

Ambulance Fee Schedule			
Provider Specialty 059			
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 DMA Web site.			
Procedure Code	Definition	Non - Facility Fee	Effective Date
A0425	GROUND MILEAGE, PER STATUTE MILE	\$3.01	11/1/2011
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1(ALS 1)	\$70.27	11/1/2011
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS 1 - EMERGENCY)	\$123.84	11/1/2011
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$70.27	11/1/2011
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$70.27	11/1/2011
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	\$424.01	11/1/2011
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	\$424.01	11/1/2011
A0433	ADVANCED SERVICE, ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$128.49	11/1/2011
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	\$3.53	11/1/2011
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	\$11.29	11/1/2011
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)	\$77.72	11/1/2011

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