remedial care for member liability purposes. Only in extremely rare circumstances will reimbursement to friends, family or neighbors be considered.
- Travel services may be provided by the county agency as an administrative activity.
- A member may choose to obtain medical services outside the member's community. If similar medical services are available within the community and the member chooses to seek medical services elsewhere, travel expenses are not covered and are the responsibility of the member.
- To be eligible for payment, medical transportation must be to or from the site of a covered service to a member. A covered service is one which is provided by a ND Medicaid enrolled health care provider and is a covered service.

NON-COVERED SERVICES

- Transportation of a member to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency;
- Transportation of a member to a facility for alcohol detoxification.
- Additional charges for luggage, stair carry of the member, and other airport, bus, or railroad terminal services;
- Transportation of a member to a non-covered provider (e.g.: grocery store, health club, school, church, and synagogue).
- Transportation of a member to a provider for a non-covered service.
- Transportation of a member to a Women, Infants and Children (WIC) appointment.

HANDICAP-ACCESSIBLE TRANSPORTATION

Two primary criteria must be met for handicap transportation to be considered for payment:

- The member must have a mobility impairment of a severity that prevents the member from safely accessing and using a bus, taxi, private automobile, or other common carrier transportation; and
- The trip must be to or from a North Dakota covered service. A North Dakota covered service is one that is provided by an enrolled health care provider, is billed using the member's North Dakota ID number, and is a reimbursable service.

USUAL AND CUSTOMARY CHARGES HANDICAP-ACCESSIBLE TRANSPORTATION

ND Medicaid requires that providers bill their usual and customary fee charged to their largest share of business other than Medicaid members and sliding fee-scale-type riders. Any handicap-accessible transportation provider whose business includes riders in addition to Medicaid and sliding fee-scale riders cannot charge Medicaid more than the provider charges its non-Medicaid business that makes up the largest share of business (excluding sliding fee-scale riders). If transportation providers offer free rides or reduced fees to non-Medicaid riders, those providers must charge the same rates or offer free rides to Medicaid members. If a provider serves only Medicaid and sliding fee-scale schedule riders, then the Medicaid rate charged to Medicaid members is the usual and customary fee.

This policy includes multiple rider trips. If a handicap-accessible transportation provider discounts multiple rider trips for non-Medicaid riders, the provider also must discount Medicaid rides.

TRANSPORTATION BY PRIVATE VEHICLE

- Non-commercial/volunteer (private) vehicle mileage compensation is limited to an amount set by ND Medicaid. This limit applies even if more than one member is transported at the same time. Mileage is determined by map miles from the residence or community of the member to the medical facility. Private vehicle mileage may be billed to Medicaid only upon completion of the service. Private vehicle mileage may be allowed if the member or a household member does not have a vehicle that is in operable condition or if the health of the member or household member does not permit safe operation of the vehicle. Private vehicle mileage will not be allowed if free or low-cost transportation services are available, including transportation that could be provided by a friend, family member, or household member.
- Transportation providers may only bill for distance travelled with the member in the vehicle (loaded miles). Providers may not bill for the distance travelled in order to pick up the member or the return trip to the provider's home after the member has been dropped off.
- Meals compensation is allowed only when medical services or travel arrangements require a member to stay overnight. Compensation is limited to an amount set by ND Medicaid.
- Lodging expense is allowed only when medical services or travel arrangements require a member to stay overnight. Lodging compensation is limited to an amount set by ND Medicaid. Only enrolled lodging providers are reimbursed and the lodging provider is responsible for submitting a claim to ND Medicaid for reimbursement.
- Travel expenses may be authorized for a driver. No travel expenses may be authorized for an attendant unless the referring provider determines an attendant is necessary for the physical or medical needs of the member. Travel expenses may not be authorized for both a driver and an attendant unless the referring provider determines that one individual cannot function both as driver and attendant. No travel expenses may be allowed for a driver or an attendant while the member is a patient in a medical facility unless it is more economical for the driver or attendant to remain in the service area.
- Travel expenses may be authorized for one parent to travel with a child who is under eighteen years of age. No additional travel expenses may be authorized of another driver, attendant, or parent unless the referring physician determines that person's presence is necessary for the physical or medical needs of the child.

- Compensation for attendant services, provided by an attendant who is not a family member, may be allowed at a rate determined by ND Medicaid.

TAXI TRANSPORTATION

- Taxi vouchers (State form number (SFN) 170) are required to be given to the taxi driver upon taking a member to a medical appointment and upon taking them home from their appointment. Members are expected to contact the county social service staff to determine if taxi transportation is the most appropriate and economical means of transportation for transporting the member to their medical or dental appointment. The county social service staff may either give the taxi voucher to the member or fax it directly to the taxi provider. The taxi provider is responsible for keeping county issued SFN 170s on file to support claims submitted for payment.
- Taxi service will only be allowed from the member's home, school, or work to their medical appointment. The return trip from the medical appointment will only be allowed to the member's home, work, or school.
- If it is an urgent medical situation, the taxi driver must obtain the taxi voucher within 72 hours of providing the urgent transportation. The voucher must be kept on file with the taxi company to refer to if any questions arise concerning a claim.
- ND Medicaid would allow exceptions when an emergency arises at another location other than those listed above, i.e. a member becomes ill while at a restaurant and needs medical attention with no other means of transportation available. This exception would need to be documented by the taxi company for review by ND Medicaid.

SERVICE AUTHORIZATIONS

All out-of-state transportation must have a state authorized out of state medical procedure. If the out-of-state procedure is not authorized by the state, any transportation expenses associated with that out-of-state visit is not authorized and becomes the expense of the member. In-state transportation does not require a state authorization for the medical service. Please contact your County Social Service agency for assistance in approving the service. Upon approval you will receive a service authorization that contains a list of procedure codes that may be billed.

Out of state-transportation/meals/lodging to a provider located more than 50 statute miles from the nearest North Dakota border requires a service authorization.

CLAIMS SUBMISSION

Travel and lodging providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or a paper claim form (SFN 1731). If a provider has a National Provider Identifier (NPI) they may bill on a CMS 1500.

Revisions

Original publication date is April 2015.

May 2, 2016, the following changes were made:

Changed the header date from April 2015 to May 2016.

Page 1, first bullet, added **prior** in front of authorization.

Page 2, under non-covered services added the last bullet: Transportation of a member to a Women, Infants and Children (WIC) appointment.

Page 4, under taxi transportation was: "Members are expected to contact the county social service staff to determine if taxi transportation is the most appropriate and economical means of transportation the member to their medical or dental appointment." Revision includes: Members are expected to contact the county social service staff to determine if taxi transportation is the most appropriate and economical means of transportation **for transporting** the member to their medical or dental appointment.

Page 5, last line was added: "If a provider has a National Provider Identifier (NPI) they may bill on a CMS 1500."

May 16, 2016 the following changes were made:

Page 4, last heading read BILLING GUIDELINES, was changed to CLAIMS SUBMISSION.