

Ambulance Fee Schedule		
Provider Specialty 059		
Effective Date January 1, 2007		
Procedure Code	Definition	Non - Facility Fee
A0425	GROUND MILEAGE, PER STATUTE MILE	\$ 3.09
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1(ALS 1)	\$ 72.19
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS 1 - EMERGEN	\$ 127.23
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$ 72.19
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$ 72.19
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	\$ 435.60
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	\$ 435.60
A0433	ADVANCED SERVICE, ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$ 132.00
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE	\$ 3.63
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE	\$ 11.60
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)	\$ 79.85