NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

NON-EMERGENCY TRANSPORTATION PROVIDERS

EFFECTIVE JULY 1, 2011

Procedure Codes To Be Used
Block 24D of Claim Form

CODE	DESCRIPTION	REIMBURSEMENT RATE
A0080	Non-emergency transportation, not medically equipped, passenger vehicle, *per mile* (*non-commercial*)	$0.50/mi
A0100	Non-emergency transportation: taxi	$19.98
A0110	Non-emergency transportation: bus, train, intra or inter-state common carrier	Ticket Price
A0120	Non-emergency transportation: mini-bus (*recipient is ambulatory*)	$13.32 + $0.62/mi
A0130	Non-emergency transportation: wheelchair van (*recipient is in a wheelchair*)	$13.32
S0209	Wheelchair van; mileage, *per mile* (greater than 15 miles)	$1.87/mi
A0140	Non-emergency transportation and air travel (private or commercial) intra- or inter-state	Ticket Price
T2005	Non-emergency transportation: stretcher van	$71.91
S0215	Non-emergency transportation; mileage, *per mile*	$1.87/mi
A0180	Non-emergency transportation: in-state lodging (includes taxes)	$53.27/night
A0190	Non-emergency transportation: meals – full day	$23.98
A0191	Non-emergency transportation: meals – breakfast	$ 4.67
A0192	Non-emergency transportation: meals – lunch	$7.32
A0193	Non-emergency transportation: meals – dinner	$11.98
A0200	Non-emergency transportation: out-of-state lodging (includes taxes)	$72.03/night
A0210	Non-emergency transportation: attendant	$6.52/hour