

Ambulance Fee Schedule		
Provider Specialty 059		
Effective Date June 1, 2005		
Procedure Code	Definition	Non - Facility Fee
A0425	GROUND MILEAGE, PER STATUTE MILE	\$ 3.00
A0426	AMBULANCE SERVICE,ADVANCED LIFE SUPPORT,NON-EMERGENCY TRANSPORT,LEVEL 1(\$ 70.09
A0427	AMBULANCE SERVICE,ADVANCED LIFE SUPPORT,EMERGENCY TRANSPORT,LEVEL 1(ALS1	\$ 123.52
A0428	AMBULANCE SERVICE,BASIC LIFE SUPPORT,NON-EMERGENCY TRANSPORT (BLS)	\$ 70.09
A0429	AMBULANCE SERVICE,BASIC LIFE SUPPORT,EMERGENCY TRANSPORT,(BLS-EMERGENCY)	\$ 70.09
A0430	AMBULANCE SERVICE CONVENTIONAL AIR SERVICES TRANSPORT ONE WAY FIXED WING	\$ 422.91
A0431	AMBULANCE SERVICE,CONVENTIONAL AIR SERVICES, TRANSPORT ONE WAY (ROTARY WII	\$ 422.91
A0433	ADVANCED SERVICE,ADVANCED LIFE SUPPORT,LEVEL 2(ALS 2)	\$ 128.16
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	\$ 3.52
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	\$ 11.26
T2003	NONEMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)	\$ 77.52