

## ND MEDICAID *AMBULANCE* FEE SCHEDULE

as of 11/01/2018

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	\$8.96
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1), including supplies	\$335.33
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$530.94
A0428	Ambulance service, basic life support, non-emergency transport, (bls), including supplies	\$279.44
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$447.11
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,286.39
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$3,820.91
A0433	Advanced life support, level 2 (als 2)	\$768.47
A0434	Specialty care transport	\$908.19
A0435	Fixed wing air mileage, per statute mile	\$10.10
A0436	Rotary wing air mileage, per statute mile	\$26.98
A0998	Ambulance response and treatment, no transport	\$279.44