## **Ground Ambulance Fee Schedule**

PEIA's reimbursement for medically necessary ground ambulance transportation includes a base rate + mileage. The base rate includes all medically necessary items and services (e.g., supplies, drugs, extra attendants) furnished during or in connection with the transport. Charges for oxygen, code A0422, are reimbursed only when billed in conjunction with nonemergency BLS, emergency BLS and non-emergency ALS services. Charges for ground ambulance services are reimbursed as per the rates in the chart below. The effective date is July 1, 2008.

Code	Description	Maximum Allowance	Reimbursement for Oxygen, Code A0422
BLS Serv	ices		
A0428	BLS non-emergency*	152.93	25.00 per unit; maximum of 4 units
A0429	BLS emergency	244.69	25.00 per unit; maximum of 4 units
ALS Services			
A0426	ALS non-emergency*	183.52	25.00 per unit; maximum of 4 units
A0427	ALS emergency	290.57	N/A
A0433	ALS level 2	420.56	N/A
A0434	Specialty Care Transport**	497.50	N/A
Mileage			
A0425	Ground Mileage	5.63 per mile	N/A

\* PEIA covers medically necessary, non-emergency transportation from a hospital to the nearest facility able to provide services not available at the transferring hospital or facility, for a patient who is bed-confined at the time the service is provided. To be considered bed-confined, the patient must meet ALL of the following criteria:

• Unable to get up from bed without assistance AND

• Unable to ambulate AND

• Unable to sit in a chair or wheelchair.

\*\*Requires submission of supportive documentation