

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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October 1, 2007

TRANS-AMP 07-10

MEDICAID BULLETIN

TO: Ambulance Providers

**SUBJECT: Rate Increase for Ground Emergency
 Ambulance Transportation Services**

Effective with dates of service on and after **October 1, 2007**, the Department of Health and Human Services will increase the rates of reimbursement for Ground Emergency Ambulance Transportation services. The rate increase is for emergency Basic Life Support (BLS) and Advanced Life Support (ALS) transport services, neonate transports, ambulance waiting time, emergency mileage, unlisted ambulance services (return trip), ambulance response and treatment-no transport, ICU specialized neonate transport services and ICU specialized neonate mileage. The designated rate increases are the result of a 2007 state budget appropriation for ambulance services. Providers should bill their usual and customary charges and not the Medicaid reimbursement rate.

The new rates are as follows:

Basic Life Support (BLS) Transport

<i>Code</i>	<i>Description (DHHS Guidelines are in Italics)</i>	<i>Fee</i>
A0425	Ground Mileage, per statute mile <ul style="list-style-type: none"> • <i>BLS Transport</i> • <i>Give total mileage to and from location, if applicable</i> 	\$2.60 per mile
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency) <ul style="list-style-type: none"> • <i>All supplies inclusive</i> • <i>This type of transport is used when equipment is required for transporting and treatment of basic life support situations.</i> 	\$136.19
A0999	Unlisted ambulance service <ul style="list-style-type: none"> • <i>All supplies inclusive</i> • <i>BLS, Return Trip (if applicable)</i> • <i>This type of transport is used to return the patient to the original place of pick-up.</i> 	\$92.16

Advanced Life Support (ALS) Transport

Code	Description (DHHS Guidelines are in Italics)	Fee
A0425	Ground mileage, per statute mile <ul style="list-style-type: none"> • <i>ALS, Mileage (Give total number of miles to and from location, if applicable)</i> 	\$2.60 per mile
A0427	Ambulance service, advanced life support, emergency transport <ul style="list-style-type: none"> • <i>ALS, Emergency Transport</i> • <i>Documentation of specialization is required in the run report when filing this procedure</i> • <i>All supplies inclusive in basic rate</i> • <i>A DHEC Ambulance Run Report must support each transport.</i> 	\$170.70

Other Specialized Transports

Code	Description (DHHS Guidelines are in Italics)	Fee
A0225	Ambulance transport, neonatal transport, base rate, emergency transport, one way <ul style="list-style-type: none"> • <i>All supplies inclusive in the transport</i> <p><i>An ALS transport that provides the staff and equipment necessary to transport and treat a neonate.</i></p>	\$160.20
A0420	Ambulance waiting time (ALS or BLS), one half (½) hour increments <ul style="list-style-type: none"> • <i>First ½ hour is not reimbursable</i> <p><i>The DHEC Ambulance Run Report must support any waiting time billed.</i></p>	\$9.83
A0998	Ambulance response and treatment, no transport <ul style="list-style-type: none"> • <i>This procedure code is used in all cases where an ambulance is called and the patient refused transport or the ambulance staff decided medical condition of the patient did not warrant transport to a medical facility and the patient is treated at the scene.</i> 	\$40.50

Other Specialized Transports (continued)

Code	Description <i>(DHHS Guidelines are in Italics)</i>	Fee
X0401	Ambulance ICU Specialized Neonatal Transport <ul style="list-style-type: none"><i>All supplies inclusive in the basic rate</i><i>This transport is used as a special purpose transport when highly specialized equipment, a nurse, a doctor, or a specially trained paramedic is needed for transporting and treatment.</i>	\$347.10
X0402	Ambulance ICU Specialized Neonatal Mileage	\$3.47 per mile

INCLUSIVE FEES: Fees include all supplies (*i.e.*, EKG, IVs, airways, oxygen, and field drugs).

Your continued support of the South Carolina Medicaid Ambulance Program is appreciated. Questions regarding this bulletin should be directed to your Ambulance Program Coordinator at (803) 898-2655.

/s/

Emma Forkner
Director

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