

MEDICAID COVERED SERVICES

This table contains general information about services. For detailed information regarding, «ordering/referring/prescribing requirements,» service authorization, and coverage information for specific services, refer to the specific service manual or chapter within this manual.

Covered services are subject to change based on changes in funding, legislative action, and changes in administrative rules.

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
1915(i) Services	No	Yes	Yes, see 1915(i) chapter	Yes
Ambulance services	No	No	For emergency out of state transport: referring providers have 48 hours following the service to notify ND Medicaid of transport	No
Ambulatory surgical services	Yes	No	Some services require SA from Acentra Health	No
Audiology	Yes	No	No	No
Autism Spectrum Disorder Applied Behavioral Analysis Service	No	No. Services must be included in the plan of care.	Yes, annual, and 180-day update.	Yes, must be under 21 years of age.

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Behavioral health services	No	No	No	No
Certified nurse midwife services	No	No	No	No
Chiropractic services	No	20 manipulations per year; x-rays 2 per year	Yes, after limits are met	No
Dental services	No	Some limits apply - see Dental manual	Some services require SA – see Dental manual.	Some age restrictions apply. See Dental manual
Durable medical equipment, medical supplies, prosthetic providers, hearing aids	Yes	Some limits apply - see DME manual	Some services require SA - see DME manual	Some age restrictions apply. See DME manual
Emergency Services, and follow-up care	<p>For services received in the emergency room that are billed as an emergency, no referral required.</p> <p>Referral required for follow-up care, unless follow-up care is provided by the PCP.</p>	No	No	No

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Family planning	No	No	No	No
Federally qualified health centers (FQHC)	No if the FQHC is the PCP or a practitioner affiliated with the FQHC is the PCP.	No	No	No
Health Tracks (EPSDT) Screening	No	No	No	Yes, through age 20.
Home and community-based services (HCBS waiver)	No	No	Must be screened and meet level of care	No
Home health care services	Yes	50 visits per year	Yes, after limit is met	No
Hospice	No	Some limits apply	Hospice election and certification required	No
Hospitals (inpatient)	No	rehab limited to 30 days per stay for adults	Some in-state services require SA. All out of state admissions require SA	No
Hospital swing bed services	No	No	Yes, must meet level of care	No
Immunizations	No	No	No	Yes, some age restrictions apply

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Inpatient psychiatric services	No	Yes	Yes, must meet certificate of need if under age 21	Yes, services provided in an IMD to members 21 through 64 are noncovered
Intermediate care facilities for individuals with intellectual disabilities	No	No	Yes, must meet level of care	No
Laboratory	Yes, except for independent labs	No	Some services require a SA	No
Local Public Health Units	No	No	No	No
Medical Nutritional Therapy	Yes	Yes, 4 hours per year	Yes, after limit is met.	No
Medication Therapy Management	No	Some limits apply. See ND Medicaid Medication Therapy Manual	Service Authorization recommended. See ND Medicaid Medication Therapy Manual	No
Nonemergency medical transportation	No	No	Yes, administered by human service zones	No

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Nurse practitioner services	Yes, unless care received in same clinic as PCP	No	No	No
Nursing facility services	No	No	Yes, must meet level of care	No
Occupational therapy	Yes	30 visits per year for ages 21 and over	Yes, after limit is met	No
Optometric services	No	Some limits apply – see Optometric and Eyeglass Services chapter	Some services require SA – see Optometric and Eyeglass Services chapter	No
Orthodontia	May be referred from Health Tracks or dentist.	No	Yes, must be referred by Health Tracks	Yes, through age 20.
Partial hospitalization program	No	No	No	No
Personal care services in a member’s home	No	Service limits apply	Yes	No
Pharmacy	No	Some limits apply - see pharmacy manual	Some services require SA - see pharmacy manual	No

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Physical therapy	Yes	30 visits per year for ages 21 and over	Yes, after limit is met	No
Physician services, Primary Care	Yes, unless care received in same clinic as PCP	No	No	No
Physician Services, Specialty Care	Yes, except for services provided by a psychiatrist or obstetrician/gynecologist	Limits apply to some specialist services	Some services require	No
Podiatry	No	No	No	No
Private duty nursing	No	Yes	Yes	No
Psychiatric Residential Treatment facilities (PRTF)	No	No	Yes, must meet certificate of need	Under 21 only
Radiology	Yes, unless independent provider	No	No	No
Behavioral Health Rehabilitative Services	No	Some limits apply. See Behavioral Health Services Manual	Some services require SA. See Behavioral Health Services Manual	Some services are restricted to certain ages. See Behavioral Health Services Manual

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Rural health clinics (RHC)	No, if the RHC is the PCP or a practitioner affiliated with the RHC is the PCP.	No	No	No
School-based Services (Individualized Education Plans (IEPS) & Non-IEPs)	No	No	Some services require SA	Under 21 only
Speech therapy	Yes	30 visits per year for ages 21 and over	Yes, after limit is met	No
Substance Use Disorder Treatment Services	No	No	No	No
Targeted case management	No	No	No	Yes, for child welfare, serious mental illness, and serious emotional disturbance

ⁱ The PCCM Program termed December 31, 2023, but the referral requirements will remain in place for all dates of service prior to the term date. Please refer to specific policies for referral, ordering and prescribing requirements.