

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

**SUPPLEMENTAL MEDICAID BILLING INSTRUCTIONS AND FEES**

**AMBULANCE PROVIDERS**

**EFFECTIVE JULY 1, 2012**

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

<b>CODE</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT RATE</b>
A0425	Ground mileage, per statute mile, BLS & ALS	\$ 7.73
A0426	Ambulance service, advanced life support, non-emergency Transport, Level I (ALS1), including supplies	\$ 257.07
A0427	Ambulance service, advanced life support, emergency transport, Level I (ALS1 – emergency), including supplies	\$ 407.01
A0428	Ambulance service, basic life support, non-emergency transport, (BLS), including supplies	\$ 214.22
A0429	Ambulance service, basic life support, emergency transport, (BLS-emergency), including supplies	\$ 342.75
A0430	Ambulance service, conventional air services. Transport, one way (fixed wing)	\$ 2,949.95
A0431	Ambulance service, conventional air services. Transport, one way (rotary wing)	\$ 3,429.75
A0435	Fixed wing air mileage, per statute mile	\$ 9.07
A0436	Rotary wing air mileage, per statute mile	\$ 24.21
A0998	Ambulance response and treatment, no transport	\$ 109.72