

2017 Ambulance Fee Schedule

This schedule is not a guaranty of payment. Variances in reimbursement may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Maximum allowables and components of rates such as modifiers or conversion factors, and applicable rules such as bundling, may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. Values reflect the component of a code related to the place of treatment. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - HCSC Confidential and Proprietary.

Procedure	Maximum Allowable	Effective Date	End Date
A0425	\$18.00	10/1/17	
A0426	\$638.00	10/1/17	
A0427	\$1,413.00	10/1/17	
A0428	\$531.00	10/1/17	
A0429	\$1,190.00	10/1/17	
A0433	\$1,461.00	10/1/17	
A0434	\$1,727.00	10/1/17	