

**ND Medicaid
 Ambulance Services Fee Schedule
 as of 7/1/2020**

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

Code	Description	Medicaid Fee
A0425	Ground mileage, per statute mile, bls & als	\$9.37
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (als 1), including supplies	\$350.59
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$555.10
A0428	Ambulance service, basic life support, nonemergency transport, (bls), including supplies	\$292.16
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$467.45
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,435.92
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$3,994.76
A0433	Advanced life support, level 2 (als 2)	\$803.44
A0434	Specialty care transport	\$949.51
A0435	Fixed wing air mileage, per statute mile	\$10.56
A0436	Rotary wing air mileage, per statute mile	\$28.21
A0998	Ambulance response and treatment, no transport	\$292.16