

KY MEDICAID TRANSPORTATION FEE SCHEDULE 2022 (Stretcher Only)



Notes:

- It is the responsibility of the provider to check member eligibility. □

Provider Type 55	Reimbursement Rate & Destination in parenthesis	Definition
A0427	\$110.00 (Hospital) OR \$60.00 (Other)	ALS, BASE RATE
A0427 GM	\$25.00 (Hospital) OR \$25.00 (Other)	ALS, ADDITIONAL PATIENT
A0425 UA	\$4.00 (Hospital) OR \$2.50 (Other)	ALS, MILEAGE
A0398	\$200.00 MAX (Hospital) OR \$150.00 MAX (Other)	ALS, DISPOSABLE MEDICAL SUPPLIES, NONREUSABLE
A0429	\$82.50 (Hospital) OR \$60.00 (Other)	BLS, BASE RATE
A0429 GM	\$20.00 (Hospital) OR \$20.00 (Other)	BLS, ADDITIONAL PATIENT
A0429 UC	\$110.00	MEDICAL FIRST RESPONSE
A0425 UB	\$3.00 (Hospital) OR \$2.50 (Other)	BLS, MILEAGE
A0382	\$150.00 MAXIMUM WHETHER (Hospital) OR (Other)	BLS, DISPOSABLE MEDICAL SUPPLIES, NONREUSABLE
A0425	\$2.00	RETURN TRIP MILEAGE
A0422	\$10.00	OXYGEN
A0430	\$3,500 MAXIMUM, INCLUSIVE OF MILEAGE	FIXED WING AIR AMBULANCE/MILEAGE
A0431	\$3,500 MAXIMUM, INCLUSIVE OF MILEAGE	ROTARY WING AIR AMBULANCE/MILEAGE

Provider Type 56 Specialty 16 Only	Reimbursement Rate & Destination in parenthesis	Definition
T2005	\$55.00	NON-EMERGENCY STRETCHER BASE RATE
T2005 GM	\$10.00	NON-EMERGENCY STRETCHER ADDITIONAL PATIENT
A0425	\$2.00	NON-EMERGENCY STRETCHER MILEAGE
A0422	\$10.00	OXYGEN