## Louisiana Medicaid Physician-Directed Ambulance Treatment-in-Place Fee Schedule Effective for Dates of Service on or after March 1, 2020

TOS	Procedure Code	Code Description	Medicare Region 1	Medicare Region 2	Medicare Region 3	Medicare Region 4	Medicare Region 5	Medicare Region 6	Medicare Region 7	Medicare Region 8
9	A0429	Basic Life Support	\$167.24	\$161.86	\$167.24	\$167.24	\$167.24	\$167.24	\$167.24	\$167.24
9	A0427	Advanced Life Support, Level 1	\$319.89	\$320.27	\$319.18	\$320.34	\$320.19	\$320.09	\$319.42	\$320.53
9	A0382	Basic Life Support Disposable Supplies	\$7.06	\$1.76	\$15.98	\$13.15	\$13.15	\$13.15	\$15.98	\$4.38
9	A0398	Advanced Life Support Routine Disposable Supplies	\$4.77	\$17.29	\$17.06	\$17.06	\$16.93	\$17.06	\$18.30	\$16.15
9	G2022	Beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00