

◆ DOC Ambulance Fee Schedule ◆

Effective 1/1/2023

*****This fee schedule only applies to FOR PROFIT medical transport companies AND ambulance services included under HOSPITAL.**

HCPCS Code	Description	Allowed Amount	Comments
Air Ambulance			
Base Rate			
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$910.81	Per client transported.
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$804.45	Per client transported.
Mileage			
A0435	Fixed wing air mileage, per statute mile	\$5.50/air mile	One way, per flight, equally divided by the number of clients transported.
A0436	Rotary wing air mileage, per statute mile	\$13.31/air mile	One way, per flight, equally divided by the number of clients transported.
Ground Ambulance			
Basic Life Support (BLS)			
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	\$115.34	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	\$115.34	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
Advanced Life Support , Level 1 (ALS1)			
A0426	Ambulance service, advanced life support non-emergency transport, level 1 (ALS 1)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
Advanced Life Support, Level 2 (ALS2)			
A0433	Ambulance service, advanced life support, emergency transport, level 2 (ALS 2)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
Specialty Care			
A0434	Specialty care transport (SCT)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
Mileage			
A0425	Ground mileage, per statute mile	\$5.08/mile	Origin and destination modifiers required.
Other Services			
A0170	Transportation ancillary: parking fees, tolls, other Invoice required.	BR	Origin and destination modifiers required.
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	\$23.18	<p>Pertinent documentation to evaluate medical appropriateness should be included when this code is reported. Origin and destination modifiers required.</p> <p>Justification required: * The client weighs 300 pounds or more; or * Client is violent or difficult to move safely; or * More than one client is being transported, and each requires medical attention and/or close monitoring.</p> <p>Note: HCA pays for an extra attendant in ground ambulance transports only. No payment is made for an extra attendant in air ambulance transports.</p>

A0998	Ambulance response and treatment, no transport	\$115.34	Modifiers are required depending upon the outcome/referral
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heduled is linked to Mediciad rates effective as of 7/1/2019 - this fee schedule will be updated as Medicaid updates are applied, any HCPCS transport code not on this FS is n