

◆ DOC Ambulance Fee Schedule ◆

Effective 1/1/2025

**\*\*\*This fee schedule only applies to For-Profit medical transport companies. All others medical transports are reimbursed per contract\*\*\***

HCPCS Code	Description	Allowed Amount	Comments
<b>Air Ambulance</b>			
<b>Base Rate</b>			
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$2,632.24	Per client transported.
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$2,936.24	Per client transported.
<b>Mileage</b>			
A0435	Fixed wing air mileage, per statute mile	\$8.64/air mile	One way, per flight, equally divided by the number of clients transported.
A0436	Rotary wing air mileage, per statute mile	\$22.36/air mile	One way, per flight, equally divided by the number of clients transported.
<b>Ground Ambulance</b>			
<b>Basic Life Support (BLS)</b>			
A0428	Ambulance service, basic life support, <b>non-emergency</b> transport (BLS)	\$207.61	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
A0429	Ambulance service, basic life support, <b>emergency</b> transport (BLS-emergency)	\$115.34	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
<b>Advanced Life Support , Level 1 (ALS1)</b>			
A0426	Ambulance service, advanced life support <b>non-emergency</b> transport, level 1 (ALS 1)	\$276.23	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.

A0427	Ambulance service, advanced life support, <b>emergency</b> transport, level 1 (ALS 1 emergency)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
<b>Advanced Life Support, Level 2 (ALS2)</b>			
A0433	Ambulance service, advanced life support, <b>emergency</b> transport, level 2 (ALS 2)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
<b>Specialty Care</b>			
A0434	Specialty care transport (SCT)	\$168.43	Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.
<b>Mileage</b>			
A0425	Ground mileage, per statute mile	\$6.86/ mile	Origin and destination modifiers required.
<b>Other Services</b>			
A0170	Transportation ancillary: parking fees, tolls, other Invoice required.	BR	Origin and destination modifiers required.
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	\$23.18	<p>Pertinent documentation to evaluate medical appropriateness should be included when this code is reported. Origin and destination modifiers required.</p> <p>Justification required:</p> <ul style="list-style-type: none"> <li>* The client weighs 300 pounds or more; or</li> <li>* Client is violent or difficult to move safely; or</li> <li>* More than one client is being transported, and each requires medical attention and/or close monitoring.</li> </ul> <p><b>Note:</b> HCA pays for an extra attendant in ground ambulance transports only. No payment is made for an extra attendant in air ambulance transports.</p>
A0998	Ambulance response and treatment, no transport	\$115.34	Modifiers are required depending upon the outcome/referral

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***\*\*\*This fee scheduled is linked to Medicaid rates - any HCPCS transport code not on this FS are not covered\*\*\****