



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: March 23, 2017

TO: EMS Ground Transport Providers - Inyo County

FROM: Tom Lynch
EMS Administrator

**SUBJECT: FY 2017-18 AMBULANCE RATE ADJUSTMENT
EFFECTIVE JULY 1, 2017 - JUNE 30, 2018**

The following represents the ICEMA approved ambulance rate adjustments for Inyo County Ground Ambulance Providers, effective July 1, 2017. The attached "Ground Ambulance Service Rate Definitions" will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2016-17	Increase CPI + County Comparison	Final Rate FY 2017-18
	Rural/Wilderness Operating Areas	Rural/Wilderness Operating Areas	Rural/Wilderness Operating Areas
Advanced Life Support (ALS) Base Rate (All Inclusive)	\$1,658.00	\$82.90	\$1,740.90
ALS Non-transport	\$375.00	\$18.75	\$393.75
Basic Life Support (BLS) Rate	\$1,234.00	\$61.70	\$1,295.70
Emergency Fee	\$81.55	\$4.08	\$85.63
Oxygen	\$161.77	\$8.09	\$169.86
Night Charge	\$186.76	\$9.34	\$196.10
Critical Care Transport	\$1,784.51	\$89.23	\$1,873.74
Mileage (per mile or fraction thereof)	\$37.00	\$1.85	\$38.85
Wait Time	\$69.91	\$3.50	\$73.41
EKG	\$103.10	\$5.16	\$108.26

* Base rates all-inclusive except for item charges identified on this charge master.

If you have any questions regarding the above listed rates, please contact me at (909) 388-5823 or via e-mail at tom.lynch@cao.sbcounty.gov or George Stone, Program Coordinator, at (909) 388-5807 or via e-mail at george.stone@cao.sbcounty.gov.

TL/GS/jlm

Attachment

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Ground Ambulance Service Rate Definitions

Inyo County

Effective July 1, 2017

NOTE: Rates are allowable only upon transport of a patient.

BLS All Inclusive Base Rate:

1. When an EMT staffed ambulance responds to a call; or
2. When an advanced life support (ALS) or limited advanced life support (LALS) staffed ambulance responds to a scheduled call when not requested and/or ALS or LALS intervention is not provided.

ALS All Inclusive Base Rate:

Any response of an approved ALS (paramedic) or LALS (AEMT) transport provider to a request for service. This charge will include, but not necessarily be limited to, the provision of the following:

1. An authorized ALS or LALS staffed and equipped ambulance response.
2. Care modalities including cardiac monitoring, telemetry, IV administration, drug administration, defibrillation, blood draw, wound dressing, splinting and disposable first aid and medical supplies related to such care and treatment.
- 3.

ALS Non-transport:

When an approved ALS or LALS transportation provider responds to an EMS (9-1-1) patient but transportation did not occur. This fee is not charged if:

1. Cancelled prior to arrival or assessment.
2. Public request for response to non-injury incident (no public safety or primary party request).
3. No patient found.

Emergency:

Applies to BLS All Inclusive Base Rate when a BLS scheduled response is upgraded to emergency status either in response or during transport. **This charge is included in the ALS All Inclusive Rate and cannot be charged in addition to the ALS All Inclusive Rate.**

ECG Monitoring:

Applies when ECG Monitoring is performed as per protocol or base hospital order. **This charge is included in the ALS All Inclusive Base Rate and cannot be charged in addition to the ALS All Inclusive Base Rate.** In most cases, this charge is broken out as a line item for Medi-Cal which does not recognize the charge in the ALS All Inclusive Base Rate.

EMS Aircraft - Appropriate fee for service:

EMS ground transportation providers may charge All Inclusive Base Rate when;

1. Ambulance personnel and/or equipment are directly involved in patient care prior to the transport and transfer of patient(s) to EMS aircraft.
2. Provider's supplies and/or procedures are utilized at rate specified in current Inyo ambulance rates.
3. Approved mileage rate from point of transport by ground ambulance to transfer site to EMS aircraft.

Mileage:

Applies for each patient mile or fraction thereof from point of pick-up to destination.

Night:

Applies for services provided between the hours 1900 and 0659, military time.

Oxygen:

Applies for services provided whenever oxygen is administered. This charge is inclusive of material such as tubing, masks, etc., which may be used for the administration of oxygen.

Wait Time:

Applies to scheduled calls and is charged per 15 minutes of waiting time, or portion thereof, after the first 15-minute period lapse occurs when an ambulance must wait for a patient at the request of the person/organization hiring the service. This rate is not contractual “stand-by” charge rate for special events.

Specialty Care Transport:

Applies to transportation provider’s medical personnel at a level not in a paramedic’s scope of practice; or utilization of specialized equipment or specialized vehicle, based upon patient’s needs. Examples of Specialty Care Transport may include Neonatal incubator and/or team transport, Bariatric unit transport, high-risk maternal team transport, ALS Respiratory Therapist transport or other licensed medical personnel.