

# Ambulance Fee Schedule

Updated December 2014

## Emergency Ground Ambulance Effective August 1, 2012

Code	Description	Medicare Region							
		1	2	3	4	5	6	7	8
A0429	Basic life support	167.24	161.86	167.24	167.24	167.24	167.24	167.24	167.24
A0425	Mileage, per statute mile	6.64	6.64	6.64	6.64	6.64	6.64	6.64	6.64
A0427	Advanced life support, level 1	319.89	320.27	319.18	320.34	320.19	320.09	319.42	320.53
A0433	Advanced life support, level 2	319.89	320.27	319.18	320.34	320.19	320.09	319.42	320.53
A0434	Specialty care transport	319.89	320.27	319.18	320.34	320.19	320.09	319.42	320.53
A0382	Basic life support disposable supplies	7.06	1.76	15.98	13.15	13.15	13.15	15.98	4.38
A0398	Advanced life support routine disposable supplies	4.77	17.29	17.06	17.06	16.93	17.06	18.30	16.15
A0394*	ALS specialized service disposable supplies	24.81	24.81	24.81	24.81	24.61	24.81	24.81	24.81
A0422	Oxygen and supplies	55.16	55.16	55.16	55.16	54.30	55.16	55.16	55.16

\*A0394 is only payable when determined as medically necessary.

## Emergency Air Ambulance

Effective September 1, 2014

Code	Description	Trip origin parish *	
		Rural/Super-rural	Non-rural
A0430	One way, fixed wing	\$838.01	\$838.01
A0431	One way, rotary wing*	\$4,862.72	\$2,459.56
A0435	Mileage, fixed wing	\$8.38	\$8.38
A0436	Mileage, rotary wing	\$33.65	\$17.19

\*Effective September 1, 2014, rotary wing trips originating in parishes recognized as rural or super-rural by the U.S. Department of Health and Human Services are reimbursed at the above rates. When submitting claims, the procedure code must be appended with modifier 'TN' to indicate that the service was performed in a rural area. If the TN modifier is not included, the claim will be paid at the non-rural rate.

## Non-Emergency Ambulance

Code	Description	Rate
A0425	Ground mileage, per statute mile	\$6.34
A0426	Advanced life support, non-emergency, level 1	\$165.96
A0428	Basic life support, non-emergency	\$165.96
A0434	Specialty care transport	\$165.96