

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

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

NON-EMERGENCY TRANSPORTATION PROVIDERS

EFFECTIVE July 1, 2014

Procedure Codes to be used Block 24D of Claim Form

CODE	DESCRIPTION	BASE RATES ALLOWED	FEE SCHEDULE
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*	\$ 22.26
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*	\$ 14.84 + \$0.70/mi
A0130	Non-emergency transportation: wheelchair van (<i>recipient is transported in a wheelchair</i>)	2*	\$ 14.84
S0209	Non-emergency transportation: wheelchair van; mileage <i>per mile</i> (greater than 15 miles)	N/A	+ \$2.11/mi
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	\$ 80.11
S0215	Non-emergency transportation: stretcher van mileage, <i>per mile</i>	N/A	+ \$2.11/mi
A0180	In-state lodging (includes taxes)		\$ 72.07/night
A0190	All meals – full day		\$ 26.72
A0191	Meal – breakfast		\$ 5.20
A0192	Meal – lunch		\$ 8.15
A0193	Meal – dinner		\$ 13.34
A0200	Out-of-state lodging (includes taxes)		\$ 98.80/night
A0210	Attendant		\$ 7.27/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.