

ND MEDICAID *AMBULANCE* FEE SCHEDULE

as of 7/01/2019

Inclusion of a procedure code or service does not imply Medicaid coverage,
reimbursement, or lack thereof.

CODE	DESCRIPTION	MEDICAID FEE
A0425	Ground mileage, per statute mile, bls & als	\$9.14
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1), including supplies	\$342.04
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$541.56
A0428	Ambulance service, basic life support, non-emergency transport, (bls), including supplies	\$285.03
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$456.05
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,352.12
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$3,897.33
A0433	Advanced life support, level 2 (als 2)	\$783.84
A0434	Specialty care transport	\$926.35
A0435	Fixed wing air mileage, per statute mile	\$10.30
A0436	Rotary wing air mileage, per statute mile	\$27.52
A0998	Ambulance response and treatment, no transport	\$285.03