

Primary Ambulance Transport procedure codes do not allow separate reimbursement for supplies, reusable devices and equipment, or intravenous (IV) drugs under the Iowa Medicaid program. While these items may be medically necessary, their costs are already included in the reimbursement for ambulance transport services. This means that the procedure codes under “supplies” below cannot be reimbursed for the same encounter as any of the “Primary Ambulance Transport Services” box that follows.

Supplies	
Procedure Code	Description
A0382	BLS ROUTINE DISPOSABLE SUPPLIES
A0398	ALS ROUTINE DISPOSABLE SUPPLIES

Primary Ambulance Transport Services	
Procedure Code	Description
A0225	AMBULANCE SERVICE, NEONATAL BASE RATE
A0426	AMBU SERVICE, ADVANCE LIFE, NON EMERGENCY
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON EMERGENCY
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR, ONE WAY, FIX WING
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR, ONE WAY, ROTARY WING
A0433	ADVANCE LIFE SUPPORT AMBULANCE TRANSPORT
A0434	SPECIALTY CARE TRANSPORT
S9960	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE
S9961	AMBULANCE SERVICE, NONEMERGENCY TRANSPORT