3.7. TRANSPORTATION CODING CHANGES

Code before 10/15/03	Code to Use 10/16/03 &after	Reimbursement Rate & Destination in parenthesis.	Definition
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>PROVIDER TYPE 55 ONLY<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<			
A0426, A0427, A0433, A0434	A0427	$85.00 (23) or $55.00 (99)	ALS, Base Rate
A0348	A0427 GM	$25.00 (23) or $15.00 (99)	ALS, Additional Patient
A0390	A0425 UA	$3.50 (23) or $2.00 (99)	ALS, Mileage
A0398	A0398	$200.00 Max. (23) or $150.00 Max. (99)	ALS, Disposable Medical Supplies
A0429	A0429	$65.00 (23) or $55.00 (99)	BLS, Base Rate
A0342	A0429 GM	$20.00 (23) or $15.00 (99)	BLS, Additional Patient
A0429 MA	A0429 UC	$85.00	Medical First Response
A0380	A0425 UB	$2.50 (23) or $2.00 (99)	BLS, Mileage
A0382	A0382	$150.00 Maximum whether (23) or (99)	BLS, Disposable Medical Supplies
A0420	A0425	$1.50	Return Trip Mileage
A0422	A0422	$10.00	Oxygen
A0430/A0435	A0430/A0435	$3500 Maximum	Fixed Wing Air Ambulance/Mileage
A0431/A0436	A0431/A0436	$3500 Maximum	Rotary Wing Air Ambulance/Mileage
.>>>>>>>>>>>>>>>>>>>>>>>>>>>>>PROVIDER TYPE 56-SPECIALTY 16 ONLY<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<			
Code before 7/1/03	**Code to use 7/1/03 & after**	**Reimbursement Rate**	**Definition**
A0150	T2005	$40.00	Non-Emergency Stretcher, Base Rate
	T2005 GM	$10.00	Non-Emergency Stretcher, Additional Patient
	A0425	$1.50	Non-Emergency Stretcher, Mileage
	A0422	$10.00	Oxygen