

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. Transportation services covered in [ARSD Ch. 67:16:25](#) do not require an exception. Please email the completed form to Medical@state.sd.us.

SECTION 1: MEDICAID RECIPIENT INFORMATION	
Recipient Name:	Medicaid ID Number:
SECTION 2: TRIP INFORMATION	
Date of Trip:	Type of Transportation:
Provider Name:	Provider Number:
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 5: 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:** _____