

## **Non-Emergency Medical Transportation (NEMT)**

### **PURPOSE**

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Non-emergency medical transportation (NEMT) includes services provided by an individual, taxi, van, bus, airline, train, or other commercial carrier. NEMT may also include lodging and meal reimbursement.

### **APPLICABILITY**

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#### **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.

Friends, family, or neighbors may enroll to provide non-emergency medical transportation as well as individuals who provide foster care, kinship, or guardianship. A court-ordered guardian of a vulnerable adult may enroll as a transportation provider and is eligible for reimbursement to transport an ND Medicaid eligible adult to and from covered medical and dental appointments.

A NEMT provider must be enrolled in the ND Medicaid program and meet all applicable licensing requirements. Providers are required to maintain current vehicle registration and proper insurance coverage for vehicles used to transport members at all times. Proof of registration and insurance coverage is not required upon enrollment but must be submitted if requested by the Department. All providers, including any hired drivers, are required to have a valid government issued driver's license. Commercial providers are required to maintain a copy of the valid driver's license for every driver in the employee's personnel file. Failure to maintain adequate registration, insurance coverage and/or valid driver's licenses for all drivers may result in termination of Medicaid enrollment.

#### **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.

## **COVERED SERVICES, LIMITS, AND SERVICE AUTHORIZATIONS**

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### **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 ORP requirements, Service Authorization requirements, and current rates.

Human services zone or tribal offices authorized by ND Medicaid to approve and provide transportation must determine the most efficient, economical, and appropriate means of transportation to meet the member's medical needs. Except for transportation from a hospital (see below), other NEMT must be prior approved using the Non-Emergency Medical Transportation Authorization [SFN 1507](#). Human services zones and tribes are responsible for approving transportation and issuing the necessary reimbursement forms. A copy of the approved [SFN 1507](#) must be provided to the transportation provider prior to transportation of the member.

Tribal offices are not required to obtain approval from a human services zone to transport members in state. Tribal offices are required to obtain authorization from the human services zone for transportation, meals, and lodging for a member receiving out-of-state services.

A member may choose to obtain medical or dental services outside the member's community. If similar medical or dental services are available within the community and the member chooses to seek medical or dental services elsewhere, transportation expenses may not be covered by ND Medicaid.

If a member fails to comply with a hotel's or transportation provider's policy resulting in eviction, ND Medicaid will deny the claim payment. This means the member will be responsible for the transportation charges.

### **USUAL AND CUSTOMARY CHARGES**

ND Medicaid requires providers to bill their usual and customary fee charged to their largest share of business other than Medicaid. A transportation provider whose business includes riders in addition to members cannot charge Medicaid more than the rate charged to its non-Medicaid riders. If a transportation provider discounts multiple rider trips for non-Medicaid riders, the provider also must discount the amount billed for members and must charge the same rates (including free rides) to members. If a provider serves only members, the rate charged to Medicaid is the usual and customary fee.

### **TRANSPORTATION OF INDIVIDUALS WITH A DISABILITY**

The below three criteria must be met for transportation of an individual with a disability via a wheelchair van or stretcher van:

- The member must have a mobility impairment of a severity that prevents the member from safely accessing and using a bus, taxi, private automobile, or other common carrier transportation;
- The trip must be to or from a ND Medicaid covered service; and
- The trip must be authorized by the human services zone or tribal office with a SFN 1507.

### **TRANSPORTATION BY PRIVATE VEHICLE**

Non-commercial/volunteer (private) vehicle mileage reimbursement will be according to the Medicaid fee schedule and requires a Non-Emergency Medical Transportation Authorization SFN 1507 from the appropriate human services zone or tribal office. Providers may bill for only one member, regardless of the number of members being transported during a trip. Mileage is determined by map miles from the residence or community of the member to the medical facility. When necessary, to ensure volunteer drivers continue to provide transportation services to a member, the human services zone may request authorization from ND Medicaid to make payment for additional mileage. Private vehicle mileage may be billed to ND Medicaid only upon completion of the service. Private vehicle mileage may be allowed if the member or a household member does not have a vehicle that is in operable condition or if the health of the member or household member does not permit safe operation of the vehicle. Private vehicle mileage may only be billed for the distance travelled with the member in the

vehicle (loaded mileage) may not bill for the distance travelled to pick up the member or the return trip to the non-commercial or volunteer's residence or business location after the member has been dropped off.

### **TRANSPORTATION BY TAXI**

Transportation via taxi must be prior approved using the SFN 1507. Members must contact the human services zone or tribal office to determine if taxi transportation is the most appropriate and economical means of transportation for the member to their medical or dental appointment. The human services zone or tribal office may provide the approved Taxi Voucher to the member or the taxi provider. The taxi provider is responsible for keeping the SFN 1507 on file to support each claim submitted for reimbursement.

