

## TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

**Emergency Rule**  
LSA Document #10-796(E)

DIGEST

Temporarily adds provisions to [405 IAC 5-30](#) to adopt the Medicare urban base and mileage rates for fixed wing ambulance services, and to set forth a fee schedule for Medicaid transportation rates for emergency transportation services (ambulance services) and for Medicaid transportation rates for nonemergency transportation services (nonambulance services). Temporarily amends [405 IAC 5-30-9](#) to reduce rates by 10 percent for transportation service reimbursement to family members. Authority: [IC 4-22-2-37.1\(a\)\(19\)](#); [IC 12-15-21-2](#); [IC 12-15-21-3](#). Effective January 1, 2011.

SECTION 1. (a) This SECTION is supplemental to [405 IAC 5-30](#).

(b) Rates for transportation services reimbursed by Medicaid shall be as follows:

Procedure Code	Rate	Procedure Code	Rate
A0140	Ticket Price	A0100 TK UC	\$6.75
A0225	\$152.80	A0100 TT UA	\$2.70
A0420 U1	\$19.00	A0100 TT UB	\$4.50
A0420 U2	\$19.00	A0100 TT UC	\$6.75
A0422	\$14.25	A0100 U4	\$13.50
A0424	\$4.75	A0100 UA	\$5.40
A0425 U1	\$4.19	A0100 UB	\$9.00
A0425 U2	\$3.14	A0100 UC	\$13.50
A0426	\$91.05	A0110	Ticket Price
A0427	\$152.80	A0130	\$18.00
A0428	\$91.05	A0130 TK	\$9.00
A0429	\$105.30	A0130 TT	\$9.00
A0430	\$2,648.83	A0130 U6	\$4.50
A0431	\$3,013.66	A0425 U3	\$1.13
A0431 QL	\$3,013.66	A0425 U5	\$1.13
A0433	\$152.80	T2001	\$4.50
A0435	\$7.67	T2003	\$9.00
A0436	\$20.45	T2004	\$4.50
A0999	Manual Pricing (86% of Billed Charges)	T2007 U3	\$3.83
A0100 TK UA	\$2.70	T2007 U5	\$3.83
A0100 TK UB	\$4.50		

SECTION 2. (a) This SECTION supplements [405 IAC 5-30-9](#).

(b) Reimbursement to family members for transportation services calculated under [405 IAC 5-30-9](#) shall be reduced by ten percent (10%).

SECTION 3. This document takes effect January 1, 2011.

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