

**Transportation Fee Schedule (Stretcher Only)
Effective 01/01/2011**

	A	B	C
1	Provider Type 55	Reimbursement Rate & Destination in parenthesis	Definition
2	A0427	\$110.00 (Hospital) OR \$60.00 (Other)	ALS, BASE RATE
3	A0427 GM	\$25.00 (Hospital) OR \$25.00 (Other)	ALS, ADDITIONAL PATIENT
4	A0425 UA	\$4.00 (Hospital) OR \$2.50 (Other)	ALS, MILEAGE
5	A0398	\$200.00 MAX (Hospital) OR \$150.00 MAX (Other)	ALS, DISPOSABLE MEDICAL SUPPLIES, NON-REUSABLE
6	A0429	\$82.50 (Hospital) OR \$60.00 (Other)	BLS, BASE RATE
7	A0429 GM	\$20.00 (Hospital) OR \$20.00 (Other)	BLS, ADDITIONAL PATIENT
8	A0429 UC	\$110.00	MEDICAL FIRST RESPONSE
9	A0425 UB	\$3.00 (Hospital) OR \$2.50 (Other)	BLS, MILEAGE
10	A0382	\$150.00 MAXIMUM WHETHER (Hospital) OR (Other)	BLS, DISPOSABLE MEDICAL SUPPLIES, NON-REUSABLE
11	A0425	\$2.00	RETURN TRIP MILEAGE
12	A0422	\$10.00	OXYGEN
13	A0430	\$3,500 MAXIMUM, INCLUSIVE OF MILEAGE	FIXED WING AIR AMBULANCE/MILEAGE
14	A0431	\$3,500 MAXIMUM, INCLUSIVE OF MILEAGE	ROTARY WING AIR AMBULANCE/MILEAGE
15			
16			
17	Provider Type 56 Specialty 16 Only	Reimbursement Rate & Destination in parenthesis	Definition
18	T2005	\$55.00	NON-EMERGENCY STRETCHER BASE RATE
19	T2005 GM	\$10.00	NON-EMERGENCY STRETCHER ADDITIONAL PATIENT
20	A0425	\$2.00	NON-EMERGENCY STRETCHER MILEAGE
21	A0422	\$10.00	OXYGEN

Changes are noted in Bold