

1915(i) Non-Medical Transportation

Purpose

Non-medical transportation service assists members with gaining access to 1915(i) and other community services, activities, and resources as specified in the member's person-centered plan of care when no other sources of transportation are available to the member at no cost.

Applicability

Eligible Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Eligible Members

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098. Refer to the [Member Eligibility Manual](#) for additional information regarding eligibility including information regarding limited coverage categories. This policy is for members receiving non-medical transportation and service providers rendering non-medical transportation. Non-medical transportation is available to members of all ages.

Covered Services and Limits

General Provider Policies

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

Non-medical transportation services are available to help a member work to achieve a goal(s) on their plan of care when there is no other reasonable way to travel to a location(s). Wherever possible a member's neighbors, family, friends, or community agencies who provide this service without charge must be used.

Examples where this service may be requested include transportation to:

- 1915(i) services
- A job interview
- College fair
- Grocery store or food bank
- Attending an AA or similar meeting if need to attend is specified in the member's plan of care
- Take a member to get their driver's license
- Securing a bus or public transportation pass for regular transportation needs
- Helping the member purchase a form of transportation to meet their needs – i.e. a bicycle, motorized scooter, vehicle, etc.
- Wellness seminar, or
- A GED preparatory class, as identified in the plan of care.

Non-medical transportation is offered in addition to medical transportation and transportation services under the Medicaid state plan and does not replace them. A member's transportation to a medical appointment would be covered under Non-Emergency Medical Transportation (NEMT) and not under Non-Medical Transportation.

Limits

Services are limited to a daily maximum of 8 hours (32 units).

Service Requirements

Members must be present for this service. All other options for transportation such as informal supports, community services, and public transportation must be explored and utilized prior to requesting non-medical transportation. This service is not intended to replace other transportation supports, but to compliment them. The member's care coordinator should be assisting the member in resolving transportation challenges so that non-medical transportation is a short-term service versus a long-term solution.

Non-Covered Services

- Time spent waiting for a member
- Transportation to a member's medical appointment
- The cost of staff transportation to or from the client's home or location
- Non-medical transportation cannot be billed at the same time as another 1915(i) service – i.e. a provider cannot transport a member and provide peer support at the same time.

Provider Qualifications

Group

A group non-medical transportation provider must meet all the following:

- Have a North Dakota Medicaid provider agreement and attest to the following:
 - Agency adheres to ND State Laws regarding motor vehicles, operating licenses, registration, insurance, and uses licensed public transportation carriers NDCC Title 39-06 Motor Vehicles and Operating License, and
 - Have a valid vehicle registration and current auto insurance if utilizing a company vehicle.

Individual

Individual non-medical transportation providers must:

- Have a valid government issued driver's license.
- Have a valid vehicle registration and current auto insurance if utilizing a personal vehicle.

Visit the [ND Department of Transportation webpage](#) to check the status of a driver's licenses.

Service Authorization Requirements

No service authorization required.

Non-Covered Services

General Non-Covered Services

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the Provider Requirements Policy. Non-medical transportation providers must provide a written monthly update to the care coordinator. Service documentation must include documentation that the member does not have any friends, family, neighbors, or community agencies who can provide this service at no

cost. See Documentation Guidelines section of [Provider Requirements policy](#) for Medicaid documentation requirements. Service documentation must occur in Therap using the Non-Medical Transportation Case Note beginning January 6, 2025.

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

Claim Requirements

Starting January 1, 2026, all claims for all services rendered on or after January 1, 2026 are to be submitted in the Therap billing module. Code T2001. Non-medical transportation is solely for transporting the client to and from their home to services/locations identified on the member's plan of care which are needed to help the member achieve a goal(s).

Providers can bill a single 15-minute unit for services greater than or equal to 8 minutes through and including 22 minutes. Providers should not bill for services performed for less than 8 minutes. If the duration of a service in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

1 unit: ≥ 8 minutes through 22 minutes

2 units: ≥ 23 minutes through 37 minutes

3 units: ≥ 38 minutes through 52 minutes

4 units: ≥ 53 minutes through 67 minutes

5 units: ≥ 68 minutes through 82 minutes

6 units: ≥ 83 minutes through 97 minutes

7 units: ≥ 98 minutes through 112 minutes

8 units: ≥ 113 minutes through 127 minutes

The pattern remains the same for times in excess of 2 hours.

References

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

Contact

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Policy Updates

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