

Eastern Missouri

REVISED 2008 Ambulance Fee Schedule Amounts

The amounts listed below are the **REVISED** Ambulance Fee Schedule amounts for services performed in 2008 in each of the two Eastern Missouri Medicare B payment localities.

Separate payment is not allowed for supplies and ancillary services (eg, waiting time, extra attendants, injections and EKGs). The payment for those are included in the base rate.

Locality 01

Code	Urban – Base Rate & Mileage	Rural – Base Rate & Mileage
A0425	\$6.42	\$6.42
A0426	\$230.04	\$230.04
A0427	\$364.24	\$364.24
A0428	\$191.70	\$191.70
A0429	\$306.73	\$306.73
A0430	\$2,632.43	\$3,948.65
A0431	\$3,060.58	\$4,590.88
A0432	\$335.48	\$335.48
A0433	\$527.18	\$527.18
A0434	\$623.04	\$623.04
A0435	\$7.69	\$11.54
A0436	\$20.50	\$30.75

Locality 99

Code	Urban – Base Rate & Mileage	Rural – Base Rate & Mileage
A0425	\$6.42	\$6.42
A0426	\$208.07	\$208.07
A0427	\$329.45	\$329.45
A0428	\$173.39	\$173.39
A0429	\$277.43	\$277.43
A0430	\$2,454.95	\$3,682.43
A0431	\$2,854.24	\$4,281.35
A0432	\$303.44	\$303.44
A0433	\$476.83	\$476.83
A0434	\$563.53	\$563.53
A0435	\$7.69	\$11.54
A0436	\$20.50	\$30.75