NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

AMBULANCE PROVIDERS

EFFECTIVE JULY 1, 2014

Procedure Codes to be used in Block 24D of Claim Form

CODE	DESCRIPTION	REIMBURSEMENT RATE
A0425	Ground mileage, per statute mile, BLS & ALS	$ 8.36
A0426	Ambulance service, advanced life support, non-emergency Transport, Level I (ALS1), including supplies	$ 278.04
A0427	Ambulance service, advanced life support, emergency transport, Level I (ALS1 – emergency), including supplies	$ 440.22
A0428	Ambulance service, basic life support, non-emergency transport, (BLS), including supplies	$ 231.70
A0429	Ambulance service, basic life support, emergency transport, (BLS-emergency), including supplies	$ 370.72
A0430	Ambulance service, conventional air services. Transport, one way (fixed wing)	$ 3,190.67
A0431	Ambulance service, conventional air services. Transport, one way (rotary wing)	$ 3,709.62
A0435	Fixed wing air mileage, per statute mile	$ 9.81
A0436	Rotary wing air mileage, per statute mile	$ 26.19
A0998	Ambulance response and treatment, no transport	$ 118.67