Taxi service will only be allowed from the member's home, school, or work to their medical or dental appointment. The return trip from the medical or dental appointment will only be allowed to the member's home, school, or work. Mileage is determined by map miles from the pickup location of the member to the medical or dental facility. ND Medicaid allows exceptions when an emergency arises at another location other than those listed above, i.e. a member becomes ill while at a restaurant and needs medical attention, with no other means of transportation available. This exception must be documented by the taxi company for review by ND Medicaid.

### **MINIBUS, WHEELCHAIR VAN, AND STRETCHER VAN**

Transportation via minibus, wheelchair van or stretcher van must be prior approved using the Non-Emergency Medical Transportation authorization SFN 1507. Providers may bill for only one member, regardless of the number of members being transported during a trip. Members must contact the human services zone or tribal office to determine if taxi transportation is the most appropriate and economical means of transportation for the member to their medical or dental appointment. The human services zone or tribal office will provide the approved SFN 1507 to the member or the provider. The provider is responsible for keeping the SFN 1507 on file to support each claim submitted for reimbursement. A Minibus is defined as a small bus for 8 to 15 passengers. A Wheelchair Van is defined as any van that has a wheelchair lift. A stretcher van is vehicle that contains a stretcher that is operated to accommodate an incapacitated person or person with a disability who does not require medical monitoring, aid, care or treatment during transport.

Transportation will only be allowed from the member's home, school, or work to their medical or dental appointment. The return trip from the medical or dental appointment will only be allowed to the member's home, school, or work. Mileage is determined by map miles from the pickup location of the member to the medical or dental facility. ND Medicaid allows exceptions when an emergency arises at another location other than those listed above, i.e. a member becomes ill while at a restaurant and needs medical attention, with no other means of transportation available. This exception must be documented by the provider for review by ND Medicaid.

### **URGENT TRANSPORTATION**

In the event of an urgent medical situation, the NEMT provider is responsible for acquiring either the SFN 1507 from the appropriate human services zone or tribal office after the transportation has been provided. NEMT providers are required to request the authorization within 72 hours after providing urgent transportation. The human services zone or tribal office has five business days to provide the transportation provider with an approval or denial for the retroactive authorization. An approved retroactive authorization must include in the "Destination" field if it was an ER or after-hours urgent care visit. The use of retroactive authorizations is limited to members being transported on weekends, evenings, or holidays when the human services zone or tribal office is not open.

### **NURSING FACILITY TRANSPORTATION**

#### In-State Nursing Facilities

ND Medicaid covers medically necessary transportation from a hospital to a nursing facility of the member's choice.

An in-state nursing facility may not bill ND Medicaid or charge a Medicaid eligible resident for transportation services provided by the facility.

#### Minnesota Nursing Facilities

Non-emergency medical transportation of members residing in Minnesota nursing facilities is covered by ND Medicaid and is paid separately from the daily rate paid to the nursing facility.

### **TRANSPORTATION FROM HOSPITAL**

Upon discharge from an inpatient or outpatient service, hospitals may arrange and authorize the medically appropriate mode of transportation based on the member's medical condition with an enrolled NEMT provider. Hospital staff must verify the member's eligibility and complete the Medical Certificate of Transportation Services

(SFN 249). A copy must be furnished to the NEMT provider, and a copy kept in the member's medical record.

## **OUT OF STATE**

Out of state transportation/meals/lodging to a provider located more than 50 miles from the nearest ND border requires a service authorization from ND Medicaid. If the out of state service is not authorized by ND Medicaid, any transportation expenses associated with the out of state service becomes the expense of the member.

## **MEALS AND LODGING**

Payment for meals and lodging is allowed only when medical services or travel arrangements require a member to stay overnight. Payment will be made only to enrolled providers and according to the ND Medicaid fee schedule. Payment will not be made to the member.

Overnight travel is defined as pre-approved travel requiring an overnight stay. This may apply when the member must travel the day prior to an appointment to arrive on time or prepare for the appointment or upon completion of the appointment if the return home is excessively burdensome or is not feasible for the member.

## **EXPENSES FOR DRIVER AND/OR ATTENDANT**

Meal and lodging expenses may be authorized for a driver. Meal and lodging expenses may be authorized for an attendant only if the referring provider determines an attendant is medically necessary. Meal and lodging expenses may not be authorized for both a driver and an attendant unless the referring provider determines that one individual cannot function both as driver and attendant. Meal and lodging expenses are not allowed for a driver or attendant while the member is a patient in a medical facility unless it is more economical for the driver or attendant to remain in the service area. Meal and lodging expenses may be authorized for one parent to travel with a child who is under eighteen (18) years of age. Meal and lodging expenses will not be authorized for another driver, attendant, or parent unless the referring provider determines that another driver, attendant, or parent's presence is necessary for the physical or medical needs of the child.

