

**Mississippi Division of Medicaid**  
**AMBULANCE FEE SCHEDULE**  
**COVER SHEET**



**Additional References:**

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
4	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
5	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns H and I became effective.</li> </ul>
6	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns H and I.</li> </ul>
7	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service.</li> </ul>
8	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> <li>• NC - Non Covered Service</li> </ul>
9	Fee Reduced	<ul style="list-style-type: none"> <li>• This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for each unit of service.</li> <li>• NC - Non Covered Service</li> </ul>

# Mississippi Division of Medicaid

## AMBULANCE FEE SCHEDULE

Print Date: April 6, 2021



MISSISSIPPI DIVISION OF  
**MEDICAID**

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

**\*\*All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.\*\***

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
A0225	Neonatal emergency transport	0	1	7/1/2020	12/31/9999	1	404.26	384.05
A0380	Basic life support mileage	0	999	7/1/2020	12/31/9999	500	7.62	7.24
A0382	Basic support routine suppl	0	999	1/1/2002	12/31/9999	1	NC	NC
A0384	Bls defibrillation supplies	0	999	1/1/2002	12/31/9999	1	NC	NC
A0390	Advanced life support mileag	0	999	7/1/2020	12/31/9999	500	7.62	7.24
A0392	Als defibrillation supplies	0	999	1/1/2002	12/31/9999	1	NC	NC
A0394	Als iv drug therapy supplies	0	999	1/1/2002	12/31/9999	1	NC	NC
A0396	Als esophageal intub suppl	0	999	1/1/2002	12/31/9999	1	NC	NC
A0398	Als routine disposble suppl	0	999	1/1/2002	12/31/9999	1	NC	NC
A0420	Ambulance waiting 1/2 hr	0	999	1/1/2002	12/31/9999	1	NC	NC
A0422	Ambulance O2 life sustaining	0	999	1/1/2002	12/31/9999	1	NC	NC
A0424	Extra ambulance attendant	0	999	1/1/2002	12/31/9999	1	NC	NC
A0425	Ground mileage	0	999	7/1/2020	12/31/9999	250	7.62	7.24
A0426	Als 1	0	999	1/1/2001	12/31/9999	1	NC	NC
A0427	Als1-emergency	0	999	7/1/2020	12/31/9999	2	404.26	384.05
A0428	Bls	0	999	7/1/2020	12/31/9999	2	0.00	0.00
A0429	Bls-emergency	0	999	7/1/2020	12/31/9999	2	340.43	323.41
A0430	Fixed wing air transport	0	999	7/1/2020	12/31/9999	1	2,044.88	1,942.64
A0431	Rotary wing air transport	0	999	7/1/2020	12/31/9999	2	2,377.49	2,258.62
A0432	Pi volunteer ambulance co	0	999	1/1/2001	12/31/9999	1	NC	NC
A0433	Als 2	0	999	3/1/2021	12/31/9999	2	404.26	384.05
A0434	Specialty care transport	0	999	3/1/2021	12/31/9999	1	404.26	384.05
A0435	Fixed wing air mileage	0	999	7/1/2020	12/31/9999	999	6.25	5.94
A0436	Rotary wing air mileage	0	999	7/1/2020	12/31/9999	300	16.68	15.85
A0888	Noncovered ambulance mileage	0	999	3/1/2021	12/31/9999	25	0.00	0.00
A0999	Unlisted ambulance service	0	999	11/15/1995	12/31/9999	1	NC	NC