

**ND Medicaid**  
**Ambulance Services Fee Schedule**  
**as of 7/1/2024**

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	\$10.17
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (als 1), including supplies	\$380.32
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$602.19
A0428	Ambulance service, basic life support, nonemergency transport, (bls), including supplies	\$316.94
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$507.10
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,727.36
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$4,333.62
A0433	Advanced life support, level 2 (als 2)	\$871.60
A0434	Specialty care transport	\$1,030.05
A0435	Fixed wing air mileage, per statute mile	\$11.45
A0436	Rotary wing air mileage, per statute mile	\$30.60
A0998	Ambulance response and treatment, no transport	\$316.94