

**LDH Medicaid Ambulance Fee Schedule**  
**Program Terminated effective 12.31.2023**  
Updated July 2024

**Physician-Directed Treatment-In-Place**  
**Effective July 1, 2023**

<b>TOS</b>	<b>Procedure Code</b>	<b>Description</b>	<b>Private</b>	<b>Public</b>	<b>New Orleans</b>	<b>Effective Date</b>	<b>Termination Date</b>
9	A0429	Basic life support	\$486.31	\$533.27	\$618.26	03/01/2020	12/31/2023
9	A0427	Advanced life support, level 1	\$934.24	\$1,024.45	\$1,187.73	03/01/2020	12/31/2023
9	A0382	Basic Life Support - Disposable Supplies	\$30.88	\$33.86	\$39.26	03/01/2020	12/31/2023
9	A0398	Advanced Life Support - Routine Disposable Supplies	\$45.48	\$49.87	\$57.82	03/01/2020	12/31/2023
9	G2022	Beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	\$0.00	\$0.00	\$0.00	03/01/2020	12/31/2023