

**ND Medicaid  
 Non-Emergency Transportation Fee Schedule  
 as of 7/1/2022**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply  
 Medicaid coverage, reimbursement, or lack thereof.

<b>Code</b>	<b>Description</b>	<b>Base Rate Allowed</b>	<b>Medicaid Fee</b>
A0080	Non-emergency transportation, per mile (non-commercial/volunteer)	N/A	\$0.58/mile
A0100	Non-emergency transportation; taxi	2*	\$24.51
S0215	Non-emergency transportation; mileage, per mile	greater than 15 miles	+ \$0.58/mile
A0110	Non-emergency transportation and bus, intra or inter state carrier		Ticket Price
A0120	Non-emergency transportation: mini-bus (member is ambulatory)	2*	\$16.35
A0170	Non-emergency transportation; mini-bus mileage, per mile	N/A	+ \$0.77/mile
A0130	Non-emergency transportation: wheelchair van (member is transported in a wheelchair)	2*	\$16.35
S0209	Non-emergency transportation; wheelchair van; per mile (greater than 15 miles)	N/A	+ \$2.33/mile
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	\$88.21
T2049	Non-emergency transportation; stretcher van, mileage; per mile	N/A	+ \$2.33/mile
A0180	In-state lodging (includes taxes)**		GSA rate***
A0190	All meals - full day**		\$29.42
A0191	Meal - breakfast**		\$5.74
A0192	Meal - lunch**		\$8.98
A0193	Meal - dinner**		\$14.70

**ND Medicaid  
Non-Emergency Transportation Fee Schedule  
as of 7/1/2022**

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

<b>Code</b>	<b>Description</b>	<b>Base Rate Allowed</b>	<b>Medicaid Fee</b>
A0200	Out-of-state lodging (includes taxes)**		GSA rate***
A0210	Attendant		\$8.01/hour

Providers will be reimbursed the lesser of the ND Medicaid Fee Schedule or the provider's usual and customary charge.

- \* A typical transport involved 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 Medical Services at 1-800-755-2604
- \*\* Reimbursement for meals and lodging is only allowed when medical services or travel arrangements require a member to be away overnight. Meals and lodging must be authorized by the county eligibility worker.
- \*\*\* The U.S. General Services Administration (GSA) established per diem lodging rates for the lower 48 Continental United States (CONUS), which are the maximum allowances that federal employees are reimbursed for expenses incurred while on official travel. The rates used for the North Dakota Fee Schedule will be the GSA rate as of January 1st of each calendar year.