

North Dakota Department of Human Services
Medical Services Division
Out of State – Unavailable Services Policy

This policy is **not** intended to be used for all out of state services requests for children. For children screened through the Medicaid EPSDT* program, “unavailable” per NDAC 75-02-02-13 2f is defined as one or more of the following:

- a. To ensure continuity of care, and if the in-state referring provider has determined that the follow up should be provided at the facility that performed the surgery or services; a follow up to a previously approved and performed out-of-state surgery or specialty service.
- b. A set of inter-dependent services for diagnosis and treatment is needed and the entire set of services is not available in the state.
- c. After the in-state referring provider consults with the in-state specialist, it is determined that the wait time for in-state specialty services is expected to negatively impact the diagnosis or treatment.
- d. Only one in-state specialist is available to provide the service; however, adverse previous client or referring provider experience with the specialist substantiates the need to seek services out-of-state.

If the service requested is deemed medically necessary by the Department and the requesting provider and the practice or medical director certify that one or more of the above conditions exists (via SFN 606), the Department will authorize the out of state services as well as allowable transportation, lodging and meals. **Please note:** Specific, detailed comments and/or documentation must be provided with the SFN 606 according to the criteria selected.

Nothing in this policy exempts requests from the provisions of NDAC 75-02-02-13 1a –c; and 2a-e; g. (If a provider is invoking the privileges of this policy, **both** SFN 769 and SFN 606 **must be** submitted to the Department.)

This policy is effective for out of state requests received on or after March 1, 2012 and will be operated as **trial policy for six months**. The Department will conduct post audits monthly. Any outlier referral patterns or trends will be addressed with the referring provider and facility. The policy may be rescinded by the Department upon notice.

Citations: Section 1905(r)5 of the Social Security Act and 42 CFR 431.52

*The EPSDT program consists of two mutually supportive, operational components: **(1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources.**