

Allen County Ambulance Service

Fee Schedule

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>
A0425	Mileage	\$11.00
A0428	Base Rate, BLS NE	\$600.00
A0429	Base Rate, BLS E	\$750.00
A0426	Base Rate, ALS NE	\$975.00
A0427	Base Rate, ALS E	\$1050.00
A0433	Base Rate, ALS 2	\$1200.00
A0434	Base Rate, Specialty Care	\$1350.00
A0998	Treated, Refused Transport	\$150.00

Fee Schedule Effective date of January 1, 2016

Approved By:

Mark Reid, Director

Date