

# Illinois

## 2007 Ambulance Fee Schedule Amounts

The amounts listed below are the Ambulance Fee Schedule amounts for services performed in 2007 in each of the 4 Illinois 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.**

Code	Locality 12	Locality 15	Locality 16	Locality 99
**A0425 – Urban	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
**A0425 – Rural	\$ 6.25	\$ 6.25	\$ 6.25	\$ 6.25
# A0426 – Urban	\$ 223.51	\$ 252.41	\$ 254.21	\$ 212.73
# A0426 – Rural	\$ 223.51	\$ 252.41	\$ 254.21	\$ 212.73
# A0427 – Urban	\$ 353.88	\$ 399.65	\$ 402.50	\$ 336.82
# A0427 – Rural	\$ 353.88	\$ 399.65	\$ 402.50	\$ 336.82
# A0428 – Urban	\$ 186.25	\$ 210.34	\$ 211.84	\$ 177.27
# A0428 – Rural	\$ 186.25	\$ 210.34	\$ 211.84	\$ 177.27
# A0429 – Urban	\$ 298.01	\$ 336.55	\$ 338.94	\$ 283.64
# A0429 – Rural	\$ 298.01	\$ 336.55	\$ 338.94	\$ 283.64
A0430 – Urban	\$ 2,559.27	\$ 2,792.77	\$ 2,807.28	\$ 2,472.20
A0430 – Rural	\$ 3,838.90	\$ 4,189.15	\$ 4,210.92	\$ 3,708.30
A0431 – Urban	\$ 2,975.52	\$ 3,247.00	\$ 3,263.87	\$ 2,874.29
A0431 – Rural	\$ 4,463.29	\$ 4,870.50	\$ 4,895.81	\$ 4,311.44
A0432 – Urban	\$ 325.95	\$ 368.10	\$ 370.72	\$ 310.23
A0432 – Rural	\$ 325.95	\$ 368.10	\$ 370.72	\$ 310.23
# A0433 – Urban	\$ 512.20	\$ 578.44	\$ 582.56	\$ 487.50
# A0433 – Rural	\$ 512.20	\$ 578.44	\$ 582.56	\$ 487.50
# A0434 – Urban	\$ 605.33	\$ 683.61	\$ 688.48	\$ 576.13
# A0434 – Rural	\$ 605.33	\$ 683.61	\$ 688.48	\$ 576.13
A0435 – Urban	\$ 7.49	\$ 7.49	\$ 7.49	\$ 7.49
A0435 – Rural	\$ 11.24	\$ 11.24	\$ 11.24	\$ 11.24
A0436 – Urban	\$ 19.96	\$ 19.96	\$ 19.96	\$ 19.96
A0436 – Rural	\$ 29.94	\$ 29.94	\$ 29.94	\$ 29.94

*\*\*The rural Ambulance Fee Schedule rate for ground mileage (A0425) is 50% higher for the first 17 loaded miles (rural rate X 1.5 = rural rate). Rural ground miles 18-50 are equal to the rural mileage rate. For all ground miles (both rural and urban) over 50, the ambulance fee schedule rate for A0425 is 25% higher than the appropriate rate (urban rate x 1.25 or rural rate x 1.25).*

*# Effective for dates of service 7/1/04 - 12/31/09, the base rate of the payment under the Ambulance Fee Schedule for ground ambulance transports furnished in certain rural areas is increased by 22.6% as determined by the Centers for Medicare & Medicaid Services (CMS). This increase applies where the point of pick-up (POP) is in a rural county (or Goldsmith Area) that is comprised by the lowest quartile by population of all such rural areas arrayed by population density. The low density (qualified) areas appear with a 'B' Rural indicator on the CMS Zip Code file. (The codes that are eligible for this bonus are indicated in the above chart with a '#' indicator.)*

*The ground ambulance base rate fees above reflect the cessation of the temporary 1%-urban and 2%-rural payment increases that were enacted under the MMA.*