

Medical Transportation – Air: Billing Codes and Reimbursement Rates

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This section lists the HCPCS codes and maximum allowances for air medical transportation services (*California Code of Regulations* [CCR], Title 22, Section 51527). Refer to the *Medical Transportation – Air* section of this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances.

TARs

For *Treatment Authorization Requests* (TARs), enter the appropriate HCPCS code followed by modifier(s), if necessary, in the *NDC/UPN or Procedure Code* field (Box 11). Enter details related to the services requested in the *Medical Justification* field (Box 8C) of the TAR.

Codes and Rates

Air medical transportation services are reimbursed as listed below

«Table of HCPCS for Air Medical Transportation Services»

HCPCS Code	Description	Modifier	Maximum Allowance (in dollars)
A0422*	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	None	9.98
A0424*‡	Extra ambulance attendant, air (fixed or rotary winged), (per hour)	None	16.44
A0430*	Ambulance service, conventional air services, transport one way (fixed wing)	None	1,275.00
A0430*	Ambulance service, conventional air services, transport one way (fixed wing)	UJ	1,375.00
A0431*	Ambulance service, conventional air services, transport, one way (rotary wing)	None	1,800.00
A0431*	Ambulance service, conventional air services, transport, one way (rotary wing)	UJ	1,900.00
A0435*	Fixed wing air mileage, per statute mile	None	14.25
A0436*	Rotary wing air mileage, per statute mile	None	22.10
A0999*±	Unlisted ambulance service	None	By Report

«Table of HCPCS for Air Medical Transportation Services (continued)»

HCPCS Code	Description	Modifier	Maximum Allowance (in dollars)
A0999*±	Use A0999 to bill for neonatal intensive care incubator (air transport)	None	51.49
A0999*±	Use A0999 to bill for compressed air for infant respirator (air transport)	None	10.23
T2007*+	Transportation waiting time, air ambulance, and non-emergency vehicle, one half hour (1/2) increments	TU	50.00

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	A TAR is required for all non-emergency services
+	Reimbursable for a maximum of 90 minutes, except in cases where the patient is a neonate. Refer to the Medical Transportation – Air section in this manual for additional information
‡	Billed per hour. Refer to the Medical Transportation – Air section in this manual for additional information
±	Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator (medical compressed air) is not separately reimbursable. Providers billing for code A0999 must indicate all supplies billed on an attached manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable