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	Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Min Age	This column is the covered minimum age for the service.
4	Max Age	This column is the covered maximum age for the service.
5	Begin Date	This column represents the begin date of which the fee in columns H became effective.
6	End Date	This column represents the end date of the fee segment in columns H.
7	Max Units	This column represents the maximum units the Division of Medicaid covers for the service.
8	Fee	This column is the maximum amount that Division of Medicaid will pay for each unit. NC - Non Covered Service

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Print Date: July 1, 2021



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.

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Code	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
A0225	Neonatal emergency transport	0	1	7/1/2020	12/31/9999	1	404.26
A0380	Basic life support mileage	0	999	7/1/2020	12/31/9999	500	7.62
A0382	Basic support routine suppls	0	999	1/1/2002	12/31/9999	1	NC
A0384	Bls defibrillation supplies	0	999	1/1/2002	12/31/9999	1	NC
A0390	Advanced life support mileag	0	999	7/1/2020	12/31/9999	500	7.62
A0392	Als defibrillation supplies	0	999	1/1/2002	12/31/9999	1	NC
A0394	Als iv drug therapy supplies	0	999	1/1/2002	12/31/9999	1	NC
A0396	Als esophageal intub suppls	0	999	1/1/2002	12/31/9999	1	NC
A0398	Als routine disposble suppls	0	999	1/1/2002	12/31/9999	1	NC
A0420	Ambulance waiting 1/2 hr	0	999	1/1/2002	12/31/9999	1	NC
A0422	Ambulance 02 life sustaining	0	999	1/1/2002	12/31/9999	1	NC
A0424	Extra ambulance attendant	0	999	1/1/2002	12/31/9999	1	NC
A0425	Ground mileage	0	999	7/1/2020	12/31/9999	250	7.62
A0426	Als 1	0	999	1/1/2001	12/31/9999	1	NC
A0427	Als1-emergency	0	999	7/1/2020	12/31/9999	2	404.26
A0428	Bls	0	999	7/1/2020	12/31/9999	2	148.94
A0429	Bls-emergency	0	999	7/1/2020	12/31/9999	2	340.43
A0430	Fixed wing air transport	0	999	7/1/2020	12/31/9999	1	2,044.88
A0431	Rotary wing air transport	0	999	7/1/2020	12/31/9999	2	2,377.49
A0432	Pi volunteer ambulance co	0	999	1/1/2001	12/31/9999	1	NC
A0433	Als 2	0	999	3/1/2021	12/31/9999	2	404.26
A0434	Specialty care transport	0	999	3/1/2021	12/31/9999	1	404.26
A0435	Fixed wing air mileage	0	999	7/1/2020	12/31/9999	999	6.25
A0436	Rotary wing air mileage	0	999	7/1/2020	12/31/9999	300	16.68
A0888	Noncovered ambulance mileage	0	999	3/1/2021	12/31/9999	25	NC
A0999	Unlisted ambulance service	0	999	11/15/1995	12/31/9999	1	NC

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