	Transportation Fee Schedule Effective 7-1-05	
Code to use after 7-1-05	Reimbursement Rate and Destination code in parenthesis	Definition
Provider type 55 only		
A0427	$100.00 (23) or $55.00 (99)	ALS Base rate
A0427 GM	$ 25.00 (23) or $15.00 (99)	ALS Additional patient
A0425 UA	$ 4.00 (23) or $ 2.00 (99)	ALS Mileage
A0398		ALS Disposable Medical supplies
A0382		BLS Disposable Medical supplies
A0429	$ 75.00 (23) or $55.00 (99)	BLS Base rate
A0429 GM	$ 20.00 (23) or $15.00 (99)	BLS Additional patient
A0429 UC	$100.00	Medical First Response
A0425 UB	$ 3.00 (23) or $2.00 (99)	BLS Mileage
A0425	$ 2.00	Return trip Mileage
A0422	$ 10.00	Oxygen
A0430/A0435	$3500.00 maximum	Fixed Wing Air Ambulance/Mileage
A0431/A0436	$3500.00 maximum	Rotary Wing Air Ambulance/Mileage
Provider Type 56 Specialty 16 Only		
T2005	$ 50.00	Non-Emergency stretcher Base Rate
T2005 GM	$ 10.00	Non-Emergency stretcher Additional patient
A0425	$ 2.00	Non-Emergency stretcher Mileage
A0422	$ 10.00	Oxygen