

Transportation Services

Effective: 04/01/2019

Ground ambulance – Basic life support

CODE	PROCEDURE	FEE
A0428	BLS Non-Emergent Ground Ambulance	\$139.10
A0429	Base fee, basic life support, including one attendant, emergency transport	\$214.83
A0429-TK	Additional recipient	\$107.42
A0425	Loaded ground mileage, per whole mile (Round to the nearest whole mile. Do not use decimals)	\$3.91
A0422	Oxygen administered, including disposable supplies	\$20.11
A0424	Each additional attendant, only when required	\$37.38
A0384	Defibrillation, BLS	\$26.32

Ground Ambulance – Advanced life support

CODE	PROCEDURE	FEE
A0426	ALS Non-Emergent Ground Ambulance	\$171.56
A0427	Base fee, advanced life support, including one attendant, emergency transport	\$254.73
A0427-TK	Additional recipient	\$127.37
A0424	Each additional attendant, only when required	\$37.38
A0422	Oxygen administered, including disposable supplies	\$20.11
A0425	Loaded ground mileage, per whole mile (Round to the nearest whole mile. Do not use decimals)	\$3.91
A0394	IV fluids and supplies	\$37.14
A0396	Esophageal intubation, including supplies	\$46.37
A0392	Defibrillation, ALS	\$26.32

Emergency air ambulance

CODE	PROCEDURE	FEE
A0430	Base fee, emergency air ambulance (fixed wing), including one attendant	\$1,784.24
A0431	Base fee, emergency air ambulance (helicopter), including one attendant	\$2,077.09
A0430-TK	Additional recipient (fixed wing)	\$892.12
A0431-TK	Additional recipient (rotary wing)	\$1,038.54
A0435	Loaded fixed wing air mileage, per air mile (Round to the nearest whole mile. Do not use decimals)	\$10.82
A0436	Loaded fixed wing air mileage, per air mile (Round to the nearest whole mile. Do not use decimals)	\$10.82
A0424	Each additional attendant, when medically necessary	\$37.38

Secured transportation services

CODE	PROCEDURE	FEE
A0130	Secured van	\$19.22
T2005	Stretcher van	\$71.47
A0130-QM	Hospital transfer	\$27.87
A0130-TK	Additional recipient (secured van)	\$9.61
T2005-TK	Additional recipient (stretcher van)	\$35.73
A0130-QM-TK	Additional recipient (hospital transfer)	\$13.94
S0209	Loaded secured van mileage, per whole mile (Round to the nearest whole mile. Do not use decimals)	\$2.05
T2049	Loaded stretcher van mileage, per whole mile (Round to the nearest whole mile. Do not use decimals)	\$2.05

Community transportation services

CODE	PROCEDURE	FEE
A0100	Taxi (one way trip)	\$3.28
A0100-TK	Additional recipient (taxi)	\$1.62
A0120	Mini-bus or other transportation system, in city (one way trip)	\$3.28
A0120-TN	Mini-bus or other transportation system, outside city (one way trip)	\$4.75
A0120-TK	Additional recipient (in city mini-bus)	\$1.62
A0120-TN-TK	Additional recipient (outside city mini-bus)	\$2.38
S0215	Non-emergency transportation loaded mileage, per whole mile (Round to the nearest whole mile. Do not use decimals)	\$0.72

Recipient, escort, volunteer driver, or non-profit service organization.

SERVICE	MILEAGE	FEE
Mileage		\$0.37 per mile
OVERNIGHT - NO LODGING		
In-State	Rate Effective: July 1, 2015	\$26.00 per day*
Out-Of-State	Rate Effective: July 1, 2015	\$26.00 per day*
OVERNIGHT - WITH LODGING		
In-State	Rate Effective: January through May and September through December	\$81.00 per day*
In-State	Rate Effective: June through August	\$96.00 per day*
Out-Of-State	Rate Effective: January through December	\$101.00 per day*
*An additional \$26.00 per day will be paid for medically necessary escort, except when the recipient is an in-patient, in a hospital or medical facility.		
Rule Change: Overnight rates are reimbursable when the provider is at least 150 miles from the recipient's city of residence and travel is to obtain specialty care or treatment resulting in an overnight stay.		