## **PARENT/LEGAL GUARDIAN TRANSPORTED WITHOUT MEMBER**

ND Medicaid allows the transportation, lodging, and meals for one parent/legal guardian of a member under the age of eighteen (18) without the member present to travel to and from the medical facility for the purpose of providing support and care to the member.

## **NON-COVERED SERVICES**

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### **GENERAL NON-COVERED SERVICES**

The Noncovered Services Policy contains a general list of services that are not covered by North Dakota Medicaid.

Noncovered NEMT services include:

- Transportation to a noncovered medical or dental service;
- Transportation of a member to a hospital or other health services site that is ordered by a court or law enforcement agency;
- Charges for luggage, stair carry of the member or other airport, bus, or railroad terminal services;
- Transportation of a member to a noncovered provider or location (e.g. grocery store, health club, school, etc.); or
- Parking fees.

### **NO SHOWS**

No shows/missed rides by Medicaid members for scheduled rides are not a distinct, reimbursable service and cannot be billed to Medicaid.

If a provider's policy is to bill all riders for missed appointments, the provider may bill Medicaid members directly. Any policy must be equally applied to all riders. A provider may not impose separate charges on Medicaid members, regardless of the payment source. Policies must be publicly posted or provided in writing to all riders.

### **UNLOADED MILES**

Unloaded miles are not a covered service by North Dakota Medicaid, only loaded or miles when a member is in the vehicle are covered. Unloaded miles may be approved at the department's discretion under certain circumstances. To request approval, send an email to the NEMT Administrator, include in the email the authorization issued by the Customer Support Center and the number of unloaded miles being requested. If approval is granted bill the total number of miles on the claim and attach the unloaded miles approval email to the claim.

## **DOCUMENTATION REQUIREMENTS**

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### **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](#).

Transportation providers are responsible for keeping written records for each member who is transported to a covered service. The record must include the provider Medicaid ID number, member name, member Medicaid ID number, time of the pick-up and drop off, address of pick-up, address of drop off, trip date, odometer readings and mileage. To protect the privacy of members, records should not include the name of the provider that the member has the appointment with and should only include the facility name and address.

Failure to maintain the required documentation may result in a transportation provider being terminated and ND Medicaid pursuing overpayment recoveries. Documentation must be retained for seven (7) years from the date of the last service provided.

Transportation providers must retain your records even if they stop providing transportation services. ND Medicaid and other federal and state agencies have the right to audit records and request supporting documentation for claims submitted for seven (7) years from the date of service.

## **REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS**

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### **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.

## **CLAIM FORM**

Services must be billed using the CMS 1500 claim form or the HIPAA compliant 837p format. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual webpage.

## **CLAIM REQUIREMENTS**

Transportation, lodging, and meal providers must bill for services via the North Dakota Web Portal using the electronic Travel, Meals, and Lodging claim submission web page. If a provider has a National Provider Identifier (NPI), they may bill on using the electronic professional claim via the North Dakota Web Portal.

Transportation services must be prior approved and authorized by the human services zone or tribe with a Non-Emergency Transportation Authorization SFN 1507 or by a hospital with a Medical Certificate of Transportation Services (SFN 1507).

In addition, a Non-Emergency Transportation Trip Ticket (SFN 296) must be completed and submitted by providers that bill the following codes:

<b>HCPCS Code</b>	<b>Description</b>
A0100	Non-emergency transportation; taxi
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: wheelchair van
A0170	Transportation ancillary: parking fees, tolls, other
S0209	Wheelchair van, mileage, per mile
S0215	Non-emergency transportation; mileage, per mile
T2005	Non-emergency transportation; stretcher van
T2049	Non-emergency transportation; stretcher van, mileage; per mile

Newly enrolled providers are placed on review for a period determined by ND Medicaid to ensure that procedures are followed, and correct documentation is submitted. During this review period NEMT providers are required to submit the applicable SFN 1507 and/or SFN 296 with each claim.

These forms are available at [www.nd.gov/eforms](http://www.nd.gov/eforms).

- SFN 1507
- SFN 294
- SFN 296

## REFERENCES

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

## RELATED POLICIES

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Ambulance Services

## CONTACT

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

## POLICY UPDATES

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### January 2025

Section	Updates
Requirements	Added section for commercial drivers.
Minibus, Wheelchair Van, and Stretcher Van	Section added
Billing Guidelines	Updated numbers of years records need to be retained.

**January 2026**

<b>Section</b>	<b>Updates</b>
	Format updates and clarifications added throughout