SOUTH DAKOTA MEDICAID
TRANSPORTATION EXCEPTIONS FORM

Transportation providers requesting an exception should complete sections one and two of the form and return it to South Dakota Medicaid for consideration. South Dakota Medicaid has five business days from the date we receive the form to determine whether an exception will be granted. For an exception to be granted it has to result in an overall cost savings for the department. Covered transportation services do not require an exception. Refer to the applicable provider manual for coverage guidance.

Please email the completed form to DSS.Medicaid@state.sd.us

Approved Transportation Exception claims need to be uploaded to the Medicaid Portal or mailed:
Medical Services
Attn. Transportation Claims Processor
700 Governors Dr
Pierre, SD 57501

SECTION 1: MEDICAID RECIPIENT INFORMATION	
Recipient Name:	Medicaid ID Number:
SECTION 2: TRIP INFORMATION	
Date of Trip:	Type of Transportation:
Provider Name:	Provider NPI:
Provider Phone Number:	Provider Email:
Pick-up Location:	Pick-up Address:
Destination Location:	Destination Address:
Mileage:	
Travel Exception Requested and Rationale:	
*****FOR INTERNAL USE ONLY*****	
SECTION 3: COST SAVINGS	
Cost Savings Rationale:	

SECTION 4: DETERMINATION AND EXPLANATION
Notes:
SECTION 4: SIGNATURE
I approve this transportation exception in accordance with the department's authority found in ARSD 67:16:25:02 or ARSD 67:16:25:04. **NAME:** _____ **TITLE:** _____ **SIGNATURE:** _____ **DATE:** _____