ATTACHMENT - AMBULANCE SERVICES

				CURI	RENT	PROI	POSED
TOS*	Procedure Code	Long Description	Age Range	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
		Ambulance waiting time					
		(ALS or BLS), one-half (1/2)		Regionally	Regionally		
9	A0420	hour increments	0-999	priced	priced	\$10.94	\$10.72
		Ambulance (ALS or BLS)					
		oxygen and oxygen supplies,		Regionally	Regionally		
9	A0422	life sustaining situation	0-999	priced	priced	\$15.61	\$15.30
		Extra ambulance attendant,					
		ground (ALS or BLS) or air					
		(fixed or rotary winged);		Regionally	Regionally		
9	A0424	(requires medical review)	0-999	priced	priced	\$27.17	\$26.63

*Type of Service (TOS)				
9	Other Supplies/Services			