

Ambulance Fee Schedule			
Provider Specialty 059			
TAXONOMIES: 3416A0800X, 3416L0300X, 3416S0300X			
Rates Effective as of 3/1/2020 or as noted			
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	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.