

OUT OF STATE SERVICES

PURPOSE

Out of state services are care or services rendered by a provider that is located more than 50 miles outside of North Dakota. An out of state provider may be an individual or a facility but may not be located outside the United States.

COVERED SERVICES

Out of state services provided to a member must be covered ND Medicaid services and rendered by a provider enrolled with ND Medicaid. In addition, out of state providers may receive payment for services rendered only under the following circumstances:

- The service has received service authorization from ND Medicaid; or
- The health service is provided in response to an emergency while a member is out of the state; or
- The health service is provided to a Non-Title IV-E child for whom North Dakota makes a state foster care payment or adoption assistance payment.

REQUESTING OUT OF STATE SERVICES

The member's North Dakota primary care provider and/or North Dakota specialty provider must submit a written request to ND Medicaid for authorization of each out of state service at least two weeks before scheduling an appointment.

Requests must include a Request for Service Authorization of Out of State Services ([SFN 769](#)), indicating:

- Member's name, date of birth and Medicaid number;
- Diagnosis;
- Reason for out of state care;
- The in-state primary care provider and/or specialist;
- The out of state practitioner and/or the facility being referred to;
- Current (within three months) medical information supporting the need for out of state services;
- A written second opinion from an appropriate in-state board certified specialist; and
- Assurance that the service is not available in North Dakota.

Upon receipt of the above information, ND Medicaid will determine if the request for out of state services meets requirements and will approve or deny the request in writing, which will be sent to the requesting in-state provider(s), member, out of state provider(s), and human service zone office. The human service zone office is

responsible for assisting members with travel, lodging, and meal arrangements, when requested through the Customer Support Center.

TELEHEALTH

Telehealth services provided to members while they are located in the State of North Dakota by ND Medicaid-enrolled out of state telehealth providers are not considered out of state care. The requirement to request authorization for out of state services does not apply in these situations. If the service itself requires service authorization the provider is still required to obtain authorization prior to rendering the service.

CHILDREN RECEIVING ADOPTION AND FOSTER CARE ASSISTANCE

Children residing out of state and receiving a state-funded adoption subsidy (Non-IV-E) may be eligible for Medicaid until the age of 18 and possibly to the age of 21 (if the resident state offers Medicaid to youth over the age of 18). The child may be eligible to receive Medicaid in their state of residence through the provisions of the Interstate Compact on Adoption and Medical Assistance (ICAMA).

When moving out of state, the adoptive parent must notify the human service zone office administering their subsidy payment.

- If the state of residence has facilitated joinder in the Interstate Compact and gives reciprocity to other member states, the child will qualify for Medicaid in the state of residence. The state of residence is then notified of the child's eligibility for Medicaid through the ICAMA notification process. This is done through the Children and Family Services Division of the Department of Health and Human Services.
- If the state of residence has NOT facilitated joinder in the Interstate Compact and does NOT give reciprocity to other member states, the child will NOT qualify for Medicaid in the state of residence. In these situations, the child may continue to receive Medicaid through North Dakota.

Many out of state providers are not enrolled with ND Medicaid and it is the responsibility of the adoptive parents to approach out of state providers about enrolling with ND Medicaid. Services provided to children with a state-funded subsidy that are not covered by ND Medicaid, may be funded through the state-funded adoption subsidy program.

Children in out of state placements with federal Title IV-E adoption subsidy or foster care payments are eligible for Medicaid in the state in which they reside. This includes temporary foster care placements.

Out of state providers that want to be reimbursed for covered services provided to children in foster care must enroll with ND Medicaid. Payment for services not covered by ND Medicaid may be the responsibility of a public agency and/or family.

OUT OF STATE EMERGENCY SERVICES

Emergency out of state services are allowable at the in-state physician's discretion but are subject to ND Medicaid review. The transferring facility must notify ND Medicaid within 48 hours of transfer. Documentation must include:

- A completed Request for Service Authorization for Out of State Services ([SFN 769](#));
- Date of transfer;
- Mode of transportation; and
- Medical documentation, including the discharge summary.

The in-state facility must provide medical evidence for the need for air ambulance whenever it is used.

When a member receives emergent medical or surgical care when traveling outside of North Dakota, the out of state facility must submit the admission history and physical and discharge summary to ND Medicaid for review to determine the medical necessity of the service.

URGENT OR EMERGENCY SERVICES FOR MEMBERS TEMPORARILY OUT OF THE STATE

In certain circumstances, ND Medicaid may cover urgent or emergency services for a member who is temporarily traveling outside of North Dakota. The out of state provider must enroll as a ND Medicaid provider and must submit supportive medical reports. Refer to the Out of State Provider section in the [Provider Enrollment](#) policy.

ND Medicaid does not cover any services received outside of the United States.

SERVICES FOR INDIVIDUALS WITH A TRAUMATIC BRAIN INJURY (TBI)

Out of state services in a specialized facility/program for an individual with a traumatic brain injury requires service authorization. Requirements include:

- A letter of medical necessity from the attending physician;
- Complete documentation of clinical history;
- Treatment and test results;
- A listing of past placements and placement date; and
- Information regarding attempt to place in state.

The clinical information furnished by the referral source will be reviewed to determine if out of state placement is appropriate and medically necessary. If approval is granted, ND Medicaid will send an approval notice.

If the out of state facility is a Minnesota nursing facility specializing in services for individuals with a TBI, an out of state referral or approval is not required. However, the admitting Minnesota nursing facility must obtain a level of care determination from ND Medicaid's current contractor. Information regarding level of care procedures and screening forms are available in the [Nursing Facilities](#) policy.

OUT OF STATE PSYCHIATRIC SERVICES FOR CHILDREN UNDER 21

Out of state psychiatric services for children under 21 require prior approval by ND Medicaid. A North Dakota agency requesting out of state psychiatric services for a child under 21 must ensure that appropriate in-state services are unavailable. The referring agency must be able to substantiate that:

- Treatment options within North Dakota have been provided with little to no improvement in the child's behavioral disorder (e.g., outpatient, acute inpatient, or residential treatment centers);
- The child has been denied admission to available North Dakota facilities; or
- The program out of state is so unique that similar services are not available in North Dakota.

After ND Medicaid approval and prior to the child's admission, the out of state facility must complete an admission review with the ND Medicaid contractor to assure the child's cares and conditions meet North Dakota's certificate of need (CON) criteria. Additional information and CON forms are available in the manuals for psychiatric services for children under 21 located in the [Psychiatric Residential Treatment Facilities](#) policy.

SUMMARY OF POLICY UPDATES

January 2025

Section	Updates
Requesting Out of State Services	Clarification added about requesting services through the Customer Support Center.