

Ambulance Services
Medical Assistance Program Fee Schedule

Attachment
January 1, 2024

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0425	Ground mileage, per statute mile	26	260, 261	12, 21, 23, 24,		U8	Unlimited	\$13.20 per mile for each loaded mile of a trip
		"	"	32, 49, 50, 54,				
		"	"	55, 65, 72, 99				
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	26	261	12	HR		2 trips per day per beneficiary*	\$421.54
		"	"	21, 23	RH, HH, JH, NH			
		"	"	32	RE, HE, RN, HN			
		"	"	54	HE, RE			
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	26	261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$667.43
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	26	260, 261	12	HR, GR, JR		2 trips per day per beneficiary*	\$351.29
		"	"	21, 23	JH, PH, RH, HH			
		"	"	32	RE, HE, RN, HN			
		"	"	54	RE, HE			
		"	"	55	HE			
		"	"	65	RG, RJ			
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	26	260, 261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$562.05
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	26	262	99	II	U8	2 trips per day per beneficiary*	\$5,589.00
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	26	262	21, 23	HH, IH, SH		2 trips per day per beneficiary*	\$6,498.05
		"	"	99	II, SI, HI			
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	26	261	21, 23	SH, IH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$501.42
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0433	Advanced life support, level 2 (ALS 2)	26	261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$966.01
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			

* A trip is from point of beneficiary pick up to point of beneficiary destination

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Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0434	Specialty care transport (SCT)	26	261	21, 23	HH, IH		2 trips per day per beneficiary*	\$1,141.66
		"	"	99	HI			
A0435	Fixed wing air mileage, per statute mile	26	262	99			Unlimited	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip
A0436	Rotary wing air mileage, per statute mile	26	262	21, 23, 99			Unlimited	\$40.92 per mile for each loaded mile beyond 20 loaded miles of a trip

* A trip is from point of beneficiary pick up to point of beneficiary destination