

Ambulance Fee Schedule		
Provider Specialty 059		
TAXONOMIES: 3416A0800X, 3416L0300X, 3416S0300X		
EFFECTIVE DATE 7/1/2012		
The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid Web site.		
Procedure Code	Definition	Medicaid Maximum Allowable
A0425	GROUND MILEAGE, PER STATUTE MILE	\$3.03
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1(ALS 1)	\$70.75
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS 1 - EMERGENCY)	\$124.68
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$70.75
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$70.75
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	\$426.89
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	\$426.89
A0433	ADVANCED SERVICE, ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$129.36
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	\$3.55
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	\$11.37
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)	\$78.25

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.