

**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 Allowable*	M-Cal	
<b>2019</b>	<b>LAST UPDATE 01/01/2019</b>							
<b>NEONATAL TRANSPORTS Section 7.16.280</b>								
A0434	NICU/PICU Charge on top of SCT Rate	Specialized NICU/PICU Services Rendered	\$228.00	\$4758.33	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.							
<b>SPECIALTY CARE TRANSPORTS Section 7.16.280</b>								
A0434	Base Rate, SCT NE Ambulance	Specialized SCT Services Rendered	\$2,567.00	\$4,758.33	\$3,932.50	\$837.32	\$118.20	
A0426	Base Rate, ALS NE Ambulance	Specialized ALS Non Emergency Services Rendered	\$2,132.00	\$4,325.75	\$4,325.75	\$309.16	\$107.16	
	SCT RN Charge after 3 hours	RN Charge per hour after first 3 hours	\$143.00	NA	NA	NA	NA	
A0390	Mileage, SCT and NICU	Per patient mile, or any fraction thereof	\$19.00	\$34.42	\$34.42	\$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.							
<b>SPECIALIZED SERVICES Section 7.16.310</b>								
A0400	Night Call, SCT	Charge not applicable for Medicare Patients	\$24.00	\$82.25	\$160.98	\$0.00	\$9.88	
A0422	Oxygen Administration	Including Mask or Cannula	\$96.00	\$91.01	\$147.21	\$0.00	\$9.98	
A0398	Expendable Medical Supplies	911 routine disposable supplies	\$28.00	\$33.91	\$0.00	\$0.00	\$0.00	
A0382	Expendable Medical Supplies	BLS routine disposable supplies	\$28.00	\$35.93	\$35.93	\$0.00	\$0.00	
	Standby Time	BLS Standby Each 30 minutes after the first 30 minutes	\$150.00	\$150.00				
A0420	Wait Time	Each 30 minutes after the first 30 minutes	\$120.00	\$44.91	\$44.91	\$0.00	\$19.76	
<b>BASIC LIFE SUPPORT</b>								
A0429	911 Emergency Base Rate, BLS	Two EMTs with Basic Life Support Equipment	\$1,523.00	\$1,013.84	\$0.00	\$412.22	\$118.20	
A0429	911 Emergency Base Rate, ALS	Two EMTs with Advanced Life Support Equipment	\$2,282.00	\$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	\$1,420.00	\$1,562.00	\$1,526.00	\$257.64	\$107.16	
	911 Oxygen	Includign Mask or Cannula	\$94.00	\$85.91				
A0425	Mileage	Per patient mile or any fraction thereof	\$20.00	\$18.56	\$34.42	\$7.37	\$3.55	

**ADVANCE LIFE SUPPORT FEE ADD ON**

CITY or COUNTY	ALS Fee - Eff 01/01/2019
OCFA - All 5 areas	\$387.35
LA County 911	\$759.00
City of Santa Fe Spring	\$759.00
City of Montebello	\$759.00
City of Fountain Valley	\$400.00
City of Anaheim	\$350.00
City of Buena Park	\$350.00
City of Garden Grove	\$387.35
City of La Habra	\$387.35

- Rates Set by Medicare (LA and OC Counties)
- 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](#)