

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION**

SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES

AMBULANCE PROVIDERS

EFFECTIVE JULY 1, 2009

**Procedure Codes To Be Used
Block 24D of Claim Form**

CODE	DESCRIPTION	REIMBURSEMENT RATE
A0425	Ground mileage, per statute mile, BLS	\$ 6.87
A0426	Ambulance service, advanced life support, non-emergency Transport, Level I (ALS1), including supplies *	\$228.59
A0427	Ambulance service, advanced life support, emergency transport, Level I (ALS1 – emergency), including supplies *	\$361.93
A0428	Ambulance service, basic life support, non-emergency transport, (BLS), including supplies	\$190.49
A0429	Ambulance service, basic life support, emergency transport, (BLS-emergency), including supplies	\$304.79
A0430	Ambulance service, conventional air services. Transport, one way (fixed wing) *	\$2,623.22
A0431	Ambulance service, conventional air services. Transport, one way (rotary wing) *	\$3,049.87
A0435	Fixed wing air mileage, per statute mile	\$8.07
A0436	Rotary wing air mileage, per statute mile	\$21.53
A0998	Ambulance response and treatment, no transport	\$97.57