

**CARE AMBULANCE SERVICE
SCHEDULE OF CHARGES**

HCPCS Code	Charge Categories	Basis for Charges	Usual and Customary Fees					
			Los Angeles County	Orange County	Riverside County	Medicare Allowed	M-Cal	
2018								
	NEONATAL TRANSPORTS	Section 7.16.280						
A0434	NICU/PICU Charge	Specialized NICU/PICU Services Rendered	\$2,582.00	\$3,932.50	NA	\$837.32	\$118.20	
	*All Inclusive charge reflecting all NICU/PICU Services (includes 3 hours NICU/PICU RN & emergency), with a separate charge for mileage and supplies.							
	SPECIALTY CARE TRANSPORTS	Section 7.16.280						
A0434	Base Rate, SCT NE Ambulance	Specialized SCT NE Services Rendered	\$2,371.00	\$3,932.50	\$3,932.50	\$837.32	\$118.20	
A0426	Base Rate, ALS NE Ambulance	Specialized ALS NE Services Rendered	\$1,970.00	\$3,932.50	\$3,932.50	\$309.16	\$107.16	
A0390	Mileage, SCT	Per patient mile, or any fraction thereof	\$19.00	\$27.84	\$27.84	\$7.37	\$3.55	
	*All Inclusive charge reflecting all SCT Services (includes 3 hours for RN and emergency) with a separate Charge for mileage and supplies. No separate charge for Neonate transport fee.							
	SPECIALIZED SERVICES	Section 7.16.310						
A0400	Night Call, SCT	Charge not applicable for Medicare Patients	\$22.00	\$82.25	\$160.98	\$0.00	\$9.88	
A0422	Oxygen Administration	Including Mask or Cannula	\$94.00	\$91.01	\$147.21	\$0.00	\$9.98	
A0398	Expendable Medical Supplies	ALS routine disposable supplies	\$27.00	\$35.93	\$0.00	\$0.00	\$0.00	
A0382	Expendable Medical Supplies	BLS routine disposable supplies	\$27.00	\$35.93	\$35.93	\$0.00	\$0.00	
A0420	Wait Time	Each 30 minutes	\$111.00	\$44.91	\$44.91	\$0.00	\$19.76	
	BASIC LIFE SUPPORT							
A0429	911 Emergency Base Rate, BLS	Two EMTs with Basic Life Support Equipment	\$1,407.00	\$1,013.84	\$0.00	\$412.22	\$118.20	
A0429	911 Emergency Base Rate, ALS	Two EMTs with Advanced Life Support Equipment	\$2,108.00	\$1,013.84	\$0.00	\$412.22	\$118.20	
A0429	BLS - Urgent Transport	Two EMTs with Basic Life Support Equipment	\$1,407.00	\$1,013.84	\$1,963.08	\$412.22	\$118.20	
A0428	Non-Emergency Base Rate, BLS	Non-Emergency	\$1,312.00	\$1,263.08	\$1,263.08	\$257.64	\$107.16	
A0425	Mileage	Per patient mile or any fraction thereof	\$19.00	\$17.52	\$27.84	\$7.37	\$3.55	

ADVANCE LIFE SUPPORT FEE ADD ON

CITY or COUNTY	ALS Fee - Eff 07/01/2017
OCFA - All 5 areas	\$387.35
LA County 911	\$701.00
City of Santa Fe Spring	\$701.00
City of Montebello	\$701.00
City of Fountain Valley	\$400.00
City of Anaheim	\$350.00
City of Fullerton	\$275.00
City of Garden Grove	\$387.35
City of Costa Mesa **	\$300.00
City of Buena Park	\$350.00
City of La Habra	\$387.35

- Rates Set by Medicare
- Rates Set by the County Board of Supervisors
*Orange County sets 911 Rates Only
Los Angeles County sets ALL Ambulance Rates*
- Rates Set by Medi-Cal

Each of the Cities and Counties listed above add an additional **ALS** charge on to the Basic Life Support Base Rates when ALS services are determined to be needed. These fees become a part of the ambulance bill and are reimbursed to the City of origin for the ALS services provided to you. Care Ambulance does not keep ALS fees.

** For Non-Residents Only.....

For more information on rate setting you can click on the links below:

[Orange County EMS Agency](#)

[Los Angeles County EMS Agency](#)

[Riverside County EMS Agency](#)