

FEE SCHEDULE

NEW YORK STATE MEDICAID TRANSPORTATION

NYS Medicaid Transportation Procedure Code Schedule

Ambulance

Procedure Code	Description
A0422	Advanced Life Support or Basic Life Support Oxygen and Oxygen Supplies Life Sustaining Situation
A0420	Wait Time (ALS or BLS) One Half Hour Increments
A0424	Extra attendant, ALS or BLS (Requires Medical Review)
A0425	Ground Mileage per Statute Mile
A0426	Advanced Life Support, Non-Emergency, Level 1 (ALS1)
A0427	Advanced Life Support, Emergency, Level 1 (ALS1 Emergency)
A0428	Basic Life Support, Non-Emergency (BLS)
A0429	Basic Life Support, Emergency (BLS Emergency)
A0430	Conventional Air Services, Transport, One Way (Fixed Wing)
A0431	Conventional Air Services, Transport, One Way (Rotary Wing)
A0432	Paramedic Intercept
A0433	Advanced Life Support, Level 2 (ALS2)
A0434	Specialty Care Transport (SCT)
A0435	Fixed Wing air mileage, per statute mile
A0436	Rotary Wing air mileage, per statute mile
A0999	Unassigned

NYS Medicaid Transportation Procedure Code Schedule

Ambulette/Wheelchair Van

Procedure Code	Description
NY100	One way trip inside common medical marketing area
NY101	One way evening, weekend, holiday
NY102	One way outside common medical marketing area
NY103	Mileage
NY104	Roundtrip
NY105	Additional recipients in vehicle at the same time
NY106	One Way to recurring appointments, i.e., dialysis
NY107	Add-on for long distance trip
NY108	Add-on for exceptional travel situations requiring increased reimbursement (i.e., carrydown)
NY109	Attendant
NY110	Attendant evening, weekend, holiday
NY111	Stretcher: One way inside common medical marketing area
NY112	Stretcher: One way outside common medical marketing area
NY113	Stretcher: Add-on for exceptional travel situations requiring increased reimbursement
NY114	Stretcher: Roundtrip
NY115	Stretcher: Mileage
NY116	Drug store stop/other/extra stop
NY117	Tolls
NY118	Ambulette Used as Taxi/Livery
NY119	Ambulette Used as Taxi/Livery: ambulatory
NY120	Multi-purpose vehicle used as ambulette/taxi/livery
NY121	Ambulette as Taxi/Livery: mileage
NY122	Ambulette as Taxi/Livery: outside common medical marketing area
NY123	Ambulette as Taxi/Livery: additional recipients in vehicle
NY124	Group Ride: one way per person ambulatory
NY125	Group Ride: one way per person wheelchair
NY126	Group Ride: extra recipient traveling at the same time
NY127	Group Ride: outside common medical marketing area
NY128	Group Ride: outside county
NY129	Group Ride: Roundtrip
NY130	Group Ride: attendant
NY131	Group Ride: Mileage
NY132	Specific Provider Reimbursement
NY133	Specific Provider Reimbursement

NYS Medicaid Transportation Procedure Code Schedule

Ambulette/Wheelchair Van...continued

Procedure Code	Description
NY134	Specific Provider Reimbursement
NY135	Mileage: Specific Provider Reimbursement
NY136	Mileage: Specific Provider Reimbursement
NY137	Mileage: Specific Provider Reimbursement
NY138	Mileage: Specific Provider Reimbursement
NY139	Stretcher: Specific Provider Reimbursement
NY140	Stretcher: Specific Provider Reimbursement
NY199	Unassigned available for extraordinary transports

NYS Medicaid Transportation Procedure Code Schedule

Taxi/Livery/Van

Procedure Code	Description
NY200	One way inside common medical marketing area
NY201	One way evening, weekend, holiday
NY202	One way outside common medical marketing area
NY203	Roundtrip
NY204	Inside County
NY205	Outside county
NY206	Mileage
NY207	Additional recipients in vehicle at same time
NY208	Regularly recurring trip, i.e., dialysis
NY209	Attendant
NY210	Add-on for long distance trip
NY211	Add-on for exceptional travel situations requiring increased reimbursement
NY212	Group Ride: One way inside common medical marketing area
NY213	Group Ride: One way outside common medical marketing area
NY214	Group Ride: Roundtrip
NY215	Group Ride: Inside county
NY216	Group Ride: Outside county
NY217	Group Ride: One way ambulatory per person
NY218	Group Ride: One way wheelchair per person
NY219	Group Ride: One way ambulatory additional recipient in vehicle at same time
NY220	Group Ride: One way wheelchair additional recipient in vehicle at same time
NY221	Group Ride: Mileage
NY222	Group Ride: Ambulatory Mileage
NY223	Group Ride: Wheelchair mileage
NY224	Group Ride: Attendant
NY225	Group Ride: to Medical Appointment
NY226	Drugstore stop/extra stop
NY227	Tolls
NY228	Group Ride One way zone 1 or county specific
NY229	Group Ride One way zone 2 or county specific
NY230	Group Ride One way zone 3 or county specific
NY231	Group Ride One way zone 4 or county specific
NY232	Group Ride One way zone 5 or county specific
NY233	Group Ride One way zone 6 or county specific
NY234	Specific Provider Reimbursement
NY235	Specific Provider Reimbursement
NY298	Group Ride: Unassigned for extraordinary transports
NY299	Taxi/Livery: Unassigned for extraordinary transports

NYS Medicaid Transportation Fee Schedule

For information on Medicaid transportation reimbursement amounts and procedure codes, please contact the Local Department of Social Services (LDSS) Medicaid transportation staff.

LDSS contact information is located in the **Information for All Providers – Inquiry** manual, available online at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.