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**ND Medicaid  
Ambulance Services Fee Schedule  
as of 7/1/2025**

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	\$10.37
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (als 1), including supplies	\$387.93
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency), including supplies	\$614.23
A0428	Ambulance service, basic life support, nonemergency transport, (bls), including supplies	\$323.28
A0429	Ambulance service, basic life support, emergency transport (bls-emergency), including supplies	\$517.24
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$3,801.91
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$4,420.29
A0433	Advanced life support, level 2 (als 2)	\$889.03
A0434	Specialty care transport	\$1,050.65
A0435	Fixed wing air mileage, per statute mile	\$11.68
A0436	Rotary wing air mileage, per statute mile	\$31.21
A0998	Ambulance response and treatment, no transport	\$323.28