

"DOC Ambulance Fee Schedule"

Effective 1/1/2024

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

\*\*\*CITY/COUNTY operated medical transport is reimbursed per contract at UCR\*\*\*

HCPCS Code	Description	Allowed Amount	Comments
A0430	Air Ambulance Base Rate Ambulance service, conventional air services, transport, one way (fixed wing)	2632.24	Per client transported.
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	2936.24	Per client transported.
A0435	Fixed wing air mileage, per statute mile	\$8.64/air mile	One way, per flight, equally divided by the number of clients transported.
A0436	Rotary wing air mileage, per statute mile	\$22.36/air mile	One way, per flight, equally divided by the number of clients transported.
A0428	Ground Ambulance Basic Life Support (BLS) Ambulance service, basic life support, non-emergency transport (BLS)	207.61	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.
A0426	Ambulance service, advanced life support non-emergency transport, level 1 (ALS 1)	276.23	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.
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.
A0434	Specialty Care 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.
A0425	Mileage Ground mileage, per statute mile	\$6.86/ mile	Origin and destination modifiers required.
A0170	Other Services Transportation ancillary: parking fees, tolls, other Invoice required.	BR	Origin and destination modifiers required.  Pertinent documentation to evaluate medical appropriateness should be included when this code is reported. Origin and destination modifiers required.  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.
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	23.18	Note: HCA pays for an extra attendant in ground ambulance transports only. No payment is made for an extra attendant in air ambulance transports.
A0998	Ambulance response and treatment, no transport	115.34	Modifiers are required depending upon the outcome/referral

\*\*\*This fee scheduled is linked to Mediciad rates - any HCPCS transport code not on this FS is not covered\*\*\*