

Medicaid Covered Services

PURPOSE

This policy contains general information about services covered by Medicaid.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing providers' National Provider Identifier (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll with ND Medicaid and be listed on the claim form. 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 Automated Voice Response System by dialing 1.877.328.7098.

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.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid, along with code-specific details such as ordering/referring/prescribing requirements, Service Authorization requirements, and current rates.

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

Service	Limits	Service Authorization Required	Age Restrictions
1915(i) Services	Yes	Yes, see 1915(i) chapter	Yes
Ambulance services	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	No	Some services require a service authorization (SA) from Acentra Health.	No
Audiology	No	No	No
Autism Spectrum Disorder Applied Behavioral Analysis Service	No. Services must be included in the plan of care.	Yes, annually, and a 180-day update.	Yes, must be under 21 years of age.
Behavioral health services	No	No	No
Certified nurse midwife services	No	No	No
Chiropractic services	20 manipulations per year; x-rays 2 per year	Yes, after limits are met.	No
Dental services	Some limits apply - see Dental manual	Some services require SA – see Dental manual .	Some age restrictions apply. See Dental manual.

Service	Limits	Service Authorization Required	Age Restrictions
Durable medical equipment, medical supplies, prosthetic providers, hearing aids	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	No	No	No
Family planning	No	No	No
Federally qualified health centers (FQHC)	No	No	No
Health Tracks (EPSDT) Screening	No	No	Yes, through age 20.
Home and community-based services (HCBS waiver)	No	Must be screened and meet level of care.	No
Home health care services	50 visits per year	Yes, after limit is met.	No
Hospice	Some limits apply	Hospice election and certification required.	No
Hospitals (inpatient)	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	Yes, must meet level of care	No

Service	Limits	Service Authorization Required	Age Restrictions
Immunizations	No	No	Yes, some age restrictions apply
Inpatient psychiatric services	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	Yes, must meet level of care.	No
Laboratory	No	Some services require a SA.	No
Local Public Health Units	No	No	No
Medical Nutritional Therapy	Yes, 4 hours per year	Yes, after limit is met.	No
Medication Therapy Management	Some limits apply. See ND Medicaid Medication Therapy Manual	Service Authorization recommended. See ND Medicaid Medication Therapy Manual .	No
Nonemergency medical transportation	No	Yes, administered by human service zones.	No

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

Service	Limits	Service Authorization Required	Age Restrictions
Physician Services, Specialty Care	Limits apply to some specialist services.	Some services require an SA.	No
Podiatry	No	No	No
Private duty nursing	Yes	Yes	No
Psychiatric Residential Treatment facilities (PRTF)	No	Yes, must meet certificate of need.	Under 21 only
Radiology	No	No	No
Behavioral Health Rehabilitative Services	Some limits apply. See Behavioral Health Services Manual	Some services require SA. See Behavioral Health Rehab Services .	Some services are restricted to certain ages. See Behavioral Health Services Manual
Rural health clinics (RHC)	No	No	No
School-based Services (Individualized Education Plans (IEPS) & Non-IEPs)	No	Some services require SA. See School Based Services .	Under 21 only
Speech therapy	30 visits per year for ages 21 and over	Yes, after limit is met.	No

Service	Limits	Service Authorization Required	Age Restrictions
Substance Use Disorder Treatment Services	No	No	No
Targeted case management	No	No	Yes, for child welfare and behavioral health.

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](#).

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.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability 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.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

REFERENCES

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

RELATED POLICIES

- [Ordering/Referring/Provider Providers](#)
- [Noncovered Medicaid Services](#)

CONTACT

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POLICY UPDATES

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Section	Summary
Covered Services and Limits	Removed the entire column titled Referral Required from Primary Care Provider due to the PCCM Program ending December 2023. Replaced 'serious mental illness, severe emotional disturbance' with behavioral health in the Targeted Case Management row.
	Format changes and clarifications added throughout