COMMUNITY PARAMEDICINE

PURPOSE

Community paramedicine services are a Medicaid-covered service rendered by a community paramedic, community advanced emergency technician or community emergency medical technician under the supervision of a physician, physician assistant or advanced practice registered nurse.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (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.

Community Paramedicine services can be provided by the following enrolled providers as allowed by their scope of their licensure:

- Community emergency medical technician
- Community advanced emergency medical technician
- Community Paramedic

Community Paramedicine services must be referred by a physician, physician assistant, or advanced practice registered nurse and delivered to a Medicaid enrolled member to receive Medicaid reimbursement.

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.

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.

All covered services must be delivered by an eligible provider who is employed by an ambulance service or hospital. The following services are covered:

- Health assessment;
- Chronic disease monitoring and education;
- Vaccine administration;
- Laboratory specimen collection;
- Follow-up care;
- Comprehensive health and safety assessment;
- Wound management;
- Assess and report compliance with established care plan;
- Medication management; and
- Other interventions within the scope of practice for each licensure level as approved by a supervising physician, physician assistant, or advanced practice registered nurse.

LIMITS

The member is limited to 50 visits in a year.

SERVICE AUTHORIZATION REQUIREMENTS

Requests to exceed service limits require a service authorization (SFN 481).

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.

Community Paramedicine services may not duplicate other ND Medicaid services. If a community paramedicine provider is qualified to provide another service covered by ND Medicaid, the community paramedicine provider must enroll under that provider type and bill under the guidelines for that service. Example: A community paramedicine provider provides ambulance services; the community paramedicine services must complete a separate enrollment as an ambulance provider and bill as an ambulance provider.

Noncovered Community Paramedicine Services include:

- Travel time;
- Mileage;
- If the member requires ambulance transport, services must be billed in accordance with the Ambulance Services policy;
- Personal care services; and
- Services related to hospital-acquired conditions or treatments.

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 and include:

- Location of service delivery;
- Services delivered;
- Time spent with the member, including start and stop times; and
- Referral.

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 sources 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.

CPT® 99600 - Unlisted home visit service or procedure is to be used by enrolled Community Paramedicine providers for the following covered services.

- Health assessment;
- Chronic disease monitoring and education;
- Follow-up care;
- Comprehensive health and safety assessment;
- Wound management;
- Assess and report compliance with established care plan; and
- Medication management.

Immunizations and their administration CPT® codes can be found in the Immunization Policy.

Venipuncture and laboratory services information can be found in the Laboratory and Pathology Services Policy.

FQHCs, RHCs, IHS and THPs

CPs working for an encounter-based provider will not generate an encounter payment. Any claims for CP services provided will be paid at the current fee for service (FFS) rate for CPs.

CLAIM FORM

Community paramedicine services must be billed using the CMS 1500 claim form or 837p. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual webpage.

CLAIM REQUIREMENTS

The place of service code listed on the claim must be the member's home or place of residence.

- Home 12
- Homeless Shelter 04
- Custodial Care Facility 33
- Outreach Site or Street 27

DEFINITIONS

Advanced Emergency Medical Technician - an individual certified by the national registry as an advanced emergency medical technician. An advanced emergency medical technician is eligible for licensure as an advanced emergency medical technician upon completion of a license application and approval by the department.

Emergency Medical Technician - an individual certified by the national registry as an emergency medical technician. An emergency medical technician is eligible for licensure as an emergency medical technician upon completion of a license application and approval by the department.

New Patient - a new patient is one who has not received any professional services, [e.g., E/M service or other face-to-face service (e.g., surgical procedure)] from the physician/qualified healthcare provider or physician/qualified healthcare provider group practice (same specialty) within the previous 3 years.

Paramedic - a person who has fulfilled the training, testing, certification, and licensure process for paramedic as required in chapter 33-36-01.

REFERENCES

- North Dakota Administrative Code
- North Dakota Century Code
- Code of Federal Regulations

RELATED POLICIES

- Ambulance Services
- Immunizations
- Laboratory and Pathology Services
- Non-Emergency Medical Transportation
- Ordering/Referring/Prescribing Providers

CONTACT

Medical Services
600 East Boulevard Ave
Bismarck, ND 58505-0250
Phone: (701) 328-2310
Email: dhsmedicalservices@nd.gov

POLICY UPDATES

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Section	Summary
	Policy created