

Ambulance Fee Schedule			
Provider Specialty 059			
TAXONOMIES: 3416A0800X, 3416L0300X, 3416S0300X			
Rates Effective as of 3/1/2020			
		<p>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.</p>	
Procedure Code	Definition	Medicaid Maximum Allowable	Effective Date
A0425	GROUND MILEAGE, PER STATUTE MILE	\$3.18	3/1/2020
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1(ALS 1)	\$74.29	3/1/2020
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS 1 - EMERGENCY)	\$130.91	3/1/2020
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$74.29	3/1/2020
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$74.29	3/1/2020
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	\$448.23	3/1/2020
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	\$448.23	3/1/2020
A0433	ADVANCED SERVICE, ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$135.83	3/1/2020
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	\$3.73	3/1/2020
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	\$11.94	3/1/2020
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)	\$497.70	3/1/2020

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