

AMBULANCE MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

NOTE: BADGERCARE PLUS BENCHMARK PLAN MEMBERS WILL BE RESPONSIBLE FOR A \$50.00 COPAYMENT PER TRIP.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.

NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT: (608) 221-9883 OR (800) 947-9627*

*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E. AMBULANCE).

TABLE I
PROVIDER TYPES

25 - AMBULANCE

TABLE II
PRICING ACTION CODES
(PAC)

21J,11J	- INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT
220,120	- NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
270,170	- PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

TABLE III
MODIFIERS

MODIFIER	DESCRIPTION
GM	MULTIPLE PATIENTS ON ONE AMBULANCE TRIP

PROC DESCRIPTION	PROC	M1	M2	TM	PROVIDER TYPE	PAC	EFFECT DATE	MAX FEE
A0225 AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	A0225				25	270	07/01/08	308.42
A0382 BLS ROUTINE DISPOSABLE SUPPLIES	A0382				25	270	07/01/08	14.73

A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES	DEFIBRILLATION (TO BE USED ONLY IN JURISDICTION)	
A0384	25	270 07/01/08	14.73
A0392	ALS SPECIAL SERVICE DISPOSE SUPPLIES, DEFIB (USED IN JURISDICTION WHERE DEFIB CANNOT BE BLS)		
A0392	25	270 07/01/08	30.30
A0394	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES	IV DRUG THERAPY	
A0394	25	270 07/01/08	25.25
A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES, ESOPHAGEAL INTUBATION		
A0396	25	270 07/01/08	25.25
A0398	ALS ROUTINE DISPOSABLE SUPPLIES		
A0398	25	270 07/01/08	14.73
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS		
A0420	25	270 07/01/08	23.03
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION		
A0422	25	270 07/01/08	14.73
A0424	EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR; (REQUIRES MEDICAL REVIEW)		
A0424	25	270 07/01/08	23.03
A0425	GROUND MILEAGE, PER STATUTE MILE		
A0425	25	270 07/01/08	5.56
A0425	GM	270 07/01/08	2.78
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS1)		
A0426	25	170 07/01/08	113.88
A0426	GM	170 07/01/08	56.94
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)		
A0427	25	270 07/01/08	180.31
A0427	GM	270 07/01/08	90.16
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)		
A0428	25	170 07/01/08	94.90
A0428	GM	170 07/01/08	47.45
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)		
A0429	25	170 07/01/08	151.84
A0429	GM	170 07/01/08	75.92
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)		
A0430	25	270 07/01/08	2254.66
A0430	GM	270 07/01/08	1127.33
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)		
A0431	25	170 07/01/08	2621.38
A0431	GM	170 07/01/08	1310.69
A0433	ADVANCED LIFE SUPPORT, LEVE 2 (ALS 2)		
A0433	25	170 07/01/08	260.97
A0433	GM	170 07/01/08	130.49
A0434	SPECIALTY CARE TRANSPORT (SCT)		
A0434	25	170 07/01/08	308.42
A0434	GM	170 07/01/08	154.21
A0435	FIXED WING AIR MILEAGE, PER STATUTUE MILE		
A0435	25	170 07/01/08	6.64
A0435	GM	170 07/01/08	3.32
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE		
A0436	25	170 07/01/08	17.69
A0436	GM	170 07/01/08	8.85
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT		
A0998	25	270 07/01/08	69.00
A0999	UNLISTED AMBULANCE SERVICE		
A0999	25	270 07/01/08	20.20
S0207	PARAMEDIC INTERCEPT, NON-HOSPITAL-BASED ALS (NON-VOLUNTARY), NON-TRANSPORT		
S0207	25	220 01/01/03	

END OF REPORT