

**ND Medicaid  
 Ambulance Services Fee Schedule  
 as of 7/1/2022**

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

<b>Code</b>	<b>Description</b>	<b>Medicaid Fee</b>
A0425	Ground mileage, per statute mile, bls & als	\$9.58
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (als 1), including supplies	\$358.49
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$567.62
A0428	Ambulance service, basic life support, nonemergency transport, (bls), including supplies	\$298.75
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$477.99
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,513.40
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$4,084.85
A0433	Advanced life support, level 2 (als 2)	\$821.56
A0434	Specialty care transport	\$970.92
A0435	Fixed wing air mileage, per statute mile	\$10.80
A0436	Rotary wing air mileage, per statute mile	\$28.84
A0998	Ambulance response and treatment, no transport	\$298